



## Challenges Experienced By Midwifery Trainers In Midwifery Training

Cheptum Joyce Jebet<sup>1</sup>, Mbuthia Florence<sup>2</sup>, and Chelagat Dinah<sup>3</sup>

<sup>1</sup>National Defence University – Kenya

<sup>2</sup>Dedan Kimathi University of Technology

<sup>3</sup>Moi University

### ARTICLE INFO

#### Article history:

Received Mar 15, 2023

Revised Mar 24, 2023

Accepted May 17, 2023

#### Keywords:

Challenges;  
Midwifery trainers.  
Midwifery training;  
Midwives;

### ABSTRACT

Background, Midwifery involves building relationships with women, their families and the entire community. Midwives are driven by a strong conscience to provide the best care to their clients. Midwifery training is quite involving, encompassing theoretical and practical skills, thus it requires a well-managed curriculum to ensure quality training and products. Aim, the objective of this review is to highlight the challenges experienced by midwifery trainers in midwifery training. Methodology, a descriptive overview was undertaken through a rapid literature review of the relevant local and international literature to highlight the global challenges of midwifery trainers. Results, the challenges experienced in many training institutions by midwifery trainers range from infrastructural, financial resource and human resource. Discrimination of the midwifery profession, lack of motivation and poor well – being and lack of emotional resilience of the trainers and lack of/ or inequalities in the training and education opportunities are challenges in training. Clinical set up challenges include lack of support from the clinical setting, overcrowding of students or poorly resourced facilities. The emerging and re-emerging health issues poses a challenge to the midwifery trainers. Conclusion, Midwifery trainers experience and myriad of challenges, which could compromise on the quality of midwifery training.

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### Corresponding Author:

Cheptum Joyce Jebet,  
National Defence University – Kenya,  
Email: [jjcheptum@gmail.com](mailto:jjcheptum@gmail.com)

## 1. Introduction

These Midwives are generally driven by a strong conscience to provide the best care to their clients. Midwifery education is critical in contributing to the achievement of Sustainable Development Goal (SDG) 3, which aims at health for all. Maternal and neonatal deaths, especially in the developing countries are caused by preventable causes. Well trained practitioners are able to avert complications and reduce risks of morbidity and mortality (1,2). Quality training is critical in midwifery since the profession encompasses a lot of clinical skills. The clinical skills of students are directly linked to the quality of training (3). Unfortunately, midwifery education is becoming more theoretical rather than a skill (4). In a situation where there is lack of supervision during clinical learning, there might be challenges of students gaining appropriate skills. The mushrooming of training institutions that do not have adequate staffing or equipment for training poses a great challenge to quality training.

Midwifery education, a component of the higher education system that concerns human life, plays an essential role in ensuring maternal and neonatal health (5,6). The purpose of this education should be to empower midwives to perform their tasks of facilitating natural childbirth and providing

safe, evidence-based care for pregnant women and newborns (5). High maternal mortality rates in developing countries are recognized as a public health concern. Rural women in Sub-Saharan countries have the highest maternal mortality ratio (MMR) due to a low access to quality health service delivery (7). Consequently, the world health organization (WHO) created The Global Strategic Directions for Strengthening Nursing and Midwifery and set out a vision for increasing the quantity, quality, and relevance of the healthcare workforce (6,8). Therefore, the need for quality nursing and midwifery services both in training and practice should be strongly emphasized.

Clinical training or education is one of the most crucial stages in the process of preparing future midwives for the clinical setting. At this time, students apply their theoretical knowledge to practical situations under the instructor's supervision. The result of a successful clinical training will be a confident, competent midwife who is able to make decisions that reduce unnecessary cesarean sections, with their implicated costs, and promote spontaneous vaginal birth (SVD) that is safe for both mother and child (3). In this respect, midwifery faculties have a duty to produce graduates capable of offering midwifery services in accordance with the most recent scientific developments, delivering specialized primary maternal care throughout pregnancy, labor, natural childbirth, and the postpartum period (5,6). Any deficiencies in clinical education will result in ineffective midwives, which will have an impact on the quality of maternal and neonatal health care offered (3).

From the perspective of midwifery instructors, the academic training of future midwives, particularly clinical learning, has its own specific challenges that can prevent them from fully gaining the clinical competency required of midwifery graduates (6,9). Obstacles that hinder midwifery educators during training include limited financial and human resources, challenges in the infrastructure and clinical set up, and a lack of motivation experienced by both the trainers as well as the students. Studies have shown that Sub-Saharan African countries face significant problems in nursing education due to a lack of infrastructure, a lack of human resources, and a lack of material resources. The health worker shortages in Sub-Saharan countries, which is a result of past investment shortfalls in pre-service training, international migration, career changes among health workers, premature retirement and mortality, has led to increased student enrollment and thus a strained clinical learning environment by reason of overcrowding (10).

A strained clinical learning environment has two major factors: overwhelmed staff and overwhelmed facilities. According to expert opinion, the ideal time ratio of theoretical to practical learning is 70%:30%. However, majority of academic institutions lack essential equipment, supplies, and the adequate number of skilled instructors to supervise the students' practice. This has resulted in a lower standard of care and missed opportunities to improve student competence (11). The infrastructure and clinical set up of the training institutions largely affects the motivation and psychological welfare of midwives. The aforementioned shortage of equipment is stressful for students who have insufficient time to build their skills, resulting in a lack of confidence, preparedness, and motivation to learn (11).

Inappropriate clinical environment, inefficient curriculum, ill-equipped facilities or lack of resources affects midwifery training (3,4). A clinical environment should be supportive to enable student learning. This includes an environment with adequate number of staffing and mentors who will walk with the students through their placement to enable learning. In addition, there should be adequate number of patients/ clients to allow the students to gain competency. A supportive clinical environment offers a positive learning experience (12). A clinical environment that lacks resources negatively impacts on student learning, as well as poor relationship of staff and students and lack of support from the clinical teachers (12,13).

Lack of instructors' motivation, lack of competence, negative attitude or humiliating experiences as depicted by instructors affect student learning (3). Instructors need to be passionate and well-motivated to influence student learning. Students learn from their instructors, thus when an instructor is incompetent, there is a risk of the student learning the wrong information. Availability of the clinical instructor, ability to encourage peer learning, clinical teaching supervision and preceptorships have been identified as supportive roles that can be offered by clinical instructors to

enable student learning (14). Regular structured mentoring and continuous professional development is necessary to improve educators' capacity to teach midwifery (2).

Midwifery students have encountered other challenges in the clinical area which include absence of supervisors from their training institutions, and a hostile clinical environment brought about by poor relationship with the qualified staff. Some of the qualified staff view the students as time wasters and are unwilling to take time in mentoring them. This has been worsened by the large number of students being sent to the clinical area by various training institutions (13).

Midwifery educators need equal opportunities with other health professionals for self and professional development. Discrimination of the midwifery profession owing to inadequate education and training opportunities affects student learning (15). Societal discrimination of the midwifery profession, especially towards male students, is another demotivating factor (12).

Work – related insecurity and inequitable remuneration affects motivation of midwives (16). Trainers, who need to facilitate clinical rotations for the large number of students, also become physically and mentally exhausted. This adds to the challenge of dealing with the low motivation of their students. As professionals, midwives face restrictions in providing services, especially in low-risk, natural childbirths. Specialists such as obstetricians/ gynecologists usually assume responsibility of majority of childbirth cases while midwives play a minor role (6). Thus, the morale of midwives is lowered and an inequality in the opportunities for training midwives is created.

Therefore, because clinical learning reduces the gap between the students' theoretical knowledge and practical experience, regulatory agencies and stakeholders must verify that educational institutions have the proper qualifications to facilitate high-quality education by providing structural and financial support (12,17). Understanding the challenges faced and reducing the factors that contribute to the stress and lack of motivation of midwifery trainers can create an optimal clinical learning environment, boosting the students' professional development and competencies, and provide a direction towards the solutions, thus improve the quality of training.

## 2. Tables

A rapid literature review was undertaken to identify the challenges experienced by midwifery educators, both locally and globally. This rapid review was conducted owing to the availability of resources and the quality and quantity of literature available.

The research question was, 'What are the challenges experienced by midwifery trainers?' The MeSH terms used for the search were midwifery trainers, midwifery educators, clinical instructors, challenges, midwifery training, midwifery education, midwifery clinical placement, and clinical environment. The databases that was used was Google scholar, PubMed and Biomed Central. The articles that were searched were not more than ten years old. There were no geographical restrictions.

## 3. Graphics Content

The rapid literature review revealed that the midwifery trainers experienced several challenges in training students. These challenges were broadly classified as financial, infrastructural, clinical environment and trainer – related challenges.

Midwifery training is successful based on the impact created by the trainers. Challenges experienced by the trainers may have negative effect on the implementation of the training programme, leading to poor quality training. Midwifery, being a first line profession where a lot of commitment is required, it requires motivation and respecting human values (18).

### Trainer's incompetence and lack of motivation

A multi-center qualitative study conducted in Hamedan University of Medical Sciences (HUMS), Hamadan, Iran noted that lack of instructors' motivation, lack of competence, negative attitude or humiliating experiences as depicted by instructors affect the learning of students (3). A study in Uganda revealed that midwifery tutors were demotivated due to heavy workload and had negative attitude towards students (19). In a study involving University midwifery educators in Kenya, gaps were noticed

in some selected midwifery skills in emergency obstetric care (2). In DRC Congo, a study established that in some institution training midwifery, the trainers' academic qualification were lower than expected (20). In Nigeria, negative attitude, poor remuneration and feminization of the midwifery profession affected the performance of midwives (21). A meta-analysis on issues and challenges of curricula to reform to competency-based in Africa established that there was lack of preparation of educators (22).

Midwifery is a competency – based programme that requires a trainer's competence to enhance knowledge transfer and learning. The confidence of an instructor is key in ensuring students acquire knowledge and skills that will lead to their competency and confidence in the profession. In-service capacity building programmes have been recommended to build midwives' confidence (23,24).

Motivation of the training is essential as well motivated trainers are willing to go an extra mile to ensure the training is successful. Midwifery trainers can be motivated in several forms which include motivation for technical competence, humanistic motivation and motivation to overcome adversity (18). Trainers who are well motivated are able to influence students to choose midwifery. In Ethiopia, a study established that students had minimal intention to choose midwifery since they lacked information, had a poor perception and low regard for the profession (25). If they had a well-motivated trainer, these students would have been more informed and probably have a better perception and high regard for the profession.

#### **Discrimination of the trainer and midwifery profession**

Discrimination of the midwifery profession in the health care system owing to inadequate education and training opportunities is a challenge that affects student learning (15). An Iranian study revealed that there was education inequalities, lack of respect of midwifery clinical instructors and unbalanced distribution of power leading to conflict in midwifery and residency (6). There is lack of recognition of midwifery instructors' clinical competence and blaming them in case of a traumatic childbirth in the client they have managed with their students (6). In India, the midwifery profession is not accorded importance like the nursing profession (26).

#### **Shortage of trainers**

Inadequate number of midwifery trainers, in addition to the training orientation, where most of the trainers are nurse/ midwives and not purely midwives affect the implementation of midwifery training (27). There is reliance on clinical instructors, whereas in many clinical setting, there is a shortage of the same (28). In DRC Congo, lack of qualified midwifery trainers and clinical preceptors has been experienced (20). In Uganda, clinical trainees received inadequate support due to lack of trainers (19).

Inadequate number of midwifery trainers leads to heavy workload, poor retention and outmigration of the trainers. Considering that midwives are vital in reduction of maternal and neonatal mortalities and improving maternal and neonatal outcomes, it is paramount to address this issue.

#### **Curriculum implementation challenges**

An inefficient curriculum and ineffective education methods were found to be challenges in the implementation of the curriculum (3). In Indonesia, transfer of face to face learning to online classes including simulation and practice has been experienced (29). In South East Asia, it was established that there was lack of uniform curriculum requirements for the minimum length of education (30). In Lesotho, there was a gap in the implemented curriculum and the one that was enacted in the nursing education institutions, as such, competency based midwifery education has not been implemented (31).

A curriculum that lacks up-to date content affects the quality of content delivered to students. This implies that students are likely to learn information that is no longer in use. This will affect the transfer of knowledge from theory to practice. Lack of up-to-date information of trainers has also been experienced where the trainer teaches information that is no longer relevant as such, when students go to the clinicals, they realize that the information is no longer valid. This makes them get confused and could affect their motivation to learning. To improve the quality of training, there is need to have rigorous changes in the curriculum (32). Innovative curricula enhance a positive teaching and learning experience and contribute to sustainability of the programme (31). When designing midwifery education

programme, quality needs to be critically considered including qualified trainers and clinical instructors (33).

#### **Inadequate resources**

The midwifery trainers also experience inadequacy of space when training owing to large student numbers or small facilities, poor maintenance of mannequins, which affects simulation of skills and poorly equipped laboratories leading to inefficiency in training (4). Lack of financial resources is a great limitation to teaching and learning of students. In DRC Congo, there was lack of training equipment, teaching aids and other resources such as electricity and internet (20).

Lack of resources for example the simulation labs and clinical placement sites are making midwifery to be more theoretical, rather than a skills based programme (32). This leads to challenges to the learners when they are expected to replicate their theoretical knowledge to practical. Financial investment including infrastructure will go a long way in enhancing quality training in midwifery education as it will boost the morale of the midwifery educators by reason of availability of resources.

#### **Unsupportive clinical environment**

Inappropriate clinical environment, inefficient curriculum, ill-equipped facilities or lack of resources affects the training (3,4). Large student numbers lead to infringing the patient's right to privacy, as such may lead to lack of cooperation from the patient, which affects learning (3). In India, it was reported that students from the private institutions did not get adequate clinical experience compared to their counterparts in the public institutions (26).

A positive and supportive clinical environment is an indispensable requirement in midwifery training. Challenges experienced by midwifery trainers in the clinical environment affects the practical aspects of midwifery training since this programme is 'hands-on', thus a student is literally required to perform the procedure.

#### **Ineffective management and Regulation**

Lack of professional control and limited authority in planning, decision making and lack of autonomy affects midwifery training (6). In some countries, for example Democratic Republic of Congo, the midwifery profession is not regulated (20). Gender and power influences have been experienced whereby in the female dominated profession, the leadership is male dominated (26). Complex organizational and administrative processes also hinder midwifery education (34).

### **4. Mathematical Equation**

Midwifery educators have experienced challenges in providing midwifery education. The challenges include incompetent and demotivated trainers, inadequate resources, inefficient curriculum, ineffective management and regulation and unsupportive clinical environment. There is need to address these challenges to enhance quality midwifery education, subsequently contribute to improved health outcomes.

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