



## Surveying Midwives' Experiences in Performing Self-Care Behaviors: A Qualitative Study

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### Abstract

**Introduction:** Midwifery is a profession characterized by physical and psychological stressors. It is mostly practiced by women. Midwifery is one of the essential elements of community health. Besides, midwives' health and performance are important in their self-care, improve service delivery, and encourage other women to engage in health-promoting behaviors. Analyzing factors affecting self-care by exploring midwives' experiences can be a step towards improving their health and ultimately community health.

**Methods:** The present study was conducted using a qualitative approach. The data were collected through 22 semi-structured individual interviews with midwives working in hospitals or health centers. Sampling was continued until data saturation. The collected data were analyzed using a conventional content analysis approach and simultaneously with sampling. The four criteria proposed by Lincoln and Guba were used to establish rigor in this study and validate the findings.

**Results:** Two themes (health as a self-care outcome and different perceptions of health) and 5 main categories were extracted from the data in this study. The first theme was subdivided into three categories including *the desire for a healthy life*, *preferring prevention over treatment*, and *inefficient self-care*, which explains midwives' awareness of and positive attitudes towards self-care and facilitators of self-care. The second theme (different perceptions of health) was divided into two categories including *lack of risk perception* and *disregard for health behaviors* that can account for barriers to midwives' performance.

**Conclusion:** To promote midwives' health, special self-care programs need to be developed by policymakers by taking into account midwives' motivation for self-care and existing job barriers.

**Keywords:** Midwife, Self-care, Content analysis

### Introduction

Self-care has been practiced throughout history and in all societies and is not a new phenomenon

(1). Self-care refers to a set of health-promoting behaviors and measures performed by an individual



(2). It includes acquired, conscious, and goal-directed actions taken by people for themselves, their children, and their families to stay healthy and in good physical health, protect themselves mentally and socially, meet their physical, mental, and social needs, prevent illnesses or accidents, manage their chronic diseases, and protect their health after illness or hospital discharge (3). WHO defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider” (4). Self-care is one of the important aspects of a health-oriented lifestyle (5) (and plays a very important role in promoting community health (6). Studies have shown that self-care improves health and quality of life, increases patient satisfaction, and reduces health costs (7). Adopting a lifestyle combined with self-care behaviors improves individuals' health and results in higher levels of life satisfaction (8). Accordingly, self-care is important for various reasons such as advances in medical sciences, rising costs, the need for health control by the individual and society due to population growth, and reduced access to health facilities (9)

Self-care behaviors are performed at three levels: individual, family, and community. At the community level, health care providers, including midwives, should support self-care by creating an active environment and sharing experiences about caring for themselves and their families. The quality of health care services is affected by factors such as the physical and mental health of staff working in healthcare and medical centers (10). Medical professions are affected by various stressors due to the responsibility for providing comfort, convenience, and treatment to patients (11). Moreover, the stress in the midwifery profession is much more significant due to the complexity of the midwifery work (10). The midwifery profession is exposed to unique stressors such as observing labor pain and dealing with midwifery emergencies that threaten midwives' mental and physical health (12). However, midwives' health and performance are important in self-care, improve the quality of the services provided, and encourage other women to perform health behaviors (13).

Despite the importance of self-care, evidence shows that health care professionals, including midwives, are less likely to engage in self-care behaviors. For instance, Ertem and Kocer (14) found that only 52% of nurses perform breast self-examination while most of them knew how to do it (14). This issue has

been also highlighted in studies conducted in Iran (15, 16).

The studies detailed above and many other studies have focused on measuring self-care knowledge, attitudes, and functions of health workers. Most studies have pointed to a gap between knowledge and self-care behavior among health workers (17). This shows that although knowledge measured by various tools such as health literacy or researcher-made tools is estimated at the desired level, health care providers and medical staff are inefficient in performing self-care behaviors recommended by national and international organizations (18).

Most quantitative studies have focused on health literacy and awareness of health personnel and have paid less attention to their performance. Furthermore, some studies have only addressed the possible factor affecting health care staff's performance. Some have pointed only to common screenings such as breast examination, Pap smears (13), and diabetes (17). Thus, other aspects of self-care such as nutrition, exercise (16), mental health (19), and screening for common cancers such as gastrointestinal cancer have received less attention. Given this gap in the literature, a qualitative analysis of factors affecting self-care behaviors by exploring midwives' experiences is essential. Accordingly, the present study aimed to explore factors affecting self-care behaviors by surveying midwives' experiences through a qualitative content analysis approach.

## Methods

The present study was conducted using a qualitative content analysis approach, which is a tool to elicit rich and in-depth information from participants (20). A conventional content analysis approach is a specialized method to collect basic information in a given field and process scientific data to provide new knowledge, insights, images of reality, practical instructions, and subjective interpretations of the content of textual information through a systematic classification process (21). Thus, this approach was adopted in this study to explore the factors affecting self-care behaviors from midwives' perspectives.

The research population included midwives working in Qazvin who were willing to share their experiences about self-care behaviors. The inclusion criteria were having a midwifery degree, working in a hospital or health center, willingness to share the experiences, and having basic knowledge of self-care concepts. The exclusion criteria were working in a non-midwifery position, having service records for less than 2 years, and unwillingness to participate in the study.

The research setting included all places where it was possible to reach midwives, such as Kowsar Hospital, maternity wards of Razi Hospital and other private hospitals, comprehensive health centers in Qazvin, and private health service offices. The participants were selected through purposive sampling followed by snowball sampling. Sampling continued until data saturation, where no new information or themes obtained during the last two interviews.

A total of 22 semi-structured individual interviews were conducted, each lasting about 20 to 50 minutes. The interviews were recorded using a digital tape recorder and field notes. The interview guide started with a general question about the meaning of self-care behaviors, followed by more probing questions (e.g. Why do you do self-care behaviors). At the end of each interview, its content was transcribed and new questions were written down and added to the guide to be asked from the next participant.

The content analysis method (Graneheim & Lundman, 2004) was used to analyze the data. The collected data, field notes, and observations were transcribed in 6 steps (22, 23). The transcribed texts were reviewed several times. All interviews and observations were considered a unit of analysis and words, sentences, or paragraphs were taken as meaning units. The meaning units were coded according to the content, latent concepts, and level of abstraction. Accordingly, a total of 77 codes were extracted. In the next step, the extracted codes were compared in terms of similarities and differences. The codes were divided into 19 subcategories and 5 main categories. Finally, an analysis of the categories revealed two themes (health as a self-care outcome and different perceptions of health).

The trustworthiness and rigor of the data were checked using the four criteria proposed by Lincoln and Guba including credibility, dependability, confirmability, and transferability (24). To ensure the credibility of the data, the results of the study were reviewed by the research team step by step. To check the dependability of the findings, after the end of each interview, the data were provided to the interviewees to check the accuracy of their statements. Furthermore, to establish the confirmability of the data, the findings were reviewed by several

external reviewers who were university professors and they checked and confirmed the findings. Finally, to ensure the transferability of the findings, they were reviewed and confirmed by several non-participant midwives.

Before conducting the interviews, informed consent was obtained from all participants. They were reassured that they could leave the interview at any time. All audio files were recorded and coded anonymously.

## Results

A total of 22 midwives attended the in-depth semi-structured interviews. The participants' demographic characteristics are presented in Table 1. Furthermore, 77 codes, five categories, and two themes were extracted from the data in this study. The first theme, health as a self-care outcome, was subdivided into three categories including *the desire for a healthy life*, *preferring prevention over treatment*, and *inefficient self-care*, which explains midwives' awareness of and positive attitudes towards self-care and facilitators of self-care. The second theme (different perceptions of health) was divided into two categories including *lack of risk perception and disregard for health behaviors* that can account for barriers to midwives' performance.

### Health as a self-care outcome

The participants believed that paying attention to health is very important. This theme covered three categories including the desire for a healthy life, preferring prevention over treatment, and inefficient self-care.

#### 1. The desire for a healthy life

The desire to live a healthy life requires replacing the previous incorrect habits with the right habits. This category covered five subcategories of positivism, physical activity, promoting knowledge by access to self-care resources, and self-care-promoting environment.

**Positivism and self-care:** Having a positive attitude towards a desirable life is the outcome of valuing oneself, interest in beauty and freshness, high life expectancy, acceptance by the spouse, and having a desirable life in all its respects. For instance, one of the participants stated, "*I take care of myself because I want to have a good old age*" (Participant 20).

Table 1. Demographic characteristics of participants

Number	Age (mean SD)	Job experience (mean SD)	Marital status		Academic degree	
			Married	Single	Bachelor (BS)	Bachelor masters (MS)
22	39 ± 11	14 ± 5	19	3	18	4

**Self-care and physical activity:** All participants regarded exercise and physical activity as effective for self-care behaviors. The positive effects of exercise include being energetic, having a fresh spirit, fitness, and so on.

**Promoting knowledge by access to self-care resources:** The midwives can promote their knowledge by having access to the necessary information about self-care (ministerial instructions, electronic resources, specialized midwifery information, interaction with colleagues, etc.).

**Self-care-promoting environment:** The workplace and family environment have important effects on a person's health. Some workplaces can provide conditions and facilities that promote their self-care behaviors. One of the participants stated, *"We have a Conex box in the hospital equipped with the best sports equipment"* (Participant 22).

## 2. Preferring prevention over treatment

The midwives stated that they try to prevent diseases by taking care of themselves and they preferred prevention to treatment. This category includes four subcategories as follows:

**Saving time:** Prevention through self-care saves time and leads to optimal use of time. One of the participants stated, *"When you get sick, you have to spend all your time going to the doctor and waiting in these crowded offices"* (Participant 21).

**Saving cost:** Being aware of the cost of treatment and the ease of self-care, the midwives stated that they prevent the high costs of treatment by protecting themselves: *"God forbid, if a person gets malignant diseases, she has to pay a lot of money and also suffer from pain"* (Participant 22).

**Awareness of the complications of the disease:** Since the midwives were aware of the complications of many diseases, they tried to take care of themselves: *"I know that many diseases have dangerous side effects"* (Participant 19).

**Foresight:** The participants believed that tactfulness and foresight make a person focus more on taking health measures. One of the participants stated, *"Care prevents a disease that may be slowly developing and of which we are unaware"* (Participant 9).

## 3. Inefficient self-care

The participants believed that an illness may develop due to inefficient self-care. This category covered the following three subcategories:

**Fear of illness:** The participants stated that fear of illness increases with age, especially in middle-aged midwives, and this motivates them to seek care: *"Fear of uterine and ovarian cancer has caused me to have an abdominal ultrasound every year"* (Participant 13).

**Concerns about illness in the family:** According to the participants, a history of inherited problems also motivates midwives to take care of themselves. One of the participants stated, *"Because my cousin has breast cancer, I am very worried and I have a medical checkup monthly"* (Participant 17).

**Concern about the disease in the community:** The participants believed that the outbreak of non-communicable diseases in the community, awareness of its complications, and the observation of the disease in others are effective in motivating midwives to take self-care measures: *"Because one or two colleagues had breast cancer, I regularly do breast examination"* (Participant 7).

## Different perceptions of health

Unhealthy behaviors as part of a person's lifestyle can negatively affect his/her health. Trying to justify wrong habits and behaviors reinforces these habits and consequently leads to the persistence of unhealthy lifestyles. This theme was divided into two categories: Lack of risk perception and disregard for health behaviors.

### 1. Lack of risk perception

The participants believed that midwives, like other groups, do not feel threatened until they realize that they are suffering from an illness. Besides, health has various aspects, and taking into account all these aspects is essential to have a healthy life. Underestimating each of these aspects has a destructive impact on a person's health. This category includes four additional subcategories including misconceptions about health, misconceptions about disease, self-neglect, and making excuses.

**Misconceptions about health:** Sometimes people have a misconception about their health. The perception of being healthy and not having a physical problem simply because the person is not aware of the symptoms of the disease is one of the obvious examples of such misconceptions: *"Perhaps because I did not see any signs of illness in my body, I don't take care of myself"* (Participant 17).

**Misconceptions about disease:** People have different and sometimes vague perceptions about a disease. This makes them develop negative attitudes towards

the outcomes of the disease, and thus not seeing a doctor due to stress and fear of the possibility of finding the disease. One of the participants stated, *"I know health is important. But I, a midwife, still do not have a positive view of the outcome of the disease"* (Participant 8).

**Self-neglect:** The participants stated that midwives often neglect self-care. One of the main reasons is that they pay more attention to other people's health than their own health, *"In the afternoons, we are busy with the children and our lives, so we have no time to take care of ourselves"* (Participant 7).

**Making excuses:** The most important excuse that most midwives use to justify their unhealthy behaviors was busyness and fatigue. One of the participants stated, *"Sometimes tough working conditions make you so tired that you skip some care"* (Participant 12).

## 2. Disregard for health behaviors

The disregard for health behaviors for various reasons can cause many problems for a person. This category accounted for four subcategories including negligence in self-care, environmental influences, mistrust in laboratory results, and underestimating physical and mental health.

**Negligence in self-care:** Negligence is to avoid one's duties and procrastinating them. The most important sign of negligence in midwives is the underestimation of screening: *"I can have a breast examination regularly ... but I do it every few months"* (Participant 20).

**Environmental influences:** Unfavorable working conditions and lack of feeling of security causes a person not to pay attention to his/her health. One of the midwives stated, *"The reason for not having a Pap smear is feeling embarrassment to have it done by a colleague"* (Participant 5).

**Mistrust in laboratory results:** The participants considered the results of laboratory tests invalid: *"When you do a test, one lab underestimates a factor and another lab overestimates the same factor, and this makes you worried that you have an illness"* (Participant 11).

**Underestimating physical and mental health:** The participants did not consider physical and mental health to be important for several reasons: *"Sometimes I forget to take care of myself"* (Participant 16).

Some participants, especially young and inexperienced midwives, considered job stress and lack of legal

protection as something quite normal in their work: *"We face normally too much stress in our job. Whenever we have a delivery case we worry until the next shift"* (Participant 6).

## Discussion

The present study was the first study that examined the factors affecting self-care behaviors by surveying the experiences of midwives using a qualitative approach. The factors affecting self-care behaviors were categorized into facilitating and inhibiting factors.

An analysis of the midwives' experiences in the study showed that they considered health as the outcome of self-care. The participants attached great importance to health and its promotion and considered health to be an outcome of self-care and a prerequisite for successful performance of marital, maternal, and professional duties. Vedadhir et al. also stated that health is essential for playing social roles (25). Moreover, Tavosi et al. suggested that personal health can contribute to achieving desirable degrees of community health (26).

Moving towards self-care requires strong motivations with the main themes of the tendency to have a healthy life, preferring prevention to treatment, and believing that illness is a violation of health. Accordingly, Foroughan and Mohammadi argues that a healthy lifestyle depends on rational decisions made under the influence of individual factors and individuals' social and economic interactions (27). Heshmati et al. also highlighted that lifestyle modification as one of the effective strategies to improve health (6). The desire to live a healthy life has many aspects and awareness of its benefits and positive consequences is an effective factor in self-care. Sharry also found that awareness of self-care benefits encourages diabetic patients to do self-care behaviors more frequently (28).

Another aspect of a healthy life is an environment such as family and society that can promote self-care. Golshiri et al. and Khatibi et al. also argued that family functioning plays an important role in the formation of behavioral patterns (2, 29).

The participants regarded prevention over treatment as another theme for self-care. They believed that prevention leads to saving time and costs and can happen through foresight. Kazemian et al. also pointed out that one of the most important issues for health systems is reducing unnecessary health care costs (30). Furthermore, Diem et al. suggested that the idea of prevention of non-communicable diseases has become more common in recent years (31). Akbarzadeh et al.

also argued that despite many advances in treatment, there is still a need for preventive care (32). Kosha et al. stated that there are many problems caused by non-communicable diseases that can be reduced with self-care (33).

Considering illness as the outcome of inefficient self-care that manifests itself in the form of fear of developing illness in oneself, family, and community was another theme pointed out by the participants as a factor that motivated them to engage in self-care behaviors. Furthermore, Yilmaz and Durmus believed that women with a family history of breast cancer are more in need of self-care (34).

The present study showed that different perceptions of self-care can account for barriers to self-care in midwives. An analysis of the participants' statements in the current study suggested that they tried to justify their behaviors that were detrimental to their health. For instance, some participants underestimated the risk of developing the disease and did not pay attention to health behaviors. Similarly, Canbulat and Uzun showed that one of the reasons accounting for the disregard for mammography in Turkish women's health workers was their young age and underestimating the risk of developing breast cancer (35). Besides, a study by Babapoor et al. in Mashhad implied that despite women's sufficient knowledge, they were less likely to do a breast self-examination (15). In contrast, Eyvanbagha et al. found that most female employees in Khalkhal University of Medical Sciences had a relatively good level of knowledge and attitudes about breast self-examination (36).

Lack of risk perception is sometimes associated with misconceptions about the disease. Some participants considered the disease dangerous and incurable and did not consider self-care to be effective. Mehrabian et al. argued that throughout history, whenever humans failed to understand phenomena correctly, they resorted to misconceptions. The traces of these beliefs are still found among people and even among those with academic education (37).

An analysis of the midwives' statements in the present study indicated that they did not take seriously the risk of illnesses by making excuses. The participants believed one reason for not performing self-care behaviors was that they paid more attention to their husband's and children's health than their own health. To make this issue clear, it should be noted that married women in the Iranian community often tend to spend all their time to meet the needs of all family members and devote themselves to the whole family (38).

However, some women pointed to busyness, mental and physical fatigue, and time restrictions as the reasons for not performing self-care behaviors. Some of the participants also explicitly stated that these reasons were excuses. Ketabi also suggested that projection and justification are among our great social evils that are very widespread among different sections of society (39).

The disregard for health behaviors is manifested in different ways including negligence in self-care, acting under environmental influences, underestimating physical and mental health, and mistrust in laboratory results. A survey of the participants' experiences showed that despite having a high level of health knowledge and awareness, they tended to postpone breast cancer screening to a later time. Previous studies have suggested that health workers are well aware of the effectiveness of cervical cancer screening and breast self-examination but in most cases, they do not take these screenings and tests seriously and in some cases, there is even a wide gap between knowledge and attitude with performance (17, 40). This problem can be due to the negative impact of the environment. The shame of having a Pap smear is one of the cultural problems of Iranian society (41). This issue shows the importance of changing attitudes to promote self-care (42).

Underestimating physical and mental health was one of the deterrents to self-care in this study. Despite their awareness of the importance of physical and mental health, midwives do not pay attention to their health in most cases. Sometimes, by relying on their personal knowledge and experience, they delay self-care until physical and psychological symptoms appear. Studies have suggested that not paying attention to mental health is one of the important factors causing psychological complications in employees (41, 43). Moreover, a high level of stress associated with the midwifery profession is another important factor (44). Rahimi-Movaghar et al. argued that the adoption of clear policies about mental health in Iran is the strongest tool in the health sector in that country. Furthermore, the development and use of efficient systems will have a significant impact on the mental health of the community (45).

Since the present study employed a qualitative design, the participants were selected using purposive sampling from among midwives who were volunteers to take part in the study. Thus, unlike quantitative studies, it is not possible to generalize its findings to other groups and populations.

## Conclusion

A survey of the midwives' experiences in this study showed that issues such as the preference of prevention over treatment and strong motivations for having a healthy life can be effective when midwives consider illness as defective health. In other words, they should always take the risk of diseases more seriously; otherwise, factors hindering health-promoting behaviors will prevail. That is, midwives, despite having sufficient knowledge, due to negligence, excuses of not having time and money, and lack of trust in medical tests and physicians, consider themselves safe from diseases and do not perceive the risk of diseases. Thus, policymakers can adopt plans at the macro level to provide effective training to midwives and use health education models fitting the age and target group to make them more alert to the risk and complications of diseases. For example, younger midwives need to be encouraged to engage in social self-care and environmental interactions to adopt healthy

lifestyles. Besides, midwives with more work experience should be provided with more information about self-care in screening for cancers and common diseases, and care for coping with developmental, mental, and psychological crises caused by middle age and illness.

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## Conflict of Interest

The authors declared no conflict of interest.

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