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Explanation of the Midwifery Lecturers' Experiences of the Challenges in an Undergraduate Midwifery Program: A Phenomenological Study

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Abstract

Background: Continuing professional development is an essential component of educational organizations in health care systems around the world. Such development has received attention in recent years with a broader perspective in the field of midwifery. Accordingly, the internal evaluation approach used to identify educational strengths and weaknesses can pave the way for a more purposeful future. This study aims to explore the experiences of midwifery lecturers of the challenges of the undergraduate educational program.

Methods: This study employed a qualitative phenomenological approach using the data collected through individual interviews with midwifery lecturers at Kerman University of Medical Sciences, and analyzed from October to December 2020 for three months. To this end, eight semi-structured and in-depth interviews were conducted with eight midwifery lecturers who were selected using purposive sampling. The sampling was continued until the data were saturated. All interviews were analyzed after transcription using *Colaizzi's* seven-step approach.

Results: Analysis of the data revealed seven categories including inefficient policymaking, lack of motivation and confidence, lack of educational equipment and facilities (network of shortcomings), challenges of the curriculum and teaching methods, poor clinical conditions, disinterest in research activities, and inadequate academic output. Each category was divided into several subcategories.

Conclusion: Along with achieving the fifth Millennium Development Goals, it is necessary to improve the quality of midwifery education. The challenges pointed out by midwifery lecturers highlight the need to make changes in the clinical and educational environment of the midwifery department to improve clinical skills and achieve the goals of the educational program following international education standards and consequently train skilled and educated midwifery staff.

Keywords: Lecturers' experiences, Midwifery program, Challenges, Phenomenological study, Qualitative research

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Introduction

Continuing professional development is an essential component of educational organizations in health care systems around the world. Accordingly, the role of universities in the social, economic, and health development of society has received much attention. Such development is possible by educating and training graduates with sufficient clinical skills based on scientific principles to provide individual, team, and participatory health services (1). In the future, students as employees of health centers will serve as the primary providers of health services and have a serious responsibility for protecting community health (2). The failure of the education system to achieve its goals will lead to wasting costs and will have unfortunate consequences due to the training of inefficient manpower (3). To achieve this goal in the country, the Guideline for the Transformation Plan in the Medical Education System, emphasizing the country's priorities, was drafted as the fourth step of the health system transformation plan, and the Ministry of Health, Treatment and Medical Education was committed to its effective realization. Paying attention to the important national needs in the field of health with emphasis on elevating the position of universities, achieving

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responsive education, benefiting from new technologies, and focusing on the institutionalization of professional ethics are prominent and valuable features that make this document useful and effective (4).

To achieve the goals set by the Ministry of Health in the field of medical science education, it is essential to design new curricula tailored to the needs of the country, review existing curricula to better meet the needs of the country, and try to improve professional skills. Among the sub-disciplines of medical sciences, the midwifery profession has received more attention to promoting community health following the national policies of the Ministry of Health, Education, and Medical Sciences (3). Furthermore, following the sustainable development goals of the World Health Organization (WHO) , unique opportunities were provided to support global strategies to enhance midwifery service education to provide quality care that is the right of mothers, infants, and their families. Accordingly, the WHO goals to provide maximum optimal training opportunities, discover the challenges in the quality of midwifery education, and research and innovation in education have been taken into account to meet the standards of essential midwifery competencies under the International Confederation of Midwives (4). The midwifery curriculum in Iran includes 20 compulsory general courses, 20 compulsory basic science courses, 72 compulsory specialized courses, 2 optional specialized courses, and 16 internship courses in the field approved by the Higher Education Council Certainly (5).

Currently, midwives are engaged in the exchange of information in annual conferences, and a wide network of skilled midwifery groups are responsible for creating new educational models for midwifery students in academic centers. The outcomes of clinical educators' work experiences are also used for developing training programs, recognizing obstacles to progress, evaluating information, and presenting plans for the future using the internal evaluation approach to improving the quality of education for training specialized staff (6). In addition, midwifery colleges around the world use step-by-step knowledge assessment and surveys of the beliefs and attitudes of planners and learners to make changes, including adding new components to the midwifery curriculum and gynecological diseases (7).

The evaluation process is performed internally and externally. Internal evaluation is the process of portraying the status of the university system by the members of the system themselves. While external evaluation refers to the process of accreditation and quality assurance of academic systems through institutions and experts outside the system (6). Internal evaluation is the process in which members of the university department specify the objectives of the department and judge its functions. They also revise their role to take for a better future through effective planning (3).

Although internal and external evaluations have been carried out periodically in prestigious and international universities abroad in the last decade, and even their accreditation scores have become an incentive to increase the quality of universities, such evaluations have been underestimated in Iran so far. Thus, given the quantitative development of universities, there is a great need to pay attention to educational challenges at universities (8).

Iran is the second-largest country in the Middle East (after Saudi Arabia), and the sixth-largest in Asia. Kerman is the largest and most developed city in Kerman Province and one of the most important cities in the southeast of Iran (9). Iran has 73 nursing and midwifery schools and the date of the establishment of Razi nursing and midwifery school in Kerman goes back to 1962 (1341 S.H.).

It is noteworthy that the Faculty of Nursing and Midwifery of Kerman University of Medical Sciences started to admit undergraduate midwifery students in 1965 (10). During these years, internal evaluation has been performed for the bachelor's program in midwifery and its positive outcomes are related to the same program. However, in recent years, given the training of midwives in higher academic levels, a broader perspective and a greater mission have been assigned to the department of midwifery. Thus, an internal evaluation approach can identify the educational strengths and weaknesses and can pave the way for a more purposeful and successful future (11). Although some studies have addressed midwifery education, there are some differences between university branches in terms of faculty members, students, and the academic system. To this end, the present study aimed to explore the experiences of faculty members and lecturers at the department of midwifery about the internal evaluation of the bachelor's program in midwifery to provide a deeper and more comprehensive view of the process of midwifery education and its challenges and outcomes. This study aims to explore the experiences of midwifery lecturers of the challenges of the undergraduate educational program.

Methods

The present study was conducted using a qualitative phenomenological approach. The data in this study were collected through semi-structured in-depth individual interviews face-to-face with midwifery lecturers of Kerman University of Medical Sciences and analyzed from October to December 2020 for three months in Razi School of Nursing and Midwifery, Kerman. The inclusion criteria were willingness to participate in the study by giving informed oral consent, having at least two years of experience in clinical educational activities, and teaching specialized midwifery courses. The respondents were selected using convenience and purposive sampling

and the sampling process continued until the data saturation point. The data was collected at the workplace and, saturated after no additional data were found in the eight interviews. To ensure compliance with ethical considerations, the research provided some information about the importance and objectives of the study. Besides, informed consent was obtained from the participants and they were assured that their information would be kept confidential. The participants were free to leave the study without any impact on their service records. In this study, we do not have *repeated interviews and* dropped out of participants. The interviews began with general questions: "Please share your experiences of the internal evaluation process at the undergraduate midwifery program" and "What are the goals and content of the midwifery education program?"

Then, to explore the phenomenon in question more deeply, additional questions were asked: "Please give an example" and "How did you feel?" Each interview was recorded with the participant's permission using a recorder and was transcribed verbatim in Microsoft Office Word immediately after the interview. The interviews were conducted in a quiet place mostly in the participants' offices that were chosen upon their opinion. The average duration of each interview varied from 30 to 45 minutes. To comply with the ethical considerations, the participants were ensured of the confidentiality of their information and their freedom to participate in the study or to leave it. Moreover, before conducting the interviews, the objectives of the study were explained to the participants and the interviews were recorded upon their consent. The collected data were analyzed with MAXQDA software (version 10) and using *Colaizzi's* seven-step approach detailed as follows:

First, each interview transcript was read over and over to gain a general understanding of the participants' experiences. In the second step, significant statements that were directly related to the participants' experience of internal evaluation were extracted. In the third step, to create the formulated meanings, a short description of the meaning hidden in each significant statement was written. This process was performed by two people separately and then the meanings extracted from the sentences were combined to obtain a common theme. In the fourth step, the themes with a similar meaning formulated in the third step were clustered in a single category. This was done to categorize and subcategorize the extracted themes. In the fifth step, a thorough description of the phenomenon in question was prepared by combining all the thematic clusters and meanings formulated in the previous steps. In the sixth step, the structure underlying the phenomenon under study was identified. Besides, the thorough description of the phenomenon was condensed into a short statement that depicted all the essential aspects of the structure of the phenomenon under study. In the seventh step, to validate the underlying structure, the short statement was reviewed by two participants to make sure that it reflected their true experience (Table 1).

Rigor

The rigor of the study was tested using the criteria proposed by Guba and Lincoln. These criteria are credibility, dependability, conformability, and transferability. To ensure the credibility of the data, the interview transcripts and the extracted themes were reviewed by the participants and they assessed the validity of the extracted data, and any discrepancy in the data was detected and eliminated. Furthermore, the interview manuscripts and the extracted codes and primary categories were reviewed and confirmed by two members of the research team. Moreover, all procedures for transcribing and coding the data and extracting the primary categories were controlled by the members of the research team, and revisions were made if needed.

The dependability of the data was checked through a research audit by an external reviewer to enhance the dependability of the research findings. Furthermore, to check the conformability of the findings, all procedures taken in this study for data collection and analysis were described in detail so that they can be assessed by prospect readers. The research procedure was also reviewed and confirmed through peer checking.

Finally, to facilitate the transferability of the findings, a clear description of the research setting, the process of selecting the participants and their characteristics, the data collection method, and the analysis process were

Table 1. Colaizzi's method of data analysis

	Colaizzi's method of data analysis consists of seven steps
1	Read and reread all the participants' verbatim transcripts of the phenomena to acquire a feeling for them.
2	Significant statements or phrases are extracted from participants' transcripts pertaining directly to the research phenomena.
3	Formulated meanings are constructed from the significant statements.
4	Formulated meanings are arranged into themes
5	Incorporation of the results into a rich and exhaustive description of the lived experience.
6	Validation of the exhaustive description from the participants involved in the research.
7	Incorporation of any new or pertinent data obtained from participants' validation, and adapted to attain congruence with the lived experience of the participants' studied.

provided so that readers could judge the applicability of the findings in other situations. Also, attempts were made to increase the transferability of the findings by accurately reporting the results along with quotations of the participants' statements (Table 2).

Results

The participants in this study were eight women aged 27 to 45 years. The participants' demographic characteristics are not detailed here due to ethical considerations. Data analysis revealed 816 primary codes that were placed into seven main categories including ineffective policymaking, lack of motivation and confidence, lack of educational equipment and facilities, challenges related to the curriculum and teaching methods, poor clinical conditions, disinterest in research activities, and inadequate academic output of the field. The underlying construct that emerged from the analysis of the interviews was the "network of shortcomings". The main categories identified in this study are described in Table 3.

Ineffective policymaking

One of the challenges pointed out by the participants was the inefficient and undiscerning policies adopted by the Ministry of Health in admission of the students, solving problems, and improving the quality of education in this

Table 2. Selected examples of narratives and emergent theme formation

Main theme	Sub-themes	Categories	Code	Formulated meanings	Significant statements
Challenges in an Undergraduate Midwifery Program	Lack of educational facilities and equipment	Lack of school's educational facilities and adequate equipment	Old and low capabilities of medical models	The old and low capabilities of medical models cause some clinical deficiencies in the college.	The medical model we have at the clinical skills center are very old and do not have many of the capabilities of the new models, and if we had better equipment, we could address some of the clinical deficiencies in the college.
		Educational and welfare facilities in the hospital	Inappropriate placement of pavilion and lack of educational equipment	Inappropriate placement of pavilion and low educational equipment such as computer for both students and lecturers.	We do not have a pavilion that is close to the ward and is equipped with a computer and the internet. The pavilion is at least ten minutes away from the ward for both students and lecturers, and there is no place for the instructor and midwifery student to rest in the ward.
		Lack of clinically experienced teachers	Trainer lack of skill in working with medical staff and hospital, and transferring experiences to students	Some colleagues have less clinical experience in familiarity with the hospital environment, knowing how to work with medical staff, and transferring experiences to students.	The midwifery student education system is very important. As some colleagues have completed consecutive undergraduate and doctoral courses, they have less clinical experience. Familiarity with the hospital environment, knowing how to work with medical staff, and transferring experiences to students show the importance of a skilled trainer.

Table 3. Themes identified through interviews with midwifery lecturers

Main theme	Sub-themes	Categories
Challenges in an undergraduate midwifery program	Inefficient policymaking	admitting students, solving problems, and improving the quality of education in this field
		universities do not take into account students' capabilities and qualifications before their admission to this field
		no educational policies to solve future problems
	lack of motivation and confidence Poor clinical conditions	lack of academic motivation
		Stress in the clinic
		low self-esteem in the clinic
		Lack of active participation of students in the labor and delivery process
		lack of cooperation of medical staff
	Lack of educational facilities and equipment	mismatch between the number of students and educational facilities and adequate equipment
		educational and welfare facilities in the hospital
		access to hospital clinical skill centers
		lack of clinically experienced teachers
	Curriculum challenges and teaching methods	absence of clinical assignments during the internship
		infrequent use of simulated patient methods
		lack of online education
		lack of effective online education
	Disinterest in research activities	low participation of students in research activities Lack of giving prizes and certificates for research activities

field. Thus, universities do not take into account students' capabilities and qualifications before their admission to this field and there are no educational policies to solve future problems. A participant said:

"*Based on my experience during my years of service, it seems that playing the role of a midwife requires potential competencies that will develop in the clinical field during academic studies. Some students are not capable of practicing midwifery and they may create problems for themselves and the system in the future*".

Another participant stated:

"*I think some educational policies should be adopted to solve the problems of midwifery education. Of course, the Ministry of Health has considered general policies, but there should be policies fitting each university and its academic situation to improve the quality of education and solve educational challenges and problems*".

Lack of motivation and confidence

Another challenge highlighted by the participants was related to students' inhibiting personality traits including lack of academic motivation, stress, and low self-esteem in the clinic, which negatively impacted the student's academic achievement and the outcomes of the educational program. Thus, one thing that should be taken into account when admitting students is to select those who are interested in the field. The participants stated:

"*I think the decline in motivation is followed by academic failure and lack of progress, and if students lose their self-confidence, they are constantly challenged with worries that they may not really face in the future. Sometimes they even show that they are demotivated to get attention from lecturers or to offer help to solve this problem. In any case, the cause of this academic apathy and the way to overcome it should be considered by the education system*".

"*Unfortunately, lack of interest or disinterest in the field of study has become more common among students. Some students who have low self-confidence, are simply satisfied with university admission and consider it the peak of success, but unfortunately, after admission, they fail to take any positive action. This problem can continue until graduation and show the student as weak. It is very effective in reducing academic performance, especially clinical performance. This issue needs to be addressed and resolved*".

Lack of educational facilities and equipment

Another challenge pointed out by the participants was the lack of educational facilities and equipment, including the mismatch between the number of students and educational facilities and adequate equipment (specialized and advanced models), educational and welfare facilities in the hospital (physical space of the classroom, access to hospital clinical skill centers, and equipped pavilions), and lack of clinically experienced teachers.

One of the participants stated:

"*The models we have at the clinical skills center are very old and do not have many of the capabilities of the new models, and if we had better equipment, we could address some of the clinical deficiencies in the college*".

Another participant complained about the lack of adequate physical space in the hospital:

"*We do not have a pavilion that is close to the ward and is equipped with a computer and the internet. The pavilion is at least ten minutes away from the ward for both students and lecturers, and there is no place for the instructor and midwifery student to rest in the ward*".

Another participant stated, "*The lack of experienced clinical lecturers in the midwifery student education system is very important. As some colleagues have completed consecutive undergraduate and doctoral courses, they have less clinical experience. Familiarity with the hospital environment, knowing how to work with medical staff, and transferring experiences to students show the importance of a skilled trainer*".

Challenges related to the curriculum and teaching methods

The participants believed that teaching-related problems such as the absence of clinical assignments during the internship, infrequent use of simulated patient methods, lack of online education, and the disregard for student-centered and student-to-student education were among other challenges in this field. In cases where there is no access to real patients, the use of simulated patients and the use of other clinical assignments can help increase students' knowledge and skills, while these methods are not used in clinical midwifery education.

One of the participants said:

"*Clinical internships require more detailed planning and use of clinical assignments. One of the reasons for the infrequent use of efficient methods in clinical education is teachers' unfamiliarity with new teaching methods and inattention to holding workshops in this field. I think if midwifery teachers use different methods in teaching clinical skills and at the same time colleagues from the department take the responsibility for improving the quality of teaching midwifery courses and presenting new teaching methods and have strong cooperation with the Education Development Office (EDO), and if midwifery students attend the morning session program like the assistants and present the cases related to labor, midwifery, and gynecology departments with diagnosis and medical care, they can learn things more effectively*".

Another challenge of the midwifery curriculum from the participants' point of view was that there were a greater number of general courses compared to specialized courses in the curriculum. The participants believed that a counseling course was really missing in the

undergraduate curriculum.

"*Considering the expansion of midwifery and its professional development in areas such as midwifery counseling, the use of complementary medicine, sex education, and other issues, I think that the more emphasis is placed on the process of specialization of courses, the greater the ability of learners*".

Poor clinical conditions

Lack of active participation of students in the labor and delivery process due to fear of service delivery, patient dissatisfaction, and lack of cooperation of medical staff were other challenges pointed out by the participants. Thus, some policies should be adopted to address these challenges.

One of the participants stated:

"*An important factor leading to stress in clinical education is the students' concern about the patient complaints and patients' worries about following the treatment orders by the students, especially in cases such as venipuncture, vaginal examinations, and delivery. Thus, sometimes patients strongly refuse to have medical services done by students and do not allow them to do vaginal examinations, venipuncture, and blood sampling. Of course, it seems that sufficient experience of a clinical instructor can be effective in resolving this issue*".

Disinterest in research activities

Another challenge related to undergraduate midwifery education was the low participation of students in research activities. Given the importance of research, a special place should be considered for its further growth along with the flow of the educational process.

One of the participants stated:

"*I think participating in and motivation for research activities is less dependent on the education system. If the education system uses student participation in the teaching and learning process and assigns some grades for students' research activities, even giving prizes and certificates, they will be more motivated to engage in research activities. Especially if students' potential abilities are actualized in research activities, they will certainly be more successful in the learning process*".

Inadequate academic output

Another challenge related to midwifery education was the issue of the disconnection of graduates' relationship with the university after graduation. The disconnection seems to suppress self-efficacy and creativity in job skills. One of the participants said:

"*Perhaps students' academic motivation is so low that the academic studies are only seen by them as an assignment to be done, and perhaps the lack of communication skills between lecturers and students causes this disconnection or for any reason, they do not feel satisfied with the academic environment*"

Discussion

The Millennium Development Goal 5 (MDG5) to reduce maternal and infant mortality can be achieved by providing a framework for improving the quality of midwifery services with an emphasis on increasing the number of midwives and improving the quality of midwifery services. To this end, improving the quality of midwifery education is necessary (11). Luyben et al stated that the quality of midwifery education can be improved by ensuring a global process to recognize the challenges to the quality of midwifery education in universities around the world, adopting reliable and sustainable policies, providing financial support, employing well-known and trained midwives as experienced evaluators in establishing the professional ethical principles of midwifery with the highest integrity and without bias, and creating effective and stable cooperation between the midwifery community and government agencies at the national and international levels with empowered management (12).

In this study, the participants pointed out the importance of education system policies and considered issues such as students' ability to study in the field of midwifery and their professional future to improve the quality of health care system services. Following these findings and to address the challenges of training specialized and committed midwives, it is necessary to review curricula and their changes following the standards of the International Confederation of Midwives (ICM), (13). In a comparative study, Bahri et al reviewed the Iranian Midwifery Education Curriculum in the Pregnancy Care and compared it with the international standards of midwifery education proposed by ICM in 2010. Except for two items, the other items in the Iranian Midwifery Curriculum followed international standards of midwifery education. Even compared to other Asian and Middle Eastern countries, the Iranian curriculum had better overlap with educational standards. Besides, the authors highlighted the need for more clinical training hours, attention to the academic promotion of teachers, and changes in the midwifery curriculum (11). Azadian and Momennasab stated that the curriculum requires revision due to non-compliance with the needs of students and the health needs of society, including the great number of courses in some semesters and the lack of some courses (14). In the present study, the participants pointed to students' personality traits and emphasized the admission of capable and interested individuals to this field of study to train efficient staff. Similarly, Ghorbani et al showed a significant relationship between personality traits, intelligence, and memory of nursing students with their academic achievement (15). Salari et al reported that

the interest in the field of study in nursing and midwifery students was not an independent and significant predictor of academic achievement, but due to its key role, all administrators and lecturers of medical universities in Iran should adopt methods to explain students' interest in the field of study and improving students' abilities (16).

Another educational challenge pointed out by the participants was the lack of more advanced educational facilities and equipment in clinical skills training. Aghamolaei et al stated that the main problems of clinical education from the perspective of nursing and midwifery students were the lack of amenities (possibility of using the hospital self-service and suitable space for rest and change of clothes), suitable educational space (small ward space relative to the number of students) and the lack of teaching aids (models) in the clinical setting (17). Azimi et al examined midwifery students' attitudes towards clinical education and found that internship facilities and equipment were effective in the quality of education (18). Abbaszade et al suggested that the suitability of the physical conditions of the educational environment was one of the requirements for optimal clinical education (19).

In addition to the use of modern educational technologies, it is essential to pay attention to nursing curricula including community-based midwifery services as they help students learn high-quality participatory and preventive services as skilled health care providers, and in addition to hospital training, gain access to a larger group of people (20).

Another challenge stated by the midwifery lecturers was associated with the use of new teaching methods due to the reduction in the number of patients in proportion to the number of students in clinical education programs. Consistent with these findings, the use of simulated patients at the Clinical Skills Center can enhance learning midwifery emergencies such as hemorrhage, eclampsia, and other gynecological and midwifery emergencies. Moreover, scenario design is one of the strengths of midwifery education. It is also essential to incorporate professional and humanistic communication skills with role-playing training techniques in modern midwifery professional ethics training programs (15). In terms of presenting clinical assignments, it is possible to apply the student-centered method and student-to-student training (by more experienced midwifery students to less experienced students against the mere mentoring method) and increase clinical training hours by one-on-one mentoring in some foreign colleges (21).

Abdel Kader et al proposed student-to-student education and patient education by students, patient care plans, and effective student-patient communication skills as clinical tasks (22). Shahoei et al introduced the lack of coordination of educational planning and students' job description as factors affecting clinical performance (23).

Another challenge identified in the present study was related to poor clinical conditions which somehow overlap with the challenge of lack of facilities. Rahimi et al stated that the lack of staff cooperation with students and ineffective communication between physicians as important problems in clinical education. The atmosphere dominating the educational environment combined with respect and mutual communication reduces students' stress and promotes their self-confidence (24). In addition to the lack of clinical facilities, several studies in Iran have pointed to the lack of cooperation of medical staff as a deterrent to achieving educational goals. Accordingly, Shahoei et al surveyed midwifery students and showed the performance of experienced clinical instructors in the field and avoidance of aggressive behaviors as factors affecting the quality of clinical education, especially students' self-confidence and independence in delivery (23).

Another challenge mentioned by the participants of the present study was students' disinterest in research activities. Research is one of the strongest tools for developing students' potential talents. Ghaffarzadeh et al recognized students as a potential group for research work whose lack of research interest is due to lack of proper information about the university and the lack of a coherent program to motivate and make them_interested in research. In other words, the scientific ability of the student as a researcher depends on the degree to which the student is guided by the higher education system (25). Learners face many challenges in educational environments when trying to achieve their learning goals. When such challenges are considered to be negative, they will have detrimental effects on students' motivation, academic performance, and psychological well-being (26). Although the consequences and challenges for students and educators are similar, the educational conditions and situations in each region can be effective in the occurrence of problems and challenges. Therefore, recognizing the challenges and strategies used by educators can be the most fundamental way to find solutions to solve or reduce problems (27). Professors and students are responsible partners in the teaching-learning process. Teaching is one way to facilitate learning, but not all of it. In fact, learning occurs by challenging educational topics, and what motivates students, stimulates them to learn, and commits them to future professional duties (28).

Providing motivational and financial infrastructure is the basis for the growth of talents and research creativity in students. In the present study, the analysis of teachers' experiences of student participation in research was in line with the findings of previous studies (29).

Finally, since the facilitation of the educational process depends on the correct student-teacher interaction, this interaction can lead to the continuation of effective communication between the teacher and the student. It seems that the issue of disconnection of graduates from the university after graduation has a fundamental

connection with teachers' communication skills. Establishing an effective student-teacher relationship increases the student's self-confidence and motivation to learn (22,23). Ghadami et al recommended holding workshops to improve teachers' communication skills to improve their ability, mutual understanding, problem-solving skills, and feedback after the student completes his/her studies (30). Thus, it seems that the challenge of inadequate academic output represented by the graduates' lack of cooperation with the university after graduation, will be solved through the solutions detailed above.

Limitations and suggestions for future research

This study was conducted with some limitations that restrict the application of its findings. The present study was conducted using a qualitative research design. Thus, future studies can use mixed exploratory (qualitative-quantitative) designs. Although all faculty members participated in this study, their number was small and since the opinions of lecturers in each university are influenced by the facilities and shortcomings of the same university, the findings of this study may have limited generalizability to other universities. Therefore, future studies can focus on several universities located in one educational hub and at the national level. Since it is necessary to improve the quality of midwifery education in line with the achievement of the MDG5, exploring the educational experiences of lecturers to identify challenges and develop new educational strategies to facilitate the learning of midwifery students can create and support educational opportunities. Accordingly, a wide range of lecturers' experiences can be explored to reflect evolutionary teaching strategies.

Conclusion

In the present study, some challenges were highlighted by midwifery lecturers. These challenges were related to academic achievement and the development of an efficient professional workforce. These issues have been discussed in other studies conducted in Iran, but clinical midwifery education still faces recent challenges. According to the data in this study, it seems necessary to make changes in clinical and educational environments to improve clinical skills and achieve the objectives of the midwifery curriculum following international standards and consequently create a skilled midwifery workforce to achieve the goals of the education system.

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Conflict of Interests

The authors reported no conflict of interest.

Ethical Issues

This research project was approved by the Nursing Research Committee of Kerman University of Medical Sciences with the code of ethics IR.KMU.REC.1399.591.

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