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Midwife's Professional Identity in Gadamer's Hermeneutic Perspective

Summary of the Doctoral Thesis for obtaining the scientific degree "Doctor of Science (*PhD*)"

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Abbreviations used in the Thesis

LMA	Latvian Midwives Association
MPI	Midwife's professional identity
RSU	Rīga Stradiņš University
WHO	World Health Organisation

Introduction

Why am I doing this research?[1] I knew with my heart why I chose to do this research, but found it very difficult to explain or describe my reasoning until I came across the following words that explain it perfectly: "*Women in labour may be managed via monitors rather than physical assessment by a midwife, removing an awareness of the essential nature of the labouring experience and the human expression of that experience, and potentially de-skilling the midwife. Hermeneutic inquiry allows for investigation of the essential nature of human experience, of humans interacting with one another and with things.*" (Dibley et al., 2020, pp. Part I, Ch. II)

There is a genuine crisis in midwifery, as 1:1 care for women during the active labour period is still not provided, and even with the decrease in the number of births, it is not possible to provide it, because state healthcare institutions are experiencing one optimisation plan after another, from which attention may be deflected by economic and political world events. Midwifery students are still taught that a midwife has four main professional senses or qualities in her professional work: hearing, sight, smell and most importantly, empathy. Can midwives still really use these senses however? We have international, state and local healthcare facility guidelines and a never-ending workload increase due to almost annual new 'optimisation actions' resulting from financial issues (Hansson et al., 2022).

Since 2014 the criteria for the international guidelines for the professional activity of midwives have also changed significantly, increasing and putting at the centre of perinatal healthcare respectful care and the emphasis on a woman's choice as the determining factor in the healthcare process. In theory, over time, according to actual guidelines, the professional identity and performance of

[1] In qualitative design research papers, the author traditionally, as far as from 1990s, writes about himself in the first person, not the third one.

midwives should also change. From the 1990s changes gradually came about, as a higher education level in the profession, independent management of the physiological perinatal period, home birth management and with them new possibilities in midwifery education and practice. All these changes should have meant that midwives' professional beliefs, norms, values and in fact their entire professional identity were also changing.

Aim of the Thesis

To gain an understanding of a midwife's perceived professional identity from Gadamer's hermeneutic perspective.

Tasks of the Thesis

1 Explore the concept of a practicing midwife's perceived professional identity.
2 Describe the core elements the concept of professional identity currently includes for practicing midwives.

Question of the Thesis

How do practicing midwives perceive their professional identity?

Novelty of the Thesis

There have been many changes in healthcare philosophy in recent decades. The emphasis has shifted not only to thinking about safe healthcare, but also to respectful cooperation with the person cared for and to satisfaction with the healthcare services received. To date, despite these many changes, no research has been done into how Latvian midwives themselves see their professional identity and what basic values, norms and beliefs the concept of professional identity of practicing midwives currently includes (WHO, 2018, 2021). How do these midwives perceive their professional identity today? It should be understood

that currently midwives not only from different generations, but also those who were born, grew up and studied in different state systems and regimes, are currently working together as a team. For the midwives who participated in this study, as well as for every midwife in Latvia, this would be the first opportunity to consider their own prejudices and those of their colleagues, as well as their professional identity and its core values, norms and beliefs.

1 Literature review

The literature review was conducted as described in the methodology guide by Dibley and Dickerson, selecting and sorting research publications according to the previously set criteria:

- relevant keywords and research question/-s: midwife's/midwives' professional identity, professional values, beliefs and norms, perception of midwife's/midwives' profession, midwife's profession, midwife's/midwives' attitude;
- research conducted within the last decade (advisable);
- publications made in English (advisable) (Dibley et al., 2020, pp. Part II, ch. 3).

Three main steps were conducted to maintain implementation of the methodology:

1 Initial search for relevant sources and exclusion of repeated duplicates, checking the obtained information by name and whether the obtained material corresponds to the topic of the work.

2 As part of the next step, the full text of the obtained source was evaluated and a decision made as to whether it could be included. The overall focus of the selected studies as well as its aims and objectives were reviewed. The appropriateness of the study titles and their relevance to this study was reviewed, examining the relevance of the study of midwives' self-perceived professional identity and its influencing factors. Research on midwives' self-reflected professional or professional identity norms, values and beliefs were included. Studies on the process of the formation and strengthening of the professional identity of both student and newly-independent midwives, and the factors influencing the development of that process, were also included.

3 The obtained data were verified by: relevance to the purpose of my research, year of publication, year of update, author, availability of full text.

Searches for literature were performed via the Primo search tool. Primo is in the joint catalogue of the RSU library and other libraries that have subscription and open-access, online databases, and the databases created by the RSU library. This contains resources such as Cochrane Library, ClinicalKey, DynaMed, UpTo Date, Science Direct, PubMed, The Boolean Machine, Karolinska Insitutet Library, Sage Journals, EBSCOhost, ProQuest, BMJJournals, Wiley Online Library, Web of Science, Scopus, ProQuest Ebook Central and McGrawHill Access Medicine .

689 full-text articles were found, including books. From theses, 372 duplicates were removed, 233 did not meet the necessary criteria and were therefore excluded. Work continued with the screening of 139 full-text articles, including books, from which those appropriate to this study aim were included in this literature review.

In the scientific literature the process of acquiring a professional identity as a midwife is broadly discussed. In particular the challenges of this process are discussed: the impact of the practicing midwife as a role model; mentoring issues in practical placements; unpleasant issues like disgust in practice and coping with it; the need for specialised study courses to enhance professional values, beliefs and attitudes; the acquisition of professional boundaries for midwives and the ability to perform humanistic caring.

There is still diversity of definitions and its component parts when referring to the midwife's professional identity. The concept of professional identity itself does not have one unified definition.

2 Theory of hermeneutics

The premise of Gadamer's hermeneutic approach states that the text is part of a larger whole, which the researcher must study and work not only within, but also with repeated dialogue with the respondents and constant work with the researcher's ever-changing preunderstandings. In this methodological approach the researcher should keep his notes as a constantly evolving process and reflect repeatedly to enable himself to interpret heard and/or written word rather than what it sounds like by itself.

Language fills itself with meaning that goes well beyond simply what is said. In other words, the meaning that is embodied by a phrase contains far more than the literal meaning of the words themselves. Gadamer, in his work on Heidegger's concepts (1989), suggested a second definition of hermeneutics as the working out of the conditions on which the possibility of any ontological investigation begins and is the appropriate concern of human sciences. Gadamer was not interested in the structure of phenomena, but in how phenomena are interpreted. Interpretation on its own should be the object of research. In practice this means that the hermeneutic phenomenologist will study how people interpret their lives and make meaning of their experience using language. Gadamer included not only what people write down and say, but also the symbolic activities in which they engage. For Gadamer to have a world means to have a language. Gadamer states that meaning and understanding are not psychological but an essentially linguistic process. It is the work of art or text that possesses meaning which is not self-contained and comes to realisation only in and through the happening of understanding. This is where the concept of prejudice emerges.

3 Method

The choice of Gadamer's hermeneutics for the research into a midwife's professional identity in Latvia was based on reasoning that it is an especially complex question due to the historical, social, economic and cultural changes that have taken place in recent decades. The premise of Gadamer's hermeneutic approach states that the text is part of a larger whole (H. G. Gadamer, 2013, p. 282), which the researcher must study and work not only within, but also in repeated dialogue with the respondents: "Language fills itself with meaning that goes well beyond simply what is said. In other words, the meaning that is embodied by a phrase is far more than the literal meaning of the words themselves" (Peck & Mummery, 2018). The goal of hermeneutic research is achieved only when, by writing down and listening to stories that resonate with others, and by repeatedly conducting a dialogue with the respondents (the 'hermeneutic circle'), a mutual understanding is discovered between the researcher, the common text and the respondents. According to Gadamer, the 'hermeneutic circle' is constantly expanding, since the concept of the whole is relative, and being integrated in ever larger contexts always affects the understanding of the individual part (H. G. Gadamer, 2013, p. 196). This mutual understanding provides an opportunity to understand the phenomenon of a midwives' professional identity, adapting to this research project the developed research method of Gadamer's hermeneutics by Fleming et al. 2003, which consists of five main steps in research progress (see "Conceptual model", Figure 3.1):

1 Deciding on a research question.
2 Identification of the author's preunderstandings or prejudices.
3 Gaining understanding with participants and repeated identification of the author's preunderstandings or prejudices.
4 Gaining understanding through dialogue with text.
5 Establishing trustworthiness (Fleming et al., 2003).

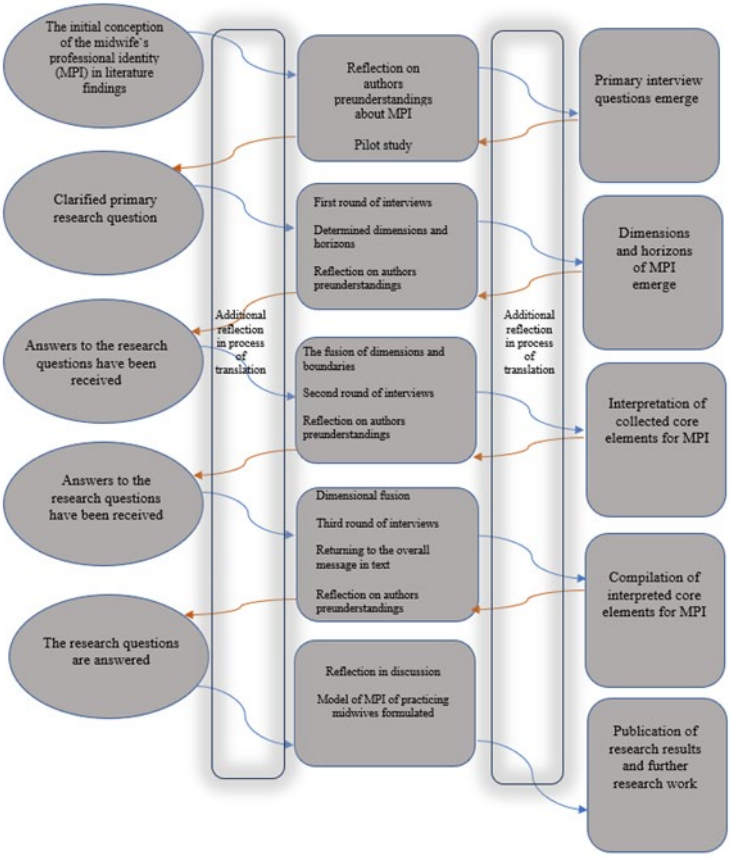


Figure 3.1 **Conceptual model for research "The midwife's professional identity in Gadamer's hermeneutic perspective"**

(Modelled after Fleming et al., 2017; Paterson & Higgs, 2005)

My work started with my own reflections and contemplations on prejudices regarding a midwife's professional identity and its concept in literature. Before starting the research work, the researcher himself must define what the 'prior understanding/preunderstandings' of the researched object/concept he might have. Such a research method assumes that it is impossible to start research in

the hermeneutic process without prior experience of the subject (Fleming et al., 2003; Maxwell, Ramsayer, et al., 2020).

During the entire research process, in addition to interview texts, field notes and transcripts with their analysis and rewritings, hand-written journals were also kept nearby. These hand-written notes and the continuous process of reflection used as research tools were subject to the same issues as digital ones: 'the journal entries also document changes in the researcher's perspective that occur over the study through dialogue with participants. Once written , the journal entries, as part of the field text , can be read and reread in multiple ways as part of the analytic process." (Cohen et al., 2000, p. 88). In total ninety interviews, comprising three rounds for each of the thirty participants, were made.

After primary work with my own prejudices and literature findings, a pilot study with thematic analysis with 20 midwives was conducted to ensure the initial questions were appropriately chosen and formulated (Ho et al., 2017).

The time gap between interviews allowed me to reflect on what was heard, as well as sometimes what was expressed through pauses, sighs, gestures or mimicry. It also helped to define what I should ask about once again or in more depth in the next interview.

To ensure the best possible understanding of midwives' perceived own professional identity, after my reflection on the third round of interviews, midwives were given their own transcript of all their interviews to read through and contemplate with the possibility editing the text.

This study received approval from the Ethics Committee of Rīga Stradiņš University (approval, No 2-PEK-4/562/2023 (31.08.2023).

3.1 Language

All interviews were conducted in Latvian, but I wrote the Thesis in English. This could create even more of a challenge than doing the interviews and Thesis in the same language. As language also influences what can be expressed in

the means of the words, there are linguists who even state that social reality as experienced is unique to one's own language (Nes van et al., 2010). However, I recognise it as beneficial circumstance for work done in Gadamer's hermeneutic perspective, because it demands extra contemplation and extra reflection on what was said, heard, observed, written and interpreted. This additional translation served as a helpful instrument for me, giving me an additional reason to return to each step to check the interpretation, as the interpretation of meaning is seen as the core of qualitative research (Van Nes et al., 2010). As bilingual conducted studies and written articles become more common, there is also available criteria for evaluation of translation in qualitative research (Mandal, 2018), which were also used in this research process.

Overall working within two languages in this research was additionally helpful research tool as it provided constant rethinking of used words and sentences, constantly seeking for the best possible creation of the precise thoughts' transformation to the written words. According to Gadamer Hermeneutic approach possibilities of our knowledge seem to be far more individual than the possibilities of expression offered by language. As faced with the socially motivated tendency toward uniformity with which language forces understanding into particular schematic forms which hem us in, our desire for knowledge tries to escape from these schematisations and predecisions (H. G. Gadamer, 2013, p. 419).

3.2 Engaging the participants, their characteristics

In this research study midwives were gathered by the 'snowball' method. Altogether 30 participants were asked for their voluntary participation in this study. If they agreed, a letter of informed consent was given to each of them, using contact details they had provided. To obtain as many different perspectives as possible regarding a midwife's perception of professional identity in different parts of Latvia, the sample of interview participants was formed according to the 'snowball' method, the territorial principle and from various professional

profiles. None of those approached refused participation in the study. The group of midwives was created to represent a variety of different midwifery working area sectors and geographical locations.

Selection criteria for participating in this study:

- currently practicing midwife;
- work experience of at least two years;
- agrees to the interview.

Three rounds of 30 interviews (90 in total) were performed, with a time gap between them of between several weeks and a couple of months (7–15 weeks). Interviews were conducted with each of the thirty participating midwives, one to one, without the presence of third parties and in a place and manner that was most convenient for the midwife being interviewed. Both the time and place of each interview were set according to the participating midwife's wishes in order to be most convenient and least disruptive to their personal or professional life. After conducting each audio-recorded interview, they were transcribed within between 24 and 48 hours and notes were taken, according to the notes made during the interview by the author, according to the methodological instructions.(Fleming et al., 2003).

Sample size on a qualitative study by Malterud et al. should be decided in account of:

1) aim of the study;
2) sample specificity
3) use of established theory
4) quality of dialogue
5) analysis strategy (Malterud et al., 2016).

After each round of interviews and following initial thematic analysis of the texts, with repeated listening and moving from the whole to individual parts in the texts and back, reflective work on my own interviews with the consultant

midwife also were performed and transcribed. Reflective notes were constantly made to maintain an accurate time-line of my ever-changing prejudices concerning a midwife's professional identity and the core elements and factors influencing it.

In describing my own beliefs, perceptions and prejudices, before starting collecting the interviews for this research, I received help from a consultant midwife who was responsive and agreed to help to conduct several interviews with me about my perception of this theme. Such self-reflecting discussions were also conducted after each round of interviews. According to Gadamer's hermeneutics, it is necessary to keep one's gaze fixed on the subject throughout all the constant distractions that originate in the interpreter himself, because a person who is trying to understand a text is always projecting and sees emerging initial meanings in the text because he is reading the text with particular expectations in regard to a certain meaning. Working out this fore-prejudice, which is constantly revised and self-reflected in terms of what emerges he penetrates in to the meaning, is understanding what is there (H. G. Gadamer, 2013, p. 279).

4 Findings

Overall, in this research four main themes of midwives perceived professional identity with subthemes/intertwining elements were conceptualised:

1 The core elements of a midwife's professional identity:

- love for humanity and belief in God / higher power and a woman's own ability and a midwife's ability 'to go with the flow';
- variation in the ability 'to go with the flow';
- courage and persistence;
- professional education and experience;
- practice of reflection and self-examination;
- changes in perspective after their own childbirth;
- ability to draw boundaries and attain professional/private life balance;
- look back at the Covid period and reflect on that period's values.
- As core hindrance, but regrettably constant element of midwife's professional identity nowadays, midwives noted overwork and struggles with finances.

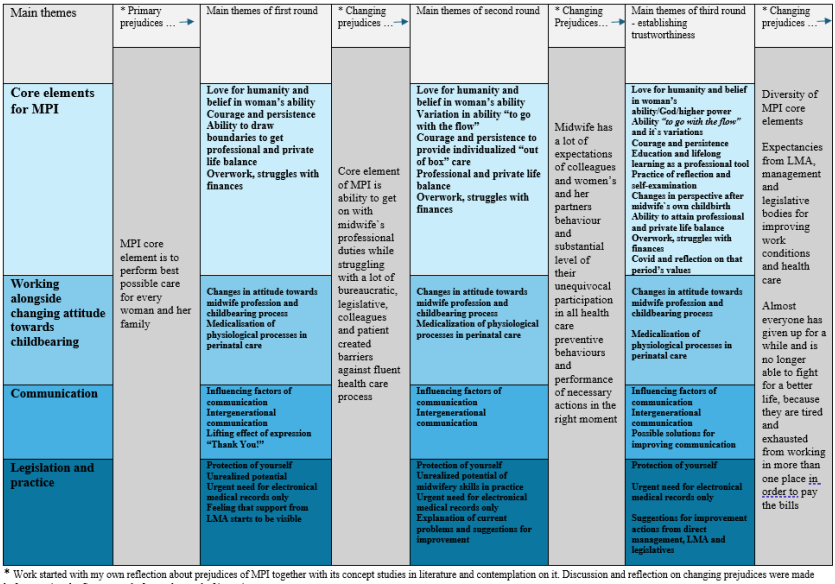
The following three themes were conceptualised as elements which intertwine with the core elements of a practicing midwife's professional identity (Figure 4.1):

2 Working alongside changing attitudes towards childbirth

3 Communication

4 Legislation and practice

For each of the three rounds of interviews, initial thematic analysis was performed followed by continuous reflection regarding highlighted themes and my own self-reflective interview with the consultant midwife about my changing prejudices and preconceptions.



* Work started with my own reflection about prejudices of MPI together with its concept studies in literature and contemplation on it. Discussion and reflection on changing prejudices were made before starting the first one and after each round of interviews.

Figure 4.1 **Findings – elements of practicing midwives perceived professional identity**

In first theme (The core elements of a midwife's professional identity) – midwives in all three interview rounds described in depth what they perceived as the core elements of a midwife's professional identity. Midwives also described their profession, and the opportunity to be there at that special time, with the family as a privilege. There were midwives who described their profession as something more than just a profession, but as specific way of life or calling. Necessary tools for achieving these elements emerged: courage and persistence, gained education and professional experience, the practice of self-examination and the ability to draw boundaries. Ever-present and oppressive elements of a midwife's professional identity were identified as overwork and financial struggle.

Second theme (Working alongside changing attitudes towards childbirth) – included a lot of emotional expression while elaborating on it and there were

interviews where no questions needed to be asked because midwives expressed their opinion, often emotionally, by themselves.

Third theme (Communication) – in terms of the duration of the dialogues and the amount of text involved, this was the largest theme block in which main three themes and subthemes were highlighted, by midwives themselves, without invitation to even do so.

Fourth theme (Legislation and practice) – two last themes were highlighted separately, because they permeated the narrative of all midwives throughout all other themes during interviews. Midwives not only elaborated on current issues, but also noted points that could help towards both possible solutions and challenges that, in their view, are having a hindering effect and are obstacles to moving forward in their professional development and daily performance at work.

Visually, the elements of professional identity perceived by midwives can be perceived as a piece of ice floating in a clear, but dark, river stream in March (after Ansule et al., 2024). When the sun shines, the visible part of the piece of ice is sparkling and shines brightly in the sun (1.– 5.), but there is a larger part that is mostly underwater and only sometimes shines brightly in the sun (6.–10.) and there is even a part that is always dark and icy (11.) in the cold spring river water and never appears in the sunlight (see Figure 4.2).

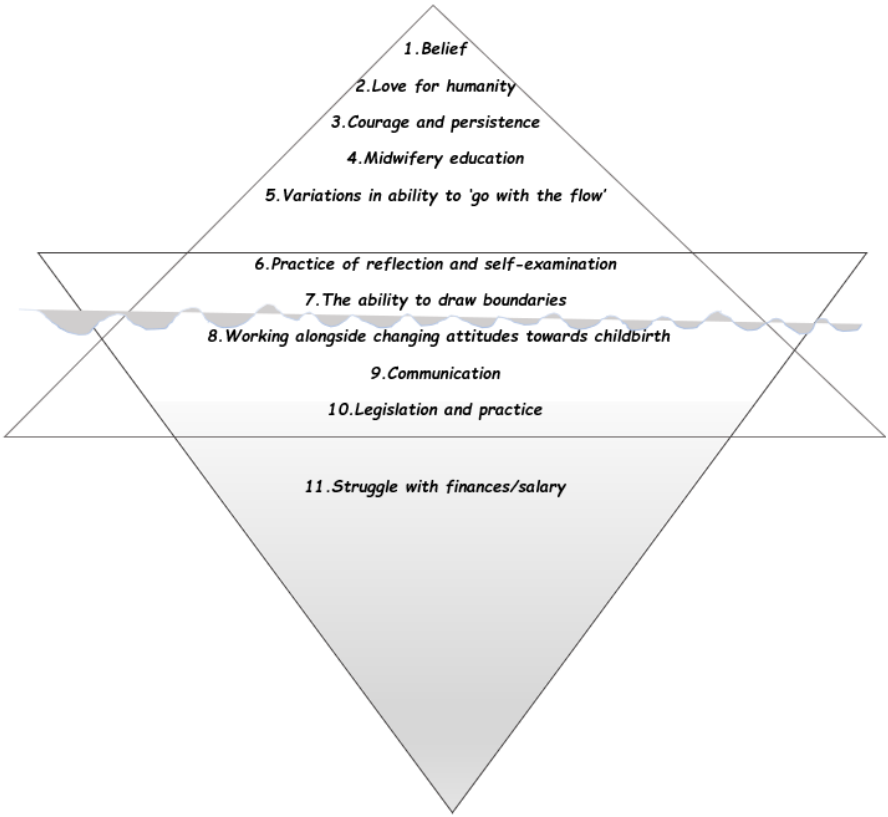


Figure 4.2 **Professional identity concept's characteristic components in Latvian midwive's perception**

Discussion

Having considered the backwards and forwards integration of the parts represented by individual interviews with the interviews in the last chapter, this chapter continues the hermeneutic spiral by subjecting the themes that emerged in the present research to critical analysis in the light of other published research.

This research described overall unity among the midwives in the context of their perceived core elements of the midwife's professional identity. In their perception, the core elements are:

- love for humanity;
- belief in woman's own ability and God / higher power;
- midwife's ability 'to go with the flow';
- professional education and experience.

As necessary core tools for achieving those elements arose:

- courage and persistence;
- practice of self- reflection;
- necessity to get professional and private life balance.

As core hindrance, but regrettably constant element of midwife's professional identity in these days midwives noted overwork and struggles with finances. There is a research done almost ten years ago which describe this problem even deeper not just as overwork by itself (Group & Mander, 2016). The authors describe the opinion expressed by midwives that it is possible that for some employers it is not that important to provide high-quality healthcare, which further causes a chain reaction in terms of workload, work organisation, and work relationships. An in-depth study should also be conducted from the perspective of the midwives' employers.

However, diversity arose in the very process of reflection on the midwife's professional identity, with some midwives admitting that they were reflecting on it for the first time in their professional life. For some midwives it took

considerable effort to define in precise words those core elements of professional identity, as it was sometimes possible to find the right words only during the second or third rounds of interviews. On the other hand, there were midwives who answered this question quickly and without much thought the first time, only re-examining it in depth in subsequent interviews. It should be noted that in terms of the amount of time spent in the conversations with the midwives, most of the time was not taken up by their perceived prejudices about the midwife's professional identity, but by the explanations given by the midwives regarding what prevents them from fully applying or experiencing these elements in practice. There was much reflection in every interview about the barriers made by others as well as the midwives themselves, which prevent these core elements of a midwife's professional identity from being fully utilised in practice. At the same time, it should be noted that in Latvia there are no gender barriers or money issues to gain qualitative midwifery education and became professional midwife in full it's meaning as this is free of charge, as the state guarantees a certain number of free study places each year. There are no barriers that would prevent one from becoming a midwife who is able to recognise and practice the full spectrum of professional identity, knowing that such barriers still exist elsewhere in the world (Hasne Ara Akther MSc & Zohra Khatoon MSc, 2019).

Overwork and overload at work, working in several workplaces, tiredly rushing from one shift at one workplace to another workplace for the next shift, does not allow midwives to realise all their professional potential, which they theoretically describe as core elements of midwife's professional identity. In addition, overload and potential errors in work are caused by the documentation system in both electronic and paper format, which sometimes duplicates what has already been recorded in one or other system. All this is only worsened by the decision of the National Health Service not to allow all midwives to access patient data in E-health. The situation is made more dramatic by

the ever-increasing demands for an individual approach and time resources from service users and their relatives, which is additionally reinforced by the regulations of the Cabinet of Ministers on the mandatory number of courses in life-long education for every midwife. These courses should theoretically promote perinatal healthcare, but they are not included in the paid work time of midwives and must be done in their free/personal time which is already being eroded by their workload. To make matters worse, sometimes they even have to pay for these courses themselves. The midwives expressed their regret that with all these increasing demands on their professional performance, it is not reflected in their remuneration, which, according to them, is comparable to the remuneration of employees without a vocational education. This resonates with research done already more than 20 years ago (Thompson, 2002) about reality of midwives and human rights, but we are still there according to findings of this research. An in-depth study of the situation should be conducted to see how human rights and labour law norms are respected in midwifery work.

There were midwives who also saw the root of the problem in the fact that historically we have been trained not to stand out in order to survive under the 'yoke of another conqueror'. However, this does not justify the unfairly low remuneration system, when midwives sometimes report that even at home in family, their work is not properly respected, but perceived as a hobby, because it does not receive any serious pay.

Considering all the narratives gained from these conversations with the midwives, the main message that emerges are the core elements of professional identity perceived by the midwives in connection with love for humanity, faith in God or a higher power and a sense of mission in this profession, which suggests that it is also a possible reason why, despite every hardship, midwives continue to work. Also, it is possible that some midwives do not carry out self-reflection due to an instinct of self-preservation, so that it is not so painful to admit how difficult

it really is. Thus they work, perceiving their work to be a mission and a way of life and do not leave it in spite of the possibility of having better pay and working conditions in another profession. This, in turn, does not allow them to insist loudly enough on their demands for midwives' rights to fully realise their professional potential and receive a decent salary. However, we must also take into account the fact that midwives are constantly overworked and in a daily struggle to earn a living, so they may no longer have even the will or strength for such a struggle to fight for their rights and implementation of midwife's professional identity elements in practice.

Conclusions

There is a diversity in midwives' perceptions of the core elements of their professional identity, as well as their ability to define it.

Midwives agreed on a number of core elements in the midwife's professional identity: love for humanity, belief in God / higher power, the ability 'to go with the flow', being with a woman as much as she needs, professional education and experience, courage and persistence, as well as the negative factors of low wages, overwork, communication issues in the workplace, unused potential of midwives and medicalisation in childbirth. Diversity, however, was found in their belief in women, as some midwives noted that they had a stronger belief in the unborn child and trusted the patterns of his behaviour more than the woman's.

There is also diversity in the perceived role of midwives in healthcare processes. Some midwives noted that they saw themselves in the right place professionally when caring for physiological processes, but there were others who noted that they were thrilled and even loved to work in action, when dealing with active birth management and pathological healthcare cases.

This diversity is also seen in midwives' beliefs. Here the answers came quickly, without thinking, and sometimes without even being asked, as each midwife linked this closely with her professional identity. There were two different groups in context of belief: those midwives who freely emphasised their believe in God and those who described a belief as something that is hard to define like belief in a higher power.

When reflecting on their professional roles, midwives suggested possible ways to fight every negative factor facing the midwife's professional identity expression in practice, such as communication issues at work, wages in public healthcare sector, overwork and the medicalisation of childbirth. In all cases, the need for midwives' voices to be heard emerged. Two different approaches to dealing with these negative factors were expressed. Some midwives mentioned

feeling a personal need to defend themselves, while others felt there were midwives who noted that direct management such as the government should behave differently or do more and not midwives by themselves.

Midwives also concluded that there is a need for more actual midwives' voices to be heard in the media. There are many controversial and even frightening stories about childbearing being reported, but very little is heard from the midwives' professional perspective on these stories. This also is relevant with regard to the need expressed by midwives for their voices to be heard regarding the recent shift from a physiological and humanistic approach to the current trend of medicalisation in childbirth.

As women now have easier access to higher education, better career prospects and expect a higher quality of life, but simultaneously have to balance more hectic lifestyles, greater demands on them at work and the media is promoting anxiety regarding childbirth, some midwives believe that it is inevitable that some women will lose their desire to have children.

There are issues expressed regarding mutual communications between different generations of midwives and between midwives and doctors, midwives and service-users. The issue of communication requires immediate action and a willingness to cooperate on all sides, not just waiting for 'others' to do better and change their patterns of communication.

The issue of low wages for midwives in the public healthcare sector, which consequently leads to overwork, also needs to be addressed urgently. This not only has an impact on the welfare of midwives, which is undeniably important, but also on the safety of mothers to be and their babies. Exhausted healthcare professionals running from one 24-hour shift to another can make potentially fatal mistakes and so this issue must be addressed honestly and seriously.

At this stage of research my conclusion is that however wide the range of perspectives expressed by practicing midwives regarding their professional

identity and its core elements, it should also be noted that they are humans, with varying beliefs, experiences, attitudes, knowledge, professional and personal perspectives of childbearing and life in general. By projecting so many necessary professional skills, competencies and skills and sometimes unrealistically idealised expectations on midwives, it is easy to forget that they are also human beings, each with their own personality, characteristics and uniqueness. Humans are not creatures that can be characterised as objective or homogeneous. However, midwives do agree on some of the core elements of their professional identity such as love for humanity, belief in woman's innate ability, ability 'to go with the flow', belief in God / higher power, professional education and experience, courage and persistence. There is also unity in perceived negative factors working against the successful professional activity of midwives today: poor wages in public healthcare system, which leads directly to overload due to the need either to work in more than one workplace or to take on more than one workload in one workplace; communication issues at work; rise of medicalisation in childbirth. Overload of work, communication issues and the unused potential of midwives should not be considered as separate problems, as no human being who has been constantly overworked for years or even decades, is not capable of the reasonable revision and division of their work, effective and empathic communication in long term or the effective improvement of their abilities and professional performance.

If all this is added to insufficient evaluation and support from management, society and legislators, the only logical reasons for midwives still to be working seems to be their feeling that being a midwife is a vocation or mission, their belief in God / higher power and their belief that at least women and newborns still need them.

Recommendations

As described in findings of this Thesis, midwives noted that there is urgent need for honest self-reflection and teamwork with mutual support for every midwife in order to successfully promote such core elements of the midwife's professional identity as love for humanity and belief in God / higher power and a woman's own ability and a midwife's ability 'to go with the flow', courage and persistence, ability to draw boundaries and attain professional/private life balance, to be able to use midwifery education and lifelong learning as a tool for support and help. It is similar with cooperation and communication with representatives of any professions at work, if there are problems, they should be talked about openly otherwise nothing will change.

As in findings of this Thesis also according to literature for high quality perinatal healthcare provision, evidence-based theory and midwives' professional education should go in hand with professional judgement based on experience in practice and humanistic aspects of care (Shakibazadeh et al., 2018; Lundgren Ingela, 2022, 83–86). So, the voices of midwives should be taken into account in process of decision making for care plans and next steps in the healthcare process for mothers to be, and the mother and child.

Rather than requiring midwives to attend mandatory continuing education courses in addition to their regular duties, these courses should be included in their paid working hours. Midwives should not be expected to pay for these courses.

There is an urgent need to revise salary levels for midwives across the country to stop the chain reaction in midwives' overwork, disappointment in the midwifery profession and communication issues at work.

It is not acceptable that midwives who work in the public healthcare sector are not allowed to take more than 2 weeks of vacation in the summer period, there should be no such limits.

There needs to be more openness, tolerance and willingness to cooperate to each other from both sides, between the younger midwives and those who have several decades of experience, with no arrogance or negative prejudices from either side.

In order to promote the implementation of these previously described elements of midwifery professional identity in practice, prospective midwives are already given opportunities to begin implementing and improving them during the study process at RSU:

1) by conducting 2 reflections on their experience and performance in each clinical practice period under the guidance of a psychologist-midwife;
2) second-year prospective midwives have the opportunity to improve themselves in a study course designed specifically for midwives "Fundamentals of Psychosomatics and Psychotherapy for Midwives";
3) a new study course "Communication in Evidence-Based Healthcare" has been introduced;
4) during study process in all simulations, emphasis is placed not only on technical, but also on the acquisition of non-technical skills that are so important for midwives.

According to Gadamer, everyone must have courage to make use of one's own understanding (H. G. Gadamer, 2013, p. 284). One can simply start with self-reflection about one's own professional performance and see what comes up, what could I start doing myself to promote the implementation of core elements of midwifery's professional identity in practice?

Publications and reports on the topic of the Thesis

Publications:

1. Ansule, I., Fleming, V., Millere, I. (2024). "To be a midwife in Latvia – Midwives talking – Pilot study", Heliyon , Journal article https://doi.org/10.1016/j.heliyon.2024.e32504
2. Stenbäck, P., Ansule, I., Liepinaitienė, A., Vik, E. S., Österberg, T., Ekelin, M., Hasman, K., Furskog-Risa, C., Mortensen, B., Valgeður L. S. et al. (2023). "Empowering Nordic and Baltic midwifery students and teachers in multinational collaborating learning of research", European Journal of Midwifery, 24.10.2023. Journal article, Part of ISSN: 2585-2906 https://doi.org/10.18332/ejm/171986
3. Ansule, I., Ķīvīte-Urtāne, A., Millere, I. (2021). "Patients need to receive the same kind of information about the same issue from each professional", 15th International Scientific Conference, Rēzekne, 29.05.2021, Proceedings of the International Scientific Conference. Volume IV, May. 265–273, https://doi.org/10.17770/sie2021vol4.6405

Monography:

1. Ansule, I. & Irša, S., (2025) "Evidence based Midwifery Knowledge and Practice", (Contains 415 pages; the work contains 57 tables, 285 schematic drawings and scanned images of historical evidence). (Approved by Rīga Stradiņš University Science Council 20032025 No.6-ZP-1/3/2025 (No. 6-ZP-4/7/2025), accepted for publication 05.2025.)

Reports and theses at international congresses and conferences:

I. Presentation and poster presentation "Midwives, obstetricians and neonatologists view on realistic possibilities for better intranatal care quality", at the "Normal Birth" conference in Aahus, Denmark 12.–14.09.2022. https://njfcongress.dk/programme/programme

II. 11–12. 04.2024. On the invitation of WHO, simulation training was conducted in Kyzylorda and speaker duties on the topic "A practical look at the midwife's responsibilities in caring for women and newborns based on current scientific recommendations" with simulation training sessions; 1st lnternational Congress of Midwifery Specialists of the Republic of Kazakhstan "Ayali alaqan", Astana https://nu.edu.kz/news/nu-school-of-medicine-involved-in-creating-midwifery-professionals-environment

III. 10.04.2025. Report while performing speaker duties at the II International Midwifery Conference "Who do midwives serve?" on the topic "Communication challenges and solutions – in perspective of Latvian Midwives", Riga, Latvia https://vecmasuasociacija.lv/current-events/whom-do-midwives-serve/

IV. 18.04.2025. On the invitation of WHO, performance of speaker's duties and oral report on "Methods of pain relief in childbirth and emergency care in midwife's practice based on current scientific recommendations" at the III International Conference of "Health of the mother and child – future of Kazakhstan", Almaty

V. 26–28.05. 2025. Ansule, I., Fleming, V., Millere, I. "Experience of reflecting on current midwifery practice", Poster presentation and oral presentation "Healthy birth: a cross-national student midwife project from the Baltic and Nordic countries", Eline Skirnisdottir Vik, Pernilla Stenbäck, Jana Meier, Terese Österberg, Ansule, I., Maria Ekelin, Kirsten Hasman, Eva Christina Furskog-Risa, Valgerdur Lisa Sigurdardottir, Berit Mortensen, NJF Congress 2025, Copenhagen, Denmark https://njfcongress.dk/programme/programme

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Come to the Edge

by Christopher Logue

Come to the edge.
It's too high!
COME TO THE EDGE!
And they came,
And he pushed,
And they flew.

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Sometimes

by Sheenagah Pugh

Sometimes things don't go, after all,
from bad to worse. Some years,
Muscadel faces down frost; green thrives;
the crops don't fail;
sometimes a man aims high, and all goes well.

A people sometimes will step back from war;
Elect a honest man, decide they care enough, that they can't leave
some stranger poor.
Some men become what they were born for.

Sometimes our best efforts do not go amiss,
sometimes we do as we meant to.
The sun will sometimes melt a field of sorrow
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