



The observance of midwives' rights from the perspective of midwives and related managers

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Abstract

Background: Mutual rights in the medical system have always been considered an important component of medical ethics. Observance of midwives' rights could affect the quality of their services. This study was conducted to determine the methods for improving the observance of midwives' rights from the perspective of midwives and related managers.

Methods: This cross-sectional study was performed on 346 midwives and 19 hospital managers in 9 hospitals in Isfahan (Iran) 2018-2019. The sample was selected from the midwives using the census method and from the managers using the purposive method. Data were collected using a questionnaire containing demographic, managerial-organizational, and individual methods to improve the observance of midwives' rights. Findings were analyzed using descriptive/inferential statistics (T- test) in SPSS v. 18 software.

Results: Managerial-organizational and individual methods from the perspective of midwives and managers (total view) were not significantly different ($P > 0.05$). The most important managerial-organizational method to improve the observance of midwives' rights included "increasing the level of awareness of midwifery staff about their rights and their recognition" with a mean and standard deviation (SD) of 4.32 ± 0.78 , and one of the most important individual methods was to "improve work conscience" with a mean and SD of 4.35 ± 0.80 .

Conclusion: Managerial-organizational and individual methods are important to increase the observance of midwives' rights in the hospital. In order to improve midwifery services and midwives' health, hospital managers must make the necessary efforts to increase the observance of midwives' rights by considering related factors.

Highlights

What is current knowledge?

Only a few studies have examined the methods for promoting the observance of midwives' rights.

What is new here?

This study explains some methods for promoting the observance of midwives' rights from the perspective of midwives and related managers.

Introduction

A right means something that cannot be taken away, which has an individual and social aspect. It is also a privilege that the law gives to protect the interests of individuals in society, which has different dimensions (1). Like other people in the community, health care providers have a number of individual rights. However, they have other rights that must be respected by patients and other people, including hospital administrators. These rights include respect, polite behavior, lack of physical, verbal, and psychological violence, and more. It is necessary to observe these rights in areas related to health and treatment, such as clinics, hospitals, and medical universities (2, 3). Health staff, like other employees, have rights that must be respected by patients, colleagues, and superiors.

At present, the constitutions of some countries recognize the rights of health care providers like other human rights, and various laws have been enacted to improve working conditions and enable employees to defend their rights (4). One of the important branches in the field of health is the midwifery profession, which works toward maintaining and promoting community health and ensures the health of mothers (from pre-pregnancy to postpartum) and infants and other matters related to women's health (5). The International Confederation of Midwives has stated the following as the rights of midwives: 1) Every midwife has access to vocational training to advance and maintain professional competence; 2) every midwife has the right to be recognized as a person who provides the necessary health care and support; 3) every midwife has the right to access a strong midwifery association that can assist him/her in providing maternity services and policies at the national level; 4) every midwife has the right to act responsibly at the international level (6). Currently, no employee rights charter has been developed for any of the hospital staff in Iran, including midwives. Meanwhile, as important members of the health team, midwives are

the first choice to provide health services to mothers and children, and the quality of their performance has a significant impact on the important indicators of maternal and child mortality and the health of these vulnerable groups (7). Injustice in the midwifery professional environment is an effective factor in increasing maternal mortality. Therefore, legal support for them is necessary (8). Various factors and methods could be effective in increasing the observance of midwives' rights, the study of which helps us take steps toward improving the observance of these rights and, ultimately, improving the quality of their work and the health of mothers and infants. No studies were found by the researchers that specifically examined the effective methods for respecting the rights of the medical community, including midwives. One study that could be related to this issue is a study conducted on midwives, which revealed that factors such as wages, communications, policies, procedures, job dimensions, work order, and personality traits of the employees could affect their job satisfaction (9). The results of another study also showed that the rights of 25% of midwives were respected (8). Therefore, considering the gap in the research conducted in this regard, the researcher decided to conduct a study to determine ways to improve compliance with midwives' rights from the perspective of midwives and managers.

Methods

This cross-sectional study was conducted between January and March 2018, involving two groups of midwives and hospital managers in Isfahan, Iran. Out of the 19 hospitals in the region (comprising private, educational, governmental, charitable, and Social Security institutions), 9 hospitals collaborated with the researchers.

All the employed midwives in these hospitals in the wards of midwifery, obstetrics, and neonates (346 people) were enrolled in the study using the census method. Inclusion criteria for this group were willingness to participate in the study, having work experience of more than 1 year, and having a bachelor's degree or higher. For medical managers (managers and supervisors of the hospital, heads of obstetrics and labor departments), a purposive sampling was utilized, targeting midwifery ward managers, clinical and educational supervisors, nursing managers, and hospital administrators; ultimately, 19 individuals agreed to participate. The inclusion criteria in this group were willingness to participate in the study, having managerial work experience over 5 years, and having a bachelor's degree or higher. The exclusion criteria for both groups included not answering 5% or more of the questions. The study instrument was a two-part researcher-made questionnaire. Part 1 was an information collection form, including 8 questions (age, work experience, job position,

marital status, academic degree, current work position, type of hospital, and employment status), and Part 2 included 18 questions related to managerial-organizational methods and 10 questions focusing on individual methods to improve midwives' rights.

The questions in these sections were arranged based on a 5-point Likert scale as strongly disagree, disagree, moderate, agree, and strongly agree. A completely disagree answer was given a score of 1, and a completely agree answer was given a score of 5 (The minimum score for the managerial-organizational methods was 18, and the maximum score was 90; the minimum score for methods to improve midwives' rights was 10 and the maximum score was 50). To prepare the questionnaire, the researchers reviewed related texts and studies. After compiling the questionnaire, the opinions of 30 faculty members were gathered to confirm its face and qualitative content validity. To confirm the quantitative content validity of the tool, we calculated the relative coefficient of content validity ratio (CVR) (0.42) and content validity index (CVI) (0.79) based on the opinions of 11 experts. Also, the reliability of the questionnaire was determined by calculating Cronbach's alpha (0.7) by studying 30 people similar to the study population who were not included in the study. The researcher recruited the

sample by attending the research environments and coordinating with the authorities. After explaining the objectives of the study and the method of filling out the questionnaire and obtaining oral consent, the questionnaires were distributed among midwives and related managers during the morning, noon, and night shifts, filled out at the moment, and then collected. The questionnaires were completed by the sample under the supervision of the researcher. Data was analyzed using SPSS v. 18 (IBM Corp., Armonk, NY, USA) using descriptive (mean, standard deviation (SD), number, and percentage) and inferential statistics (independent t test) at a significant level of 0.05.

Results

According to the results of the present study, the mean age of the participants was 33.8 years, and their work experience was 9.54 years. Furthermore, 95.9% held a bachelor's degree, 70.4% were single, 94.8% were midwives, 51.5% worked as contractors, and 66.8% were employed in the maternity ward. According to the results, there was no significant difference between the views of the 2 groups regarding the methods for promoting the observance of midwives' rights (Tables

Table 1. Perspective of the participants regarding the methods of promoting the observance of the rights of midwives

Participant	Method	Mean (SD)	t *value	p-value
Midwives	Individual	4.30 (0.64)	1.161	0.106
	Managerial - Organizational	4.38 (0.68)		
Managers	Individual	4.22 (0.77)	-0.668	0.508
	Managerial - Organizational	4.38 (0.72)		
Total	Individual	4.29 (0.65)	-1.737	0.083
	Managerial - Organizational	4.38 (0.68)		

*. T-test

Table 2. The indicators related to the methods of improving the observance of the rights of midwives

Method	perspective	Mean (SD)	t value	p-value
Individual	Midwives	4.29 (0.65)	-0.479	0.631
	Managers			
Managerial - Organizational	Midwives	4.38 (0.68)	0.050	0.959
	Managers			

Table 3. Descriptive indicators related to management-organizational solutions for increased observance of midwives' rights (Total) N = 365

Solution type	Perspective Solution	Midwives and Managers (total)					M (SD)
		Completely disagree N (%)	Disagree N (%)	No comment N (%)	Agree N (%)	Completely agree N (%)	
Management-organizational solutions	Observance of the rights of the patient, superiors, and colleagues by the midwife	37 (10.1)	0	0	165 (45.2)	163 (44.7)	4.24 (0.87)
	Codification of a charter of rights for midwives	12 (3.3)	0	47 (12.9)	142 (38.9)	164 (44.9)	4.22 (0.90)
	Professional support for midwives in hospitals and medical centers	10 (2.7)	4 (1.1)	45 (12.3)	120 (32.9)	186 (51.0)	4.28 (0.91)
	Balanced number of shifts required	12 (3.3)	21 (5.8)	22 (6.0)	138 (37.8)	172 (47.1)	4.19 (1.01)
	Increased job satisfaction and interest in the job by midwives	16 (4.4)	8 (2.2)	25 (6.8)	152 (41.6)	164 (44.9)	4.20 (0.98)
	Activities to increase work and organizational motivation for midwives by the organization	10 (2.7)	14 (3.8)	41 (11.2)	121 (33.2)	179 (49.0)	4.21 (0.97)
	Activities to recognize the rights of midwives by others	9 (2.5)	13 (3.6)	25 (6.8)	142 (38.9)	176 (48.2)	4.26 (0.91)
	Activating midwifery organizations and associations	4 (1.1)	4 (1.1)	45 (12.3)	138 (37.8)	174 (47.7)	4.29 (0.80)
	Performing medical work within the legal framework and scope of duties	10 (2.7)	20 (5.5)	42 (11.5)	137 (37.5)	156 (42.7)	4.12 (0.99)
	Investigate the demands, protests, and complaints of the midwifery staff	6 (1.6)	8 (2.2)	42 (11.5)	156 (42.7)	153 (41.9)	4.21 (0.85)
	Increasing the level of awareness of midwifery staff about their rights and their recognition	0	11 (3.0)	39 (10.7)	135 (37.0)	180 (49.3)	4.32 (0.78)
	Improving the general and mental health of midwives working in the centers	11 (3.0)	0	31 (8.5)	141 (38.6)	182 (49.9)	4.32 (0.86)
	Employing young, up-to-date, and specialized personnel in medical centers	0	19 (5.2)	61 (16.7)	169 (46.3)	116 (31.8)	4.04 (0.83)
	Raising public awareness of employees' rights	24 (6.6)	8 (2.2)	54 (14.8)	113 (31.0)	166 (45.5)	4.25 (0.90)
	Employing midwives in specialized and field-related departments	13 (3.6)	6 (1.6)	49 (13.4)	114 (31.2)	183 (50.1)	4.22 (0.98)
	Employing a more skilled workforce in the centers	18 (4.9)	14 (3.8)	95 (26.0)	121 (33.2)	117 (32.1)	3.83 (1.07)
	Increasing the number of midwives in each turn in proportion to the clients	15 (4.1)	33 (9.0)	39 (10.7)	158 (43.3)	120 (32.9)	3.91 (1.07)
	Improving the responsibility of midwives	0	16 (4.4)	41 (11.2)	141 (38.6)	167 (45.8)	4.25 (0.82)
Employing people with more work experience in the centers	13 (3.6)	0	70 (19.2)	151 (41.4)	131 (35.9)	4.06 (0.93)	
Employing midwives in administrative work and managerial positions in hospitals (supervisors, etc.)	25 (6.8)	18 (4.9)	53 (14.2)	123 (33.7)	146 (40.0)	3.95 (1.16)	

1 and 2). Among the managerial-organizational methods, "increasing the level of awareness of midwifery staff about their rights and its recognition" (Table 3) and among the individual methods, "improving work conscience" were the most selected ones by the midwives and managers (Table 4).

with more self-confidence, less exposed to the stress caused by error and negligence, and more satisfied and respected by others. These are examples of midwifery rights.

The third individual method expressed in this study was to improve

Table 4. Descriptive indicators related to individual solutions for increased observance of midwives' rights (Total N = 365)

Solution type	perspective Solution	Midwives and Managers (total)					M (SD)
		Completely disagree N (%)	Disagree N (%)	No comment N (%)	Agree N (%)	Completely agree N (%)	
Individual solutions	Promoting job skills, knowledge, and competence	0	0	37 (10.1)	165 (45.2)	163 (44.7)	4.34 (0.65)
	Observing order at work by midwives and superiors	4 (1.1)	16 (4.4)	34 (9.3)	158 (43.3)	153 (41.9)	4.20 (0.86)
	Increasing patience skills	10 (2.7)	0	34 (9.3)	137 (37.5)	184 (50.4)	4.32 (0.85)
	Increasing the ability to control anger	0	0	42 (11.5)	168 (46.0)	155 (42.5)	4.30 (0.66)
	Increasing work conscience	10 (2.7)	0	15 (4.1)	165 (45.2)	175 (47.9)	4.35 (0.80)
	Increasing confidentiality skills	10 (2.7)	0	14 (3.8)	173 (47.4)	168 (46.0)	4.33 (0.79)
	Trying to gain enough experience at work	10 (2.7)	0	34 (9.3)	172 (47.1)	149 (40.8)	4.23 (0.83)
	Improving midwives' communication skills (with patients, superiors, and colleague)	0	5 (1.4)	42 (11.5)	139 (38.1)	179 (49.0)	4.34 (0.73)
	Mutual respect in relationships with patients, companions, and colleagues	12 (3.3)	0	47 (12.9)	142 (38.9)	164 (44.9)	4.25 (0.88)

Discussion

The present study was conducted to determine methods to improve the observance of midwives' rights from the perspective of midwives and managers. The views of the 2 groups regarding the role of organizational management methods were not significantly different. Thus, interpretations are based on the general view (midwives and managers). Among the managerial-organizational methods, "increasing the level of awareness of midwifery staff about their rights and its recognition" was important. When midwifery employees are aware of their rights, recognize them, and insist on their implementation, others will also recognize their rights and consider themselves obliged to respect them. The second important method in the organizational-managerial field was "improving the general and mental health of working midwives." Healthy people would be able to fulfill their responsibilities more satisfactorily and take fewer sick leaves. This would lead to the satisfaction of managers and colleagues, and consequently, there would be fewer abusive behaviors toward the midwives (insulting, questioning, reduction of income, etc.). In addition, mentally healthy individuals would perform their duties with strong motivation and have fewer problems, such as depression and aggression, that prevent them from functioning properly and having strong interpersonal relationships with others. In fact, having appropriate mutual relations provides the ground for respecting one's rights. According to a study, employees' mental health would increase their job satisfaction and motivation (10). Increased job satisfaction and physical and mental health would help the employees to protect their rights. The third method to increase compliance with the rights of midwives was to activate midwifery organizations and associations. Based on the investigations conducted by the researchers, no studies were found with comparable results to the results of the present study. Among the individual methods to improve the observance of midwives' rights, the following were selected by midwives and managers, respectively: "increasing work conscience," "improving skills, knowledge, and competence," "improving communication skills with patients, superiors, and colleagues," and "improving confidentiality skills." Increased work conscience was one of the raised issues. Work conscience means that a person tries to perform professional duties accurately and completely (11). Conscientious individuals with a commitment to their work would perform their assigned responsibilities well and would not waste others' rights through various excuses. In this regard, the results of a study showed that by improving the professional commitment of nurses, their rights would be more respected, which leads to increased job satisfaction (12). Another study has shown a positive and significant correlation between the level of work conscience and organizational justice, job fit, and the sense of satisfaction within the organization (13). The second stated individual method was improving proficiency, knowledge, and competence. Individuals with higher professional skills are less likely to make mistakes, and their material, spiritual, and social rights would be less violated. The results of a study in this regard showed that nurses who had sufficient knowledge and skills combined with self-confidence, were stronger in caring, making decisions, and performing work-related tasks for the clients, and had a greater sense of power and control over their professional practices (14). In fact, having enough knowledge and skill makes a person work

communication skills with the patients, superiors, and colleagues. The ability to communicate is essential for our health, effective interaction with others, and proper functioning (15). An individual would feel dissatisfied following the violation of their rights, and those who have stronger communication skills are able to persuade others to comply with their demands and rights by talking about them. In this regard, one study showed that improving communication skills and standard communication would increase coordination between treatment staff, lead to a reduction in the likelihood of errors and dissatisfaction, improve productivity, and provide optimal care (16). The fourth individual method considered in this study was to improve confidentiality skills. If medical professionals do not adhere to the principle of confidentiality, they might face serious challenges with others, such as disrespect, violence, reprimands, and financial deductions, which could lead to personal trauma in the professional environment and others' negative attitudes. Disclosure of medical secrets is not morally permissible and makes the individual responsible for compensating the patient, except for some special cases (17). The present study was the first study regarding the methods for improving the observance of midwives' rights in Iran. In addition, in this study, a combination of all types of hospitals in the city of Isfahan was examined, which included all wards where midwives were working; this would increase the generalizability of the results. Although the study process emphasized on the confidentiality of the answers, due to the nature of the study, it was possible that the participants distorted the results due to individual considerations and organizational interests by recording conservative answers. This was beyond the control of the researchers.

Conclusion

According to the present study, managerial-organizational and individual methods are important to increase the observance of midwives' rights in the hospital. It is necessary for hospital managers and midwives to pay attention to these matters. In order to increase the awareness of midwives about their rights and also to recognize them, it seems necessary to improve the employment status and observance of midwives' rights, develop a charter of midwives' rights, improve communication skills with others, and administer in-service training courses.

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Ethical statement

This research was approved by the Ethics Committee of Isfahan University of Medical Sciences (Code of Ethics IR.MUI.RESEARCH.REC.1397.323). The questionnaires were completed confidentially. Before completing the questionnaire, oral consent was obtained from the participants, and the results of the study were provided to them.

Conflicts of interest

The authors declare that they have no competing interests.

Author contributions

YA: Designing the research, sampling, interpreting the patient data, writing the draft of the manuscript

TD: Designing the research, interpreting the patient data, cooperating to write the draft of the manuscript

MN: Designing the research, analyzing the patient data, cooperating to write the draft of the manuscript

NN: Designing the research, analyzing and interpreting the patient data, writing the draft of the manuscript, and heading the research team. All authors read and approved the final manuscript.

References

- Afrough A, Mirabbassi SB, Asgarkhani A, Moradi M. Individual and Social Rights of Future Generations in Environmental Health: Focusing on Human Rights Approach. *Med Law J: Special Issue on Human Rights and Citizenship Rights*. 2019;13:309-22. [[View at Publisher](#)] [[Google Scholar](#)]
- Totten, V. Viewpoint: Patient Responsibilities, Health Care Workers Rights (for a Change). *Emergency Medicine News*. 2013;35(11):3. [[View at Publisher](#)] [[DOI](#)] [[Google Scholar](#)]
- Andelka M, Phillips, Thana C. De Campos and Jonathan Herring (eds), Philosophical Foundations of Medical Law. *Medical Law Review*. 2020;28(4):827-30, [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]
- World health organization. Global health and care worker compact technical guidance compilation. 2022. [[View at publisher](#)]
- World health organization. Maternal Health Unit. Midwifery education and care. 2023. [[View at publisher](#)]
- ICM. Bill of rights for women and midwives. 2020. [[View at publisher](#)]
- Altınayak SO, Apay SE, Vermeulen J. The role of midwifery associations in the professional development of midwifery. *Eur J Midwifery*. 2020;4:27 [[View at publisher](#)] [[DOI](#)] [[PMID](#)] [[Google Scholar](#)]
- Damayanti FN, Absori A, Wardiono K. Legal Protection of Midwives Based on Professional Justice in Midwifery Practices. *Indian Journal of Public Health Research & Development*. 2019;10(4):437-41. [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]
- Mirmolaei T, Dargahi H, Kazemnejad A, Mohajerrahbari M. Job satisfaction of midwives. *Hayat*. 2005;11(2&1):87-95. [[View at publisher](#)] [[Google Scholar](#)]
- Kaher D, Heivadi T. Job Satisfaction & Mental Health. *Payesh*. 2012;11(3):391-7. [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]
- Arezi M, Hejazi SN, Hashemianfar SA. The Relationship between Social Health and Work Conscience of Tehran Councilors. *Int J Social Sci*. 2021;11(1):25-39. [[View at publisher](#)] [[Google Scholar](#)]
- Moradi M, Khatooni M, Jahanihashemi H, Zeighami R, Sheikhi M. Relationship between Professional Commitment and Job Satisfaction in Qazvin's Pubic Educational Hospital Nurse. *Medical Ethics Journal*. 2013;7(24):55-78. [[View at publisher](#)] [[Google Scholar](#)]
- Gashtasb M, Mohseni tabrizi A, Karami B. The sociological study of job conscience and organizational factors influencing on them, A comparative study of government staff in Tehran and Ysooj. *Journal of sociology studies*. 2010;3(7):127-42. [[View at publisher](#)] [[Google Scholar](#)]
- Adib Hajbaghery M, Salsali M. A model for empowerment of nursing in Iran. *BMC Health Serv Res*. 2005;5(1):24. [[View at publisher](#)] [[DOI](#)] [[PMID](#)] [[Google Scholar](#)]
- Hargie O. the handbook of communication skills. 4th ed. New York: taylor & francis; 2019. [[View at publisher](#)] [[Google Scholar](#)]
- Kermani B, Darvish H, Ahmadi A, Bani Asadi A, Kolivand P. Correlation between Communication Skills and Nurses' Standardized Communication in Hazrat Rasoul Akram Complex, 2014. *Shefaye Khatam*. 2015;3(S1):16-24. [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]
- Yazdani A, Abdolazade M. Confidentiality; Right of patient and civil responsibility of the doctor. *J Med Ethics*. 2016;10(35):199-227. [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]

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