

Educational Challenges of the “Counseling in Midwifery” Major in Iran: A Qualitative Study

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Abstract

Background: The most important element of education is the curriculum, which should fit the goals and tasks intended for each discipline. Counseling in midwifery has been established as an academic discipline in Iran since 2014 and, like other new disciplines, needs to be revised after five years. This study aimed to explain the challenges of theoretical and clinical courses offered in this field.

Methods: This study was conducted using a qualitative conventional content analysis of the data collected through interviews with professors, graduates, and master's students of counseling in midwifery. The participants were 16 students of the master's program in counseling in midwifery, 4 graduates of counseling in midwifery, and 7 professors in this field. In this study, the data were collected through focused group discussions and individual and face-to-face semi-structured interviews. Data analysis was performed using conventional content analysis.

Results: The challenges revealed through the interviews with the counseling in midwifery students, graduates, and professors were “the need to empower professors,” “problems in providing an arena for clinical education,” “intermingling of counseling with sociocultural constructs,” “the need to update the curriculum,” “the unclear role of counseling in midwifery services in the health system,” and “standardization and expansion of the field.”

Conclusion: This study showed that there are weaknesses in counseling education in midwifery that need to be addressed and corrected. It seems that the current curriculum cannot meet the educational and clinical needs of the students. Thus, the curriculum needs to be updated. Besides, some awareness-raising strategies should be adopted to make students and the public familiar with counseling in midwifery.

Keywords: Clinical education, Theoretical education, Counseling in midwifery, Content analysis, Qualitative research

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Introduction

The most important element in higher education is its curriculum, which should match the intended goals, functions, and related developments so that it can play its role in education effectively (1). If the curricula are developed based on modern educational and clinical methods have good quality and are well implemented, they will contribute to the success of the educational system (2,3). In the current world, desirable educational programs must have a dynamic nature (4). Promoting the quality and dynamism of higher education programs requires continuous quantitative and qualitative evaluations, especially of curricula, which play a significant role in realizing the goals of higher education and are considered the heart of academic centers (5).

In advanced universities of the world, curricula should be modified and revised continuously according to the most recent developments so that the higher education

system can meet the community's needs (5). Given the continuous changes in the expectations and needs of the consumers of the product of education in medical sciences (i.e., the people and the community) (6), there is a need for continuous transformation and innovation and the elimination of weaknesses in the curriculum of universities of medical sciences in Iran (7). Several years ago, the Ministry of Health, Treatment, and Medical Education appointed universities as the authorities for revising the curricula of various fields of medical sciences (1).

Practitioners in the field and students are the people most qualified to evaluate the curricula (1). Postgraduate programs are developed to respond to the changing community and the associated professional needs by taking into account technological advances, information explosion, knowledge development, and professional maturity (5). The master's program in counseling in



midwifery was first initiated in Iran in 2012. The program gradually started in other universities in the country, and 18 faculties and colleges are currently offering courses in this academic field (8). Curriculum evaluation is the process of collecting and analyzing information from multiple sources to improve students' learning (2). Both theoretical and practical lessons are important to improve counseling micro-skills among the students of counseling in midwifery. Theoretical lessons in this field include the basics of communication as well as symptoms of women's disorders and mental health diseases during their lives. In practical subjects, students become familiar with and experience client and patient counseling and education in action and practice to become independent enough to do the same in their future careers.

Considering the interdisciplinary nature and novelty of counseling in midwifery, as well as the high potential that this field can have in the community and women's mental health, this study intended to explore the challenges of counseling in midwifery education in Iran.

Methods

Instruments and data collection

This qualitative study was conducted using conventional content analysis in 2021 on professors and instructors, graduates, and master's students of counseling in midwifery (Table 1). The participants were selected using purposive sampling, and the research setting was midwifery and nursing colleges and faculties.

First, the researcher introduced herself, provided some information about the objectives of the study, and obtained written consent from the participants for group interviews. Moreover, before conducting the interviews, the researcher tried to establish rapport with the participants. To comply with ethical protocols, the participants' privacy and their freedom to attend the study or to leave it were respected. Furthermore, the participants' data were kept confidential and the objectives of the study were explained to them before collecting the data. The inclusion criteria were willingness to participate in the study and having at least two years of educational experience in the master's program in counseling in midwifery.

Given the importance of questions in qualitative interviews (9), suitable questions were developed to reflect the objectives of the study. The interviews were conducted individually and in groups with faculty members, master's students, and graduates of counseling in midwifery.

First, the researcher introduced herself, provided some information about the objectives of the study, and obtained written consent from the participants for group interviews. Sampling continued until data saturation. The interviews were conducted by one person and were audio recorded and transcribed word for word. Each interview lasted 45 to 90 minutes. To give direction to

the participants' statements, first, general questions were asked followed by specific questions related to the research objectives. Examples of the questions in the interview guide are as follows:

- What are the goals and content of the master's program in counseling in midwifery?
- What are the weaknesses of counseling in midwifery education?

Data analysis was performed using conventional content analysis proposed by Hsieh and Shannon (10). To this end, the recorded interviews were transcribed word by word on paper. The transcripts were read several times to achieve a general impression of their content. Afterwards, the transcripts were reviewed word by word and the meaning units were extracted. The duplicate codes were eliminated, and the data were reduced using MAXQDA 10 software. Next, the extracted codes were compared and sorted into a set of categories and subcategories based on their similarities and differences.

To check the rigor of the qualitative data, Guba and Lincoln's criteria were used (11). The credibility of the data was established through prolonged involvement with the phenomenon in question, and the researchers had a constant engagement with the data for 18 months. In addition, the findings were reviewed and confirmed by the participants. If the semantic unit was misunderstood, it was revised. The rigor of the data was also checked through member checking, whereby external reviewers were asked to revise and audit the research findings. Accordingly, the researcher recorded and reported all details of the procedure taken to conduct the study so that external reviewers and readers could follow up on the findings. To check the transferability of the findings, the researcher reported the participants' quotes exactly and without any distortion.

Results

Data analysis was performed using conventional content analysis proposed by Hsieh and Shannon (10). The participants in this study were 17 students and 5 graduates of the master's program in counseling in midwifery, and 7 professors in the same field. The students' age ranged from 25 to 34 years and the professors' age varied from 38 to 45 years. Moreover, 4 professors had Ph.D. degrees and 3 had master's degrees, and they had 4 to 15 years of work experience.

Table 2 shows the themes, categories, and subcategories extracted in the study. The challenges in offering theoretical and clinical courses reported by the participants were grouped into six categories: “the need to empower professors,” “problems in providing an arena for clinical education,” “intermingling of counseling with sociocultural constructs,” “the need to update the curriculum,” “the unclear role of counseling in midwifery services in the health system,” and “standardization and

Table 1. The participants' demographic data

Code	Age	Education	Academic position	Work experience (y)
1	43	Master of Midwifery Education	Instructor	20
2	40	Ph.D. in Counseling	Assistant professor	6
3	38	Ph.D. in Reproductive Health	Assistant professor	4
4	41	Ph.D. in Reproductive Health	Assistant professor	6
5	58	Ph.D. in Reproductive Health	Assistant professor	27
6	38	Ph.D. in Reproductive Health	Professor	16
7	42	Ph.D. in Health Sciences and Master of Midwifery	Professor	16
8	40	Master's student of counseling in midwifery	Student	13
9	25	Master's student of counseling in midwifery	Student	0
10	25	Master's student of counseling in midwifery	Student	0
11	34	Master's student of counseling in midwifery	Student	7
12	26	Master's student of counseling in midwifery	Student	0
13	46	Master's student of counseling in midwifery	Student	14
14	24	Master's student of counseling in midwifery	Student	2
15	29	Master's student of counseling in midwifery	Student	4
16	31	Master's student of counseling in midwifery	Student	5
17	28	Master's student of counseling in midwifery	Student	5
18	37	Master's student of counseling in midwifery	Student	13
19	26	Master's student of counseling in midwifery	Student	0
20	25	Master's student of counseling in midwifery	Student	0
21	33	Master's student of counseling in midwifery	Student	10
22	27	Master's student of counseling in midwifery	Student	0
23	33	Master's student of counseling in midwifery	Student	8
24	30	Master's degree in counseling in midwifery	Graduate	5
25	28	Master's degree in counseling in midwifery	Graduate	2
26	45	Master's degree in counseling in midwifery	Graduate	22
27	40	Master's degree in counseling in midwifery	Graduate	18

expansion of the field.”

The need to empower professors

The results of the study showed that the lack of faculty members specializing in counseling and the use of traditional teaching methods by some professors necessitate the empowerment of professors. The students stated that some professors use traditional teaching methods and believed that the courses are teacher-centered. Courses are often delivered through one-way lectures. The professors usually play a prominent role in teaching specialized counseling courses. The students also believed that the lack of academic staff specializing in counseling and psychology has forced professors to teach midwifery instead of counseling and less attention is paid to the mental health of patients. All participants acknowledged the necessity of empowering professors specializing in midwifery, reproductive health, and education and counseling sub-disciplines. One of the participants stated, “*Sometimes a professor alone teaches several specialized courses in counseling in midwifery*”

(Participant #6).

Problems in providing an arena for clinical education

The problems in providing an arena for clinical education are caused by the lack of cases and fields for internships and the disregard for counseling ethics. Some of the students and professors pointed to the problems in providing an arena for clinical education, including the lack of cases and fields in internships and the unavailability of cases for holding counseling sessions. The participants also highlighted the disregard for ethical issues and stated that some professors do not have the necessary skills to observe ethics during counseling. One of the participants stated, “*Most of the time we have to act as a case ourselves or discuss other people's problems because there are few patients*” (Participant #3).

Intermingling of counseling with sociocultural constructs

Intermingling of counseling with sociocultural constructs is caused by inadequate educational interaction due to shame and embarrassment and inadequate cultural

Table 2. The themes, categories, and subcategories extracted in the study

Themes	Subcategories	Categories
One professor teaches several specialized courses Teaching midwifery instead of counseling Teacher-centered courses Not using new teaching methods	Lack of faculty members specializing in counseling Lack of faculty members specializing in counseling and the use of traditional teaching methods by some professors	The need to empower professors
Professors' shyness in teaching and talking about sexual issues with patients The student's shame in seeking knowledge about sexual issues and talking about them with the patient Patients' shamefulness in talking about sexual problems The patient's unwillingness to talk in the presence of students	Inadequate educational interaction due to shame and embarrassment	Intermingling of counseling with sociocultural constructs
Misconceptions about counseling Referral to non-specialists The failure of media to raise public awareness Having no belief in the effectiveness of counseling Not prioritizing mental health problems	The inadequate cultural context for counseling	
The unfamiliarity of the healthcare staff with specialized counseling in midwifery centers The unfamiliarity of patients with counseling in midwifery service provision centers The failure of the health and treatment departments of the university to raise public awareness of counseling in midwifery services The failure of media in raising public awareness of counseling in midwifery services	The unfamiliarity of the healthcare staff and patients with specialized counseling in midwifery centers The disregard for providing counseling services	Failure in policymaking
Lack of cases Lack of clinical fields Unavailability of cases to hold adequate counseling sessions Lack of skills required to comply with ethical protocols during counseling	Lack of cases and fields for internships The disregard for counseling ethics	Problems in providing an arena for clinical education
Inconsistency in teaching methods Inconsistency in the number of courses Unclear, old, and incoherent course contents Professors' confusion due to ambiguity in the curriculum Inadequate counseling in midwifery internship courses The need for reviewing the practical content of teaching methods and techniques in the community or health systems The absence of educational, research, and clinical management internship courses The need to increase the number of theoretical counseling courses and promote sexual health The need to expand and change the name of the course “Menopause and Pre- and Post-Menopause Counseling” to “Menopause and Old Age Counseling” The need to expand the content of the course “Biostatistics and Advanced Research Methods” The need to expand the Medical Information Systems course	The need for revising the curriculum The need for revising internship courses	The need to update the curriculum
The faculty only makes important decisions on the counseling in midwifery program Exclusivity of the counseling in midwifery program Launching the counseling in midwifery program in neighboring countries The possibility of pursuing studies in the Ph.D. program The impossibility of continuing studies in counseling-related programs	Poor international attitudes toward counseling in midwifery The need to develop the counseling in midwifery program	Standardization and expansion of the field

context for counseling. The participants believed that there is inadequate interaction due to professors', students', and patients' shyness and embarrassment. The participants also suggested that patients do not go to clinics but receive counseling services from non-specialists such as faith healers and hairdressers. Some participants highlighted the need to raise public awareness of counseling in

midwifery. Some participants pointed to the poor performance of the media in raising public awareness of counseling services.

The need to update the curriculum

The need to update the curriculum involves the need to revise the content of the counseling, psychology, and

sexual dysfunction courses. The participants stated that, unfortunately, the content of the counseling, psychology, and sexual dysfunction courses needs serious and fundamental revision. A number of the participants pointed to the old and incoherent content of the courses due to the ambiguity in the curriculum, making professors and students confused. They also believed that the course curriculum is disproportionate to the number of course credits and since counseling in midwifery is a new field of study, there should be a change in the course headings, especially for the sexual dysfunction course, and the course credits should increase from 1 to 3 credits. The participants also highlighted the necessity of holding online courses and workshops on sexual subjects:

- *There is no specific reference from the ministry for different courses* (Participant #16)
- *Students must learn how to manage and run a clinic* (Participant #4).
- *Students should learn the steps of holding and organizing a conference* (Participant #3).
- *Online education became very important during the COVID-19 outbreak. More attention should be paid to online education in the course of teaching methods and techniques in social or health systems* (Participant #1).

The unclear role of counseling in midwifery services in the health system

The unclear role of counseling in midwifery services in the health system leads to the unfamiliarity of the healthcare staff and patients with specialized counseling in midwifery centers and the disregard for providing counseling services. Some participants believed that the medical staff and patients are not familiar with the specialized center that provides counseling in midwifery services and stated that the University of Medical Sciences and the media do not make efforts to inform the public about counseling in midwifery services due to the absence of any plans: “*Whenever we ask for a room for counseling services, they say that other things are a priority and the room should be dedicated to those things*” (Participant #5).

Standardization and expansion of the field

Standardization and expansion of the field were categorized into poor international attitudes toward counseling in midwifery and the need for developing counseling in midwifery. Some professors believed that counseling in midwifery with its current name exclusively exists in Iran, and due to Iran’s cultural affinity with neighboring countries, it is possible to launch the field in neighboring countries so that interested students can pursue their studies up to the Ph.D. program.

Discussion

This study is one of the few studies in Iran that specifically addressed the challenges of theoretical and clinical

courses of a clinical discipline. The expansion of various postgraduate programs, especially in large universities should be considered a general policy of the educational system. Besides, the establishment of new academic fields, especially interdisciplinary fields following the increasing growth of technology and industry, and the need of human societies for such fields should be at the top of the agenda of colleges and universities (12). Accordingly, some faculty members of nursing and midwifery faculties demand the establishment of a master’s program in complementary medicine in midwifery and sexual health. Moreover, the increasing competitiveness of knowledge promotion, market specialization, technological expansion, and an increase in applicants for higher education highlight the importance of paying attention to online and distance education. A look at developing these academic programs in Iranian universities shows that little attention is paid to such programs. In the coming decades, universities will have to offer online and distance education courses to retain their students because some students and faculty members in this study highlighted the need for holding online courses and programs.

The findings of this study indicated that the lack of clinical cases in educational centers is one of the problems in clinical education for students of counseling in midwifery. Professors stated that the number of students does not match the number of patients in educational centers, and that this is one of the reasons for the lack of cooperation between patients and students (13).

Furthermore, the master’s students in counseling in midwifery believed that the number of students in training groups should be reduced. Similar studies have shown the respondents’ attention to the importance of midwifery practical courses (1). Lack of educational aids, a large number of students, and the lack of facilities are some challenges of clinical education programs (14). A favorable clinical environment can support more learning and transfer more knowledge to students in clinical education (15).

Some participants in this study reported a lack of educational aids and facilities. About 5% of the students of Mashhad nursing-midwifery faculty pointed to the non-use of effective educational aids such as educational models and films, which help practice and observe practical techniques, and 85.4% pointed to the lack of necessary educational facilities and equipment in clinics (16). The use of educational films, especially when there are no cases, increases the learning rate and improves students’ clinical skills (17). In this study, some students stated that they needed educational videos on counseling in midwifery.

It seems that students’ academic motivation has decreased in recent years (18), as highlighted in the present study. Adopting effective strategies to institutionalize beliefs and values in the related context, reasonable

expectations, and modification of physical clinical conditions can lead to an increase in students' self-esteem, motivation, and positive educational attitudes (13).

Some midwifery students in this study criticized the small number of classrooms and educational facilities. Limited resources have been reported as a challenge for midwifery clinical education in some studies. Clinical education facilities are always lacking. Midwifery students should be admitted based on the clinical capacity of the university, the provision and improvement of welfare facilities following the educational needs of the departments, and the creation of facilities for students to improve the quality of education. Midwifery clinical education requires the provision of facilities and resources as reported in similar studies (19).

Using effective teaching methods in midwifery programs leads to deeper learning and clinical skills for students. Given the complexity of midwifery education, the use of modern methods of clinical education increases the quality of clinical education (13). Some faculty members highlighted the need to improve the use of new educational assistance methods. Mohammadi et al. found that the use of mobile apps to provide online education to midwifery students is effective in training midwifery students and stated that these methods allow the instructor and the student to fill the existing educational gap through effective technical equipment, even if they are far from each other in terms of time and place. Besides, as in online methods, it is possible to access the presented materials again, students have more flexibility in the time they spend on education (20). In a review study, Santos stated one of the most important barriers to nursing education is the lack of access to and adoption of new technologies to acquire knowledge (21).

Providing feedback in clinical education helps people to recognize what was done right or wrong. Without providing feedback, clinical procedures and decisions are performed with uncertainty and low self-confidence, even if there is good performance (22). However, this point was not considered in the present study, possibly due to fewer internship courses in the master's program than in the bachelor's program. Grantcharov and Reznick reported the students believed that the instructor should criticize the students' performance and give them feedback. To improve learning, effective feedback should be provided so that students can identify their strengths and weaknesses to improve their performance and behavior (23).

Nursing and midwifery faculties should try to hire a greater number of permanent, contractual, and adjunct faculty members and encourage them to continue their studies. Ahmari Tehran et al pointed out that the lack of permanent and more experienced faculty members influences educational quality (24).

The findings of this study showed that there are weaknesses in the curriculum for master's students of

counseling in midwifery, which need to be addressed and resolved by applying some modifications to the curriculum for counseling in midwifery.

This study was conducted with some limitations that may reduce the applicability of its findings. All professors of the Faculty of Nursing and Midwifery who had teaching experience in the master's program in counseling in midwifery were included in this study, but the sample size was not adequate.

Conclusion

The findings of this study showed that there are weaknesses in the master's program in counseling in midwifery that need to be addressed and resolved. It seems that the current curriculum fails to meet the educational and clinical needs of the students, so it needs to be updated. It is also necessary to raise the awareness of the public and students and make them familiar with counseling in midwifery at universities.

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Competing Interests

No conflict of interest was declared by the authors.

Ethical Approval

This study was approved under the ethics code IR.KMU.REC.1399.560 at Kerman University of Medical Sciences.

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