

Assessment of Barriers for Midwives to Achieve Professional Management Positions from Midwives' Point of View

Abstract

Background: Despite the effects of midwives on the health of family and community through promotion of maternal and child health indicators, they are not in the position of professional decision making. Therefore, this study was aimed to determine the barriers to achieve professional management positions by midwives. **Materials and Methods:** This study was a descriptive and cross-sectional study. The members of board commission of midwifery and reproductive health, the academic members of midwifery department and midwives working at the adjutancy of health and treatment were selected from eight Iranian universities of medical sciences. Data was collected through demographic characteristics questionnaire, a researcher-made questionnaire about administrative barriers, and management skills. Validity and reliability of this tool was confirmed through content validity and Cronbach's alpha coefficient, and the results were analyzed using inferential statistics (analysis of variance and Kruskal–Wallis test). **Results:** The results of this study showed that the barriers for midwives to achieve professional management positions in order of preference were organizational barriers (71.4%), cultural barriers (42.4%), and individual barriers (30.8%). **Conclusions:** Based on the findings of this research, organizational barriers are the most important obstacle to achieve professional management positions. Therefore, the role of the authorities is emphasized to eliminate organizational barriers and provide more resources to reduce this problem.

Keywords: Barriers, Iran, managers, professional management, midwives, women

Introduction

The issue of leadership and management in the health system is different and more complex than other organizations because in the health system the recipients of services belong to all the classes of society, especially vulnerable groups of children and women, which among all the age groups have the most population. Women of all communities have a special position because they are considered to be the health axis of a family, and along with managing all the family members, they are role models for education and promotion of healthy lifestyle for the next generations. Thus, investing in the health of women as one of the main recipients of health care services is an investment in future generations; it could be considered as a guarantee for the good health of future generations.

Physicians and other related professions of a medical team, particularly the midwifery community, are responsible for maternal

health, as well as to improve the quality of provided health care for these people with the best performance and the lowest cost.

Considering the Millennium Development Goals and with regard to the orientations of the Fifth Development Plan, the importance of the role of midwives is more prominent in the field of accessing maternal mortality of 15 per 100,000.^[1,2]

Maternal mortality rate in Iran in 1975 was 274 deaths; in 1995 it reduced to 94, in 2005 to 38, and in 2013 to 20.3 deaths per 100,000 live births. Although the statistics have shown a downward trend, it is still far from the objectives of the program.^[3-5]

In this regard, considering the role of midwives in the health of families and society through promotion of maternal and child health index and paying attention to the necessity of their presence in different fields of health and decision-making positions to provide their job satisfaction has been identified as the major factor

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in increasing the efficiency, productivity, and providing optimal services.

However, in the recent years, instead of improvement in job conditions, loss of job motivation has been observed among midwives for different reasons such as uneven employment of human resources compared to other medical workers, working under the management of nursing services, lack of the “manager” title in their organizational chart, and assigning physicians as the director or responsible person for family health units. This issue other than creating job conflicts within midwives could also affect service delivery in the area of health indicators.

Shaban *et al.* also introduced factors such as lack of recognition of the status of midwifery in the health system because of the dominant role of physicians as a reason for not formally recognizing the midwives’ profession.^[6]

Midwives are the main owners of their profession for making policies and decisions to improve the health of vulnerable groups of the society and their absence in executive positions is considered as a management weakness because no one, as a manager or authority, could provide job satisfaction for the midwives to improve their services than the graduates of this major who have well understood the problems of this profession.

This study was conducted to realize whether the community of midwifery, all of its staff and operators being female, could be kept away from participation in management decisions because of the impact of cultural problems by identifying management barriers in midwifery. Should other organizational barriers be accepted for appointing midwives as manager although there are high degree graduates in diverse majors to cover the existing gaps? And finally, should it be accepted that midwives’ situation is influenced by organizational culture and organizational culture, in its turn, is influenced by society’s culture, and therefore midwives cannot make decisions for their profession?

However, despite all these unanswered questions and problems of midwifery, no studies have been conducted in this regard to provide profession-related solutions to fix the problem. Of course, the ultimate purpose is to serve the vulnerable groups of women and children. Therefore, this study was conducted to determine the barriers for midwives in accessing management positions.

Materials and Methods

The samples were selected using the convenience sampling method. The sampling procedures started in March 2015 and ended in July 2016. The criteria for selecting samples were: The Board members and midwifery in the field of executive directors are a base, middle and top managers in midwifery and in the main authorities and decision-making

and Performance. The study population included academic members of midwifery department, the midwives working at the adjutancy of health and treatment and the members of board commission of midwifery and reproductive health of Isfahan University of Medical Sciences and seven other selected universities of medical sciences in Iran (Mashhad, Tehran, Arak, Shahrekord, Kerman, Shiraz, and Zahedan). Sampling method was census, and the sample size was approximately estimated to be 160 people, as per the exclusion criteria (unwillingness to participate in the study and incomplete questionnaires) 10 people were excluded from the study, giving a total of 150 participants.

The data collection tool in this study was a questionnaire that was developed by reviewing the available literature on the barriers of women’s presence in management positions as well as interviewing five experts of midwifery. Test–retest and Cronbach’s alpha coefficient ($\alpha = 0.88$) were used to determine its reliability.

Content validity was done to determine the validity; for this, the questionnaire was given to 10 professors and academic members of the Midwifery department and Management and Information department of Isfahan University of Medical Sciences. Based on their recommendations, necessary reforms were executed and the questionnaire was given to the participants of the study.

The questionnaire consisted of four sections, namely, individual characteristics, organizational barriers (better management in physicians, limited areas of activity, lack of facilities, lack of the necessary sensitivity of authorities toward indicators of health, etc.), cultural barriers (being a woman, having multiple responsibilities, community’s culture and their beliefs about women, monopolistic behavior of men, prevailing patriarchal culture in the society, etc.), and personal barriers (lack of proper interaction with colleagues and officials, weakness in critical thinking, lack of motivation, delay in decision-making, refusing to take over more roles and responsibilities, etc.). To distribute the questionnaire to the academic midwives and the midwives working at the adjutancy of health and treatment, the researcher attended the faculty of Nursing and Midwifery, the adjutancy of treatment and health. Further, to complete the questionnaires by the members of board of Reproductive health and midwifery, with the coordination of the representative of midwifery group of Isfahan University of Medical Sciences at the Board, the questionnaire was given to the chairman of the board and other members. To complete the questionnaire at selected universities, a number of questionnaires were given to the studied groups by defined interviewers at selected universities and a number of them were given by the researcher. Communication between the researchers and

the interviewers was conducted through phone and e-mail. Collected data were analyzed using inferential statistics [analysis of variance (ANOVA), Kruskal–Wallis], and the SPSS statistical software version 16 (SPSS, v. 16, SPSS Inc., Chicago, IL, USA) statistical software.

Ethical considerations

This research was approved by the ethics committee of Isfahan University of Medical Sciences, Isfahan, Iran (Ir.mui.rec.1394.3.257).

Results

The minimum age of the participants was 25 and the maximum age was 54 years. Most of the participants (73.6%) were married with two children (41.7%) and had a master’s degree (43.8%). In terms of employment status, a significant percentage was officially employed (69.5%) and a significant percentage of them never had any management experience (31.9%).

Research findings indicated that the average score of organizational barriers was high from the perspective of all three groups (71.4%); the highest score was allocated (73.3%) to the academic midwives and the lowest to the midwives working at the adjutancy of health and treatment (69.8%), however, there was no significant difference between the three groups in terms of the barriers [Table 1]. Moreover, cultural barriers with the average score of 42.4 and personal barriers with a mean score of 30.8 were, respectively, the second and third mentioned obstacles; and between the three groups, there was a significant difference in terms of cultural and personal barriers [Tables 2-4].

Discussion

Findings of this study suggested that from all the respondents’ viewpoint, the most important barrier for midwives in achieving management positions (among three organizational, cultural and individual barriers) was organizational barrier (series of factors that would develop due to organizational prevailing condition or authorities’ beliefs about the necessity of midwives’ presence in decision-making positions) (71.4%). In this regard, the most important subgroups of this barrier were false beliefs regarding better management of physicians and lack of a coherent organization for defending the rights of midwives in taking managerial positions.

Therefore, the high mean score of organization from the perspective of all three groups suggests that they would recognize this barrier as a major obstacle in the way of midwives for achieving management positions.

Mirkamali and Nasti zadeh in their research that was titled “barriers to the promotion of women to middle and high management positions from female school teachers’ point of view working at department of education” found that

Table 1: Comparing the mean scores (on the scale of 100) of organizational barriers from the perspective of three groups

Groups	Mean	SD	ANOVA	
			F	P
Midwives working at the adjutancy of health and treatment	69.80	14.50	0.96	0.38
The academic members of midwifery department	73.30	15.10		
The members of board commission of midwifery and Reproductive health	70.90	11.5		

Table 2: Comparing the mean scores (on the scale of 100) of cultural barriers from the perspective of three groups

Groups	Mean	SD	ANOVA	
			F	P
Midwives working at the adjutancy of health and treatment	6.38	15.60	5.04	0.008
The academic members of midwifery department	45.50	16.20		
The members of board commission of midwifery and Reproductive health	51.80	14.10		

Table 3: Comparing the mean scores (on the scale of 100) of individual barriers from the perspective of three groups

Groups	Mean	SD	ANOVA	
			F	P
Midwives working at the adjutancy of health and treatment	25.20	18.20	7.8	0.001
The academic members of midwifery department	34.70	21.40		
The members of board commission of midwifery and Reproductive health	48.30	19.70		

Table 4: Comparing the mean scores (on the scale of 100) of organizational barriers, cultural barriers and individual barriers from the perspective of three groups

Barriers	Mean	SD	ANOVA	
			F	P
Organizational	71.40	14.60		
Individual	30.80	20.60	22.43	<0.001
Cultural	42.40	16.20		

organizational factors (63.57%) were the biggest obstacle to appointing women in management positions.^[7]

Yazdkhasti *et al.* in their research, by stressing the importance of organizational barriers, acknowledged that factors such as prevailing condition of organizations and lack of belief of male staff and managers and even working women in leadership abilities of women have created unequal conditions of employment. These general beliefs have spread among the society while the number of educated women in the country is relatively increasing.^[8]

Hence, based on the data from our study and considering that no significant difference existed between all the members of the study population ($P = 0.38$) in terms of organizational barriers and everyone agreed on this barrier as the most important factor for midwives in achieving the management positions, this could be indicated that in the organizational condition of the health system it is not desirable in the field of achieving a job promotion and thus the improvement in efficiency and productivity of midwives was not provided completely or was provided less than the desirable rate. The evidences in this matter become more obvious in health system, in spite of graduates of higher education in midwifery, there is still a belief in physicians' dominance that would place general practitioners in executive positions, maternal health management, and decision-making positions for many reasons such as considering physicians as the managers of all the other majors and in the recent years this has caused discontent among midwives.

Regarding the cultural barriers, which in fact is the same as the role of cultural stereotypes, family and community attitudes toward midwives regarding their access to profession-related management, the findings of this study proposed this barrier as the second barrier with a mean score of 42.4. The findings also showed that this barrier had a significant difference between the three groups ($P = 0.008$); in the viewpoint of Midwifery and Reproductive Health Board members (with an average score of 51.8), it contributes an important part in not assigning midwives to profession-related management positions. In contrast, health and treatment adjutancy midwives (with an average score of 6.38) had an opposite opinion and considered cultural factors as an effective obstacle for less participation of midwives in management positions. Academic midwives (with an average score of 5.45) received the second place in terms of emphasizing on cultural barriers as a barrier to achieve management positions.

The differences in the average scores between the participating groups in this study indicate the wide and comprehensive viewpoint of the board members and the academic midwives to various profession-related issues.

Hossein Pur *et al.* in their research titled as "Administrative barriers for women at middle and senior levels" considered cultural barriers as an effective factor in lack of recruiting women in middle and senior management posts.^[9] Kazemi and Dehghanpour Farashah in their study that was titled "The obstacles for women's presence at high management positions in the oil industry" have shown that both men and women give priority to the cultural barriers.^[10] Zanjani and Oberon in their case study titled as "The barriers to women's promotion and its effect on productivity at Sharif University of Technology" showed that the ruling cultural conditions and gender categorization in organizations have

led to an absence of women in management positions.^[11] This, it is evident from our study and these studies is that the culture of any society could affect its organizational culture. This issue increases organizational barriers in the way of employing profession owners as the managers and decision makers for their careers.

Finally, the data from our research regarding personal barriers, which is the midwives' personal characteristics that would affect their access to management positions, showed that the mean score of this barrier was significantly different between the three groups ($P = 0.001$), and the highest average score for personal barriers belonged to board members of midwifery and Reproductive health (48.3) and the lowest belonged to the health and treatment adjutancy midwives (25.2).

The findings from the research of Kazemipour and Jafari among 200 male and female employees of Bank Melli, Iran showed that among the obstacles affecting women's access to managerial positions (organizational, social, and personal) personal obstacle was the third priority.^[12]

The reason for lower mean score of this barrier in the present study could be because of the belief of studied participants about adequate knowledge of midwives to their profession's sensitivities and subtleties, which would help them take profession-related responsibilities and tasks, whether in management or non-management positions.

Allocation of the highest score of personal barriers score to the members of the Board of midwifery and Reproductive health could be due to the interaction of these members with all the midwives working at various positions including treatment, healthcare, research, and education across the country and thus better identification of their weaknesses, and in some cases, comparing their capabilities with other health adjutancy midwives.

The limitations in this study was that most midwifery managers have this views that the midwifery is the independent job and the midwives can be responsible for making decisions for their careers; however, if among participants were not this views, there is certainly an effective response to the research questions.

Conclusion

Based on the findings of this study and considering the remarkable score of organizational barriers in comparison to other barriers, officials and executives are expected to take the necessary actions in order to reduce organizational barriers. Cultural barrier has the second priority which, considering that all the members of this profession are females, it is expected from the authorities and managers to eliminate cultural barriers in the society and consequently modify and to improve the culture so that organizational barriers would not be intensified by the cultural barriers.

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Conflicts of interest

There are no conflicts of interest.

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