

Students Motivation and Orientation to Midwifery

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Original Article

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Abstract:

Objective: The purpose of the research was to determine the motivation and orientation of midwifery students towards professional expertise and associated factors.

Design: A cross-sectional study.

Participants: A total of 241 undergraduate midwifery students in a convenience sample participated in this study at a Faculty of Health Care Studies.

Methods: Data were collected through a questionnaire, which was composed of 3 parts: motivation factors, a Midwifery Orientation Tool, and background questions.

Results: The most powerful motive for the study of midwifery was “to be useful to others, take care of others”. The motivation factor of completed professional practice decreased sta-

tistically significantly after the second year of study ($p < 0.001$). Orientation towards midwifery did not significantly differ statistically over individual years. Students dissatisfied with their studies were significantly less motivated to study midwifery ($p < 0.001$) and had significantly higher average scores on the caring orientation scale ($p < 0.001$) and the midwifery expertise scale ($p < 0.001$) when compared to satisfied and moderately satisfied students.

Conclusion: We recommend that educators in midwifery discuss issues relating to the curriculum. Teachers and mentors should pay attention to the individual problems of students during the academic year, both in the classroom and during clinical placements.

Introduction

The current situation in the health professions is impacted by a shortage of qualified staff at all levels of care provided. In Western countries, this problem is solved by the targeted recruitment of employees from other countries. The main motivation factors for choosing non-physician study programs include: the desire to help others; job opportunities; having friends and relatives who work in the same field; the positive image of non-physicians; previous work/volunteer experience of taking care of someone including relatives; the attractiveness of the profession since childhood; negative experiences of a different educational field or at work; the failure of other plans (4,10,12). At the beginning of their studies, students generally have unrealistic expectations that change over the course of study (14,16). The factors that lead students to termination of their studies are: ineffective supporting mechanisms from educational institutions; a large difference between their expectations and reality; unsatisfactory experience from practice; an unexpected high study load; financial problems (6,8). The concept of orientation is based on cognitive psychology theory and defined as the process of foreseeing, analyzing, and activity planning. Orientation is driven by motives, and the quality of orientation predicts the quality of learning. Social processes contributing to the orientation of students of non-physician professions, such as; a caring orientation; a nursing expertise orientation; a life orientation have been specified (17). The caring orientation is defined by the opportunity to take care of somebody and is higher at the end of study than at the beginning. The purpose of our research was to determine the motivation

and orientation of midwifery female students towards professional expertise and associated factors. We were interested in determining differences in the motivation to study and orientation towards midwifery during a three-year bachelor study program.

Methods

Study Design and Sample

A quantitative cross-sectional design was used. Respondents were female students of a midwifery Bachelor's program at a health care faculty in the Czech Republic. All midwifery students ($n = 287$) who commenced the 1st, 2nd, and 3rd years of study from 2016 to 2019 were approached.

Instruments

A questionnaire composed of 3 parts (1. motivation, 2. a Midwifery Orientation Tool, 3. background questions) was used in the study. The motivation questionnaire contained 22 statements related to different motivation factors, which were evaluated by students on a 5-point Likert scale. Only the question about the motivation measure was evaluated by students on a 7-point Likert scale. The second part of the questionnaire was the Nursing Orientation Tool (17), which contains 17 statements. The tool is divided into 3 subscales: caring (6 statements), nursing expertise (6 statements), and life orientation (5 statements) (16). The statements are evaluated on a 5-point Likert scale; the maximum score is 30 for the caring orientation; 30 for the nursing expertise orientation; 25 for the life orientation. The higher scale values, the lower orientation is to-

wards professional expertise. The validity and reliability of the tool have been tested in previous studies (9,16). Individual statements in the questionnaire were translated with the author's consent into Czech using the translation/back-translation method. The term "nursing" was replaced by that of "midwifery". That is why we called the revised questionnaire the Midwifery Orientation Tool (MOT).

Data Collection

Data for this study were collected from 2016 to 2019, always at the beginning of the academic year (in September). Thus, 4 first, second, and third years were involved. Students were familiarized with the survey objectives and informed about the anonymity and voluntary nature of their involvement completing the questionnaire. Informed consent for participation in the study was embedded in the survey. Ethical approval for this study was guaranteed by the institutional review board.

Data Analysis

Testing was performed in RStudio 2021.09.0 (Build 351) with R version 4.1.1. Hypotheses were evaluated using the Mann-Whitney U test, the Kruskal-Wallis test, and the Chi-square test of independence. A conventional significance level of 0.05 was used.

Results

Demographics

Overall, 241 fully completed questionnaires were obtained; the response rate was 84%. All the respondents were female; the mean age was 20.9 years (SD 2.3; min. 19; max. 41). The total cohort included 44.4% (n=107) of first-year students; 31.5% (n=76) of second-year students; 24.1% (n=58) of third-year students in the midwifery program.

Student Motivation and Motivation Factors

The mean score of the motivation towards midwifery study was 5.62 on the 7-point Likert scale (SD 1.30). Only 5.0% of students had a motivation score of lower than 4 on the Likert scale. During the course of study, the mean score on the motivation scale increased slightly (first year =5.54; second year =5.57; third year =5.71). Stu-

dents who preferred the midwifery study program on admission had significantly higher values on the motivation scale than students who preferred another study program (5.66 vs. 4.45; $p=0.006$). The type of secondary education (health vs. other) completed did not influence the motivation level. The most powerful motive for the study of midwifery was "to be useful to others, take care of others". On the contrary, the weakest motives were "salary and provision" and "demands of parents". The preference of motivation factors was not significantly influenced by field preference (midwifery vs. other) or the secondary school type (health vs. other) completed. We had expected that the professional practice of students would be a strong motivation factor. However, 81.6% of students after the first year of study and 58.6% of students after the second year mentioned that completed professional practice was motivating for further study. The difference is statistically significant, i.e. after the first year, completed professional practice is more motivating for further study than after the second year ($p<0.001$).

Orientation towards midwifery

The mean score for the caring orientation scale was 14.10 (SD 3.2, min. 7, max. 22). High scores (20–30) on the caring orientation scale were obtained by 4.2% (n=10) of the respondents; 88.0% (n=212) had average scores; 7.9% (n=19) of the students had low scores (0–9).

The mean midwifery expertise score was 12.49 (SD 2.5, min. 6, max. 22). Only one of the students had a high (20–30) midwifery expertise score, while 88.4% (n=213) had average scores (10–19), and 11.2% (n=27) had low (0–9) midwifery expertise scores. The average score results of the MOT subscales did not differ statistically significantly between individual years (see Table 1).

Students from all 3 years perceived most strongly the following statements: "A midwife must have a powerful need to take care of others. I expect as a midwife to have the opportunity to develop as a person. In midwifery, I can learn to understand myself and others better than in some other professions". The mean scores of individual MOT subscales were not significantly influenced by discipline preference (midwifery vs. other) or the type of secondary school (health vs. other) completed (see Table 2).

Table 1 Survey responses for MOT (caring orientation, midwifery expertise, and life orientation) according to student's years of study

MOT	Mean		
	Year 1	Year 2	Year 3
Caring orientation scale	13.90 (SD 3.32)	14.11 (SD 2.88)	14.49 (SD 3.31)
I've dreamt of becoming a midwife since I was a child.	3.84	4.03	3.93
Midwifery is a calling.	2.15	2.07	2.16
A midwife must have a powerful need to take care for others.	1.78	1.78	1.81
It is important to me that I get to study midwifery.	2.03	2.18	2.29
Working as a midwife gives my life a meaningful content.	2.29	2.23	2.29
I expect, as a midwife I have an opportunity to develop as a person.	1.83	1.85	1.97
Midwifery expertise orientation scale	12.23 (SD 2.60)	12.45 (SD 2.44)	13.03 (SD 2.08)
I chose midwifery because of the variety of jobs available.	2.30	2.30	2.53
I am confident I will become a good midwife.	2.20	2.27	2.38
One of the most important qualities of a midwife is mental strength.	1.54	1.54	1.48
In midwifery, I can choose my working field according to my personal interests.	2.19	2.14	2.33
I expect this training to give me a possibility to progress in my career.	2.16	2.28	2.34
In midwifery, I can learn to understand myself and others better than in some other professions.	1.83	1.92	1.97
Life orientation scale	18.42 (SD 2.72)	18.58 (SD 2.82)	18.95 (SD 2.79)
I would not have started studying midwifery here if it had meant moving away from my family.	3.57	3.51	3.43
I would have applied to study here earlier but, it was not possible because of where my family was living.	4.41	4.61	4.43
My studying is dependent on the financial situation in my family.	3.36	3.03	3.47
I applied to study midwifery, because I was unemployed / going to be unemployed.	4.33	4.53	4.50
I do not want to make decisions in my life that would risk my family being together.	2.80	2.95	3.12

n=241

Problems during Study and Teaching Satisfaction

In the questionnaire, 2nd & 3rd year students were presented with statements related to their satisfaction with their preceding study (with their academic achievements, study contents, teaching methods, and professional practice). Study contents were not satisfactory for 24.6% of the students; 14.2% were dissatisfied with the teaching methods. However, only 10.4% of students were not satisfied with their academic achievements. When analyzing the responses, we divided the respondents into 3 groups by score: totally satisfied students (score 5–10); moderately satisfied students (score 11–15); dissatisfied students (score

16–25). The results (see Table 3) showed that students dissatisfied with their studies are significantly less motivated to study the field ($p < 0.001$) and have significantly higher average scores on the caring orientation scale ($p < 0.001$) and the midwifery expertise scale ($p < 0.001$) when compared to satisfied and moderately satisfied students. This means that students' low study satisfaction negatively affects not only their motivation to study, but also their orientation towards the field of study.

Discussion

The mean age of the midwifery students in our cohort was 20.9 years. Cullen et al. (3) mention that younger graduates of midwifery do not

Table 2 Survey responses for MOT (caring orientation, midwifery expertise, and life orientation): field preference and completed secondary education

MOT	Completed secondary education			Preferred study program		
	Secondary health school	Different secondary school	p-value	Midwifery program	Different study program	p-value
Caring orientation scale	13.70 (SD 3.96)	14.4 (SD 2.75)	.510	13.76 (SD 2.84)	15.58 (SD 3.29)	.073
Midwifery expertise orientation scale	11.75 (SD 2.41)	12.53 (SD 2.72)	.090	12.10 (SD 2.61)	13.08 (SD 2.57)	.279
Life orientation scale	18.84 (SD 2.71)	18.18 (SD 2.73)	.174	18.54 (SD 2.74)	17.75 (SD 2.67)	.344

n=107

Table 3 Survey responses for motivation and MOT (caring orientation, midwifery expertise, and life orientation) according to student's study satisfaction

MOT	Dissatisfied with study (n = 17)	Moderately satisfied with study (n = 58)	Satisfied with study (n = 59)	p-value
Caring orientation scale	16.71 (SD 3.06)	15.49 (SD 2.78)	12.41 (SD 2.28)	<.001***
Midwifery expertise orientation scale	14.35 (SD 2.69)	13.29 (SD 2.13)	11.68 (SD 1.92)	<.001***
Life orientation scale	18.29 (SD 3.46)	18.68 (SD 2.85)	18.98 (SD 2.60)	.596
Motivation to study	4.41 (SD 1.33)	5.38 (SD 1.09)	6.22 (SD 1.10)	<.001***

n=134

*** p-value is significant at 0.001 level

A change of study field was considered by 4.6 % of the students; only 4.1 % considered a change of career after graduation.

Table 4 Comparison of the Czech results with those reported by other authors

Study	Number of Respondents	Country	Scale		
			Caring orientation	Nursing/Midwifery expertise orientation	Life orientation
Vanhanen & Jahonen (2000)	184	Finland	11.23 (SD 3.67)	10.43 (SD 3.3)	18.78 (SD 4.7)
Grainger & Bolan (2006)	363	Canada	13.13 (SD 3.42)	10.86 (SD 2.67)	19.75 (SD 3.16)
Bolan & Grainger (2009)	213	Canada	12.30 (SD 3.13)	10.94 (SD 2.43)	19.74 (SD 3.27)
Current study (2022)	241	Czech Republic	14.10 (SD 1.05)	12.49 (SD 0.25)	18.60 (SD 2.8)

have the advantages of more mature students, who have gained them thanks to life experience. The motivation to study increased moderately over the 3 years of studies; a positive influence was found of the preference for a midwifery study program at admission on motivation during the study. The most powerful motive for midwifery study was “to be useful to others, take care of others”. Taking care of others is one of the most cited motivation factors for non-physician health professions. Altruism was the most commonly mentioned reason for choosing a non-physician health profession (11). The motivation factor of professional practice had a declining trend during the study. Students may have a feeling of disappointment and disagreement between the theory studied and the practice experienced (5) where they cannot rely on theoretical knowledge (6). In the study by Vanhanen & Janhonen (16) it was discovered that midwifery students had the lowest caring orientation scores and high life orientation scores. In our study, the results of the subscales were genuinely lower (higher scores mean a lower orientation towards nursing) than in the studies from Finland and Canada. In addition, our midwifery students were more oriented towards life/family than were the nursing and other non-physician profession students from the cited studies (see **Table 4**).

Vanhanen & Janhonen (16) mention that female students (100% in our study) are likely to face financial, interpersonal and family problems and may thus perceive bigger problems with study/work and personal life balance. In our study, the results of the subscales did not differ

statistically significantly between individual study years, in contrast to the studies by Vanhanen & Janhonen (16), Grainger & Bolan (5) and van den Boogaard et al. (18). Most students in the study by Ten Hoeve et al. (15) mentioned reasons for quitting related to the study program (the academic level of the education being too high or too low, learning too much theory; unsatisfying clinical placements). It seems that teaching satisfaction is one of the most significant factors related to students’ motivation to study and orientation to nursing or midwifery. Vanhanen & Janhonen (16) came to similar conclusions. Students often had financial problems during their studies (32.1% of the students), and the time-consuming curriculum did not allow them to have temporary jobs or have spare time for their hobbies (1). In the study by Hamshire et al. (7), financial difficulties were a frequently cited problem attributed by students to thoughts about interruption their studies. To solve student attrition, it is important to closely watch, support, and mentor students during their educational program, especially in the first years of study (6, 2, 15). Nikodemova, Matulnikova (13), emphasizes the importance of certified courses for mentors, which increase the level of knowledge and skills of mentors, the ability to navigate social changes and increase knowledge about the educational program implemented by the faculty. Mentors achieved better results in self-assessments of behavior and communication with students after completing the course. The better motivation of the students was achieved, which supports their development as part of the practical training.

The limitations of this study include convenience sampling, the choice of questionnaire and our study was conducted at a single faculty only; therefore, the results may be specific (as a result of the teaching style and organization of the studies).

Conclusion

This study was focused on the motivation of female midwifery students to study and on the factors associated with the orientation towards midwifery. The orientation towards midwifery did not differ statistically significantly between individual years of study, but a statistically significant negative impact of students' dissatisfaction with their studies on their motivation, the caring orientation scale, and the midwifery expertise scale was discovered. Students were dissatisfied with the contents of their studies and with the time-consuming curriculum; the motivation function of professional practice was declining. We recommend that educators in midwifery discuss issues relating to the curriculum. Teachers and mentors should pay attention to individual problems of students during the academic year, both in the classroom and during clinical placements.

Conflicts of interest

The authors have no conflict of interest to declare.

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