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Iraqi nurses' perceptions of working in a maternity unit

Shahrzad Ghiyasvandian[1], Tiran Jamil Piro[2*] and Mahvash Salsali[3]

[1]*Assistant Professor, Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran*
[2]*School of Nursing and Midwifery, Tehran University of Medical Sciences, International Campus [TUMS-IC], Tehran, Iran*
[3]*PhD, Professor and Deputy Dean of International Affairs in Tehran University of Medical Sciences, Faculty of Nursing and Midwifery, Tehran, Iran*
Corresponding Email: tirandarvan@yahoo.com

ABSTRACT

This study aimed to explore nurses' perception of working in the Maternity Hospital in Erbil, Iraq. Heideggerian phenomenology was adopted to explore the Iraqi nurses' perception of working in maternity units. The data, collected through semi-structured, in-depth interviews, were analyzed using Dikelman & Allen's method [15]. Five themes, namely a feeling of frustration and failure, humanitarian and spiritual work, satisfaction, capable and competent, and confusion, emerged during data analysis. Nurses' perception of working in a maternity unit was described in five main themes. These findings can help nurses and other healthcare personnel in maternity hospitals to provide the patients with better care. However, further research in this field is warranted.

Key words: Nurse, Perceptions, Working, Phenomenology.

INTRODUCTION

Due to their undeniable role in various health settings such as hospitals, schools, clinics, health and rehabilitation centers, and even houses, nurses are considered as the pillars of modern health systems. As nurses have to deal with various interpersonal, social, and cultural issues during their care provision activities in different environments such as critical care units [CCU], intensive care units [ICU], neonatal care units, and emergency departments [1, exploration of their experiences illuminate not only their emotions and perceptions of their profession, but also their sociocultural characteristics. Although nurses' experiences of working in stressful environments [e.g. CCU, ICU, and emergency departments] have been well explored, less attention has been paid to their experiences in other settings [2]. Previous studies have suggested the effects of personality traits, age, race, health status, and sociocultural factors on nurses' professional experiences, perceptions, and emotions [3], [4], [5]. Many studies in maternity care environments have also investigated the experiences of women [recipients of care] rather than those of nurses. Karouth et al. [6] evaluated women's experiences of prenatal care and delivery services provided by nurses and other healthcare personnel. Their participants described their relations with their care providers and introduced cultural differences as a major barrier to effective patient-nurse relationships. Rahmani and Brekke [7] found that Afghan women avoided male care providers and received prenatal care and delivery services exclusively from female physicians and nurses. The authors reported cultural context, inadequate knowledge, and economic issues in Afghan society as main themes. Nurses, midwives, and physicians in similar studies have also identified differences in language, culture, and understanding between mothers and care providers as the most important factors [8].

While research has emphasized the necessity of training and work experience of at least one year for nurses in maternity, neonatal, and emergency units of hospitals [5], most midwives and nurses in maternity hospitals in Iraq lack academic education and some work in such units against their will. Therefore, despite their critical role in care

provision for mothers and infants [especially during delivery], this group of care providers experience high levels of tension and anxiety due to their lack of interest and training. Like any other group of healthcare personnel, care providers in maternity unites require relevant knowledge, skills, and experience in various routine tasks [9], [10]. Previous studies have indicated a relationship between nurses' self-confidence and their knowledge and skills. Training would hence not only prepare nurses for working in maternity wards, but also boost their skills, self-confidence, and enthusiasm.

In addition to common factors shaping the experiences of nurses all around the world, the experiences of nurses in Iraq are also affected by the traditional culture, sociopolitical characteristics of the locals, and the incidence of numerous wars and conflicts in the country [11], [12]. While a few studies have investigated the experiences of nurses in Iraq, limited knowledge is thus available about the experiences, perceptions, and feelings of both Arabic and Kurdish nurses in Iraqi maternity hospitals. Furthermore, considering the significance of personal experience in any field of research [13], the work experience of the corresponding author of the present research as an instructor for nursing students in a maternity hospital in Erbil/ Iraq encouraged her to perform a study to explore Iraqi nurses' perceptions of working as a nurse in maternity unit. The findings of this study will hopefully promote the quality of care provided by all health personnel and managers in the studied hospital.

Aims

This study aimed to shed light on Iraqi nurses' perceptions of working in Maternity Hospital in Erbil, Iraq.

MATERIALS AND METHODS

Study design

Hermeneutic phenomenology [Heidegger's approach] was adopted to understand the participants' perceptions of working and experiences in the maternity units. Phenomenology is an accurate and systematic method of extraction and demonstration of human experiences of various phenomena. It has been widely used to explore the professional experiences of nurses [14].

Data collection and participants

Following purposive sampling, semi-structured, in-depth, face-to-face interviews were conducted with 9 female nurses. The selected nurses aged between 28 and 64 years and had a work experience of 1-44 years. While four participants worked in the delivery unit, others were recruited from other related units. Four nurses were university educated, others were graduated from nurse training school.

After obtaining informed consent from the participants, the researcher started the interview with an open-ended question: "What do you think about your working as a nurse in maternity units. " Can you explain your daily experience?". " What is the effect of your job in your personal life?". Subsequent questions such as "Can you explain more?", "How did you feel about that?", "What was it like?", "You mean …?", and "Could you please give an example?" Were then posed based on the subjects' answers. All questions were presented in the participants' native language [Kurdish, Arabic]. Each interview lasted between 30 and 60 minutes. All interviews were recorded [after obtaining permission from the interviewee], immediately transcribed, and then analyzed. The interviews were continued until data saturation occurred.

Ethical considerations

The study protocol was ethically approved by the Research Committee of Tehran University of Medical Sciences, International Campus [ethical number: 130/1094]. Each participant had the right to withdraw from the study at any time. The digitally recorded interviews and transcripts were stored on the researcher's password-protected laptop and deleted after the study.

Data analysis

According to Diekelmann & Allen [15], data analysis in qualitative research involves the following seven steps:
1-Reading all interviews and transcripts to reach a general understanding;
2-Writing interpretive summaries for each individual interview;
3-Analyzing the transcripts and texts by the research team;
4-Referring to the transcripts or participants to resolve, clarify, or classify the disagreements and contradictions in the obtained interpretations and preparing an overall analysis of each interview;
5-Comparing and contrasting the transcripts to identify and describe the common meanings and practices;
6-Identifying and extracting the constitutive patterns connecting themes; and
7-Delivering a draft of themes, along with excerpts from interviews, to a team of interpreters and individuals familiar with the subject in order to incorporate their comments into the final draft [16].

Based on the described procedure, the researcher first listened to the recorded interviews and read them several times to achieve an overall understanding of the participants' perceptions. A number of meaning units [codes] were then identified within the text. The next stage [the second stage of Diekelmann's approach] involved the review of the texts and preparing their interpretive summaries. Afterward, the research team analyzed the transcripts and interpretive summaries and provided valuable comments about future interviews and summarization of the transcripts. During the analysis process, the researchers constantly moved back and forth between the emerged meaning units, the interpretation, and the whole texts to ensure the accuracy of the interpretations and the extracted codes and their relations with the original texts. Apparently, the analysis had no predefined end point. Finally, the interrelations between the emerged themes were formulated.

As the present study used hermeneutic phenomenology, research findings [which were obtained by the integration of the researcher and participants' viewpoints] were not supposed to be confirmed. However, in order to guarantee the transferability of the findings, the research process and excerpts of the interviews were explained in detail. Moreover, long-term contact of the researcher with the participants and frequent analysis of their statements assured the dependability of the findings. Involvement of the whole research team [instead of a single person] in data analysis improved the credibility of the findings.

RESULTS

After the conduct and analysis of 9 interviews, five main themes were identified. The first theme, i.e. "a feeling of frustration and failure", consisted of three subthemes [being forsaken in chaos, facing cultural challenges, and unmet demands]. The second theme, named "humanitarian and spiritual work", contained two subthemes including performing one's duties and a job with a different nature. "Satisfaction" was the third theme and comprised of adaptability, self-restraint caused by experience, and self-esteem as its subthemes. The fourth theme was named "capable and competent" and included two subthemes [supporting others and being supported]. The fifth and last theme, called "confusion", consisted of two subthemes, namely the shock of reality and undefined responsibilities.

A feeling of frustration and failure

This theme reflected the effects of cultural beliefs and shortcomings in the workplace on nurses' feelings and perceptions of their job. Such factors resulted in nurses' feelings of frustration and failure. This main theme consisted of the following subthemes:

Being forsaken in chaos

The statements of the participants indicated their feelings of being abandoned in dealing with loads of daily problems. As participant # 1explained:
"I feel like even when you come to work fresh in the morning, when you go home in the afternoon, you sad, tied, and frustrated because you feel you've done nothing, you've left no footprints! In this crowded hospital which is filled with patients and their families, you may have to take care of 10 deliveries until noon! This is unbearable and it makes you feel disappointed and frustrated. Our job is really loaded with problems!"
Participant # 7 added:
"We always feel like we are underserving the patients. That's because there is too few of us and not all of us feel like they have to get up and help the patient. We will never get to where other countries are unless the number of nurses increases. Since there is only this one hospital in this large city and there are a lot of patients, nurses do not have time to properly care for the patients and do their duties. This is not our fault; we cannot work better because there are too many patients."

Facing cultural challenges

Through statements such as "People belittle nursing", the participants showed that the public undervalued nurses. They also reported people's distrust in nurses:
"That's why mothers are afraid and prefer to give birth at home. They are afraid that something might happen in the hospital and blame nurses for everything", indicated participants #5.
Participant # 3 also mentioned that:
"People say we are not good we them; we do not take good care of them. That's because we do not have time. So they prefer to give birth at home. Many people come to me, say a lot of bad things, and go. I do not tell them anything and just keep quiet. Sometimes I ask them what their problem is; why they keep insulting me when that is all I can do?"

A third participant [#7] said:
"Our mothers do not receive enough knowledge and training. They neglect their personal hygiene. They do not even know about the necessity of using sanitary pads or keeping their genitals clean. They do not take vaginal health tests like Pap smear. All of our women, no matter how educated they are, never undergo such tests. Since I have worked

in the Pap smear center for a while, I know that mothers only go there at the final stages of the disease. They never see a doctor or take the test at the early stages of cancer or infection. Sometimes I see pregnant women wearing high heels! I ask them why they are wearing those shoes!! I ask them why they do not eat well! They just say they will gain weight and do not listen to me."
All these statements highlighted the nurses' constant involvement in fight against public attitudes.

Unmet demands
The participants' statements indicated their efforts to work as a nurse under difficult conditions. Lack of healthcare resources and personnel could be extracted from the following statements:
"I have actually filed several requests for being transferred from here, but all my requests were denied", said participant #7.
"It is our right to have some time to rest, but they did not agree. That is why I would like to work in other units where I can rest for a while. But if I stay here, I would like them to consider some rest time for us. We need rest days. I like working in the delivery unit, but I do not like its tiring tasks", indicated participant #3.
Participant #3 also mentioned:
"We do not have suitable gowns and impermeable boots and gloves to handle patients with HIV and infectious diseases. We have asked for these stuff several times, but they do not bring them for us. They never give us the things we need. There are a lot of shortcomings here."
Such negligence of their needs made nurses feel frustrated and interested in leaving their workplace.

Humanitarian and spiritual work
The participating nurses believed in the spirituality of their jobs. They all remarked on the different nature of their duties and underscored the spiritual aspects of their jobs.

Performing one's duties
The participants regarded their job as a nurse as a duty whose fulfilment was mandatory. They also emphasized the spiritual value of their duties. For instance, participant # 9 stated:
"The child's health is important to me. It is important that the infant is safely born, that both the infant and the mother are safe. I feel the whole world is mine when I save a mother and her infant and when the infant's Apgar score is eight."
"When you do your job right and well, that's when you feel peace. You work peacefully and when you go to bed you thank God for doing your job well. You feel good for doing your job well", expressed participant #8.
"It would be my honor to kindly help a mother. The more I help, the more I will be respected. My work will form my character and by doing well, I will be able to sleep peacefully because I know I have never withheld anything from the patients", mentioned participant #8.

A job with a different nature
The subjects frequently referred to the different nature of their job, defined it from their own perception, and discriminated it from other professions. They sometimes highlighted the spiritual aspects of their job and introduced their profession as a source of kindness. In their opinion, caring for a mother was special and valuable. A nurse [#2] indicated that:
"All tasks are routine in surgical and internal medicine wards. For example, they give the patients their medicines. Everything is the same all the time. But here, we face the birth of a child. We make every effort to help a mother give birth to a child and to save both the mother and the infant. We do our best to help the birth of a healthy child."
"But since maternity nurses deal with women, I feel their job is different. Women need more care, or at least Kurdish women need more care. In our society, when a woman comes here to give birth to a child, she will add new life to the society. When a baby is born, new life is given to the society", stated participant #7.
"Since I believe that the mother has to be relieved from pain and to reach a state of safety and peace, I consider the meaning of my job as giving a new life to the mother and her child".

Satisfaction
The statements and experiences of the nurses underlined satisfaction as another perception they associated to their job. Concepts such as adaptability, self-restraint, and self-esteem reflected the nurses' satisfaction with their job and affected their perception of their jobs [as inferred by the researchers].

Adaptability
According to the participating nurses, they could not quit their jobs despite the problems they had to deal with. This, of course, suggested their adaptability and ultimately their satisfaction with their jobs. For instance, participant #4 said:

"I like my job because it has high levels of spirituality. I like to stay here not because of myself [the payment is not actually good and I do not need the money], but because of the feeling of satisfaction I have when a baby is born without a problem."
"We have to work under the existing conditions and shortcomings. Anyway, I do my job, I do it in spite of all the exhaustion and risks", declared participant #3.
"In the maternity ward, we work with women and we are thus more comfortable. They might have sent me to a men's ward in Jomhuri Hospital where there are both male and female patients. But all the patients are women here and I feel comfortable. I feel I can better communicate with the patients; I am more comfortable with women", another nurse [#6] stated.

Self-restraint caused by experience
Some subjects mentioned the useful experiences they had gained during their years of working. Participant #2 stated that:
"My relatives, neighbors, and friends ask me all their questions. They call me and ask for my opinion and I answer them."
"I would like to stay here, in the same hospital and the same ward. I have gotten used to working in here. I have learned the job and I am skilled now. I know what to do", declared participant #6.
"Since I am a woman, when I work with women, I mean when my patients are women, the knowledge I gain is also useful to myself. Just think that you can be your own doctor. Sometimes when I get an infection or an obstetric condition, I buy myself the right medicine because I know what is good for the condition. I even prescribe medicines for my sister, friends, and relatives", explained participant #6.
"When I look at them, I can say they have mental problems from their face and gestures. Such conditions are very common here. When I see such conditions, I feel empathy for them. So I talk with the patient and sympathize with her", mentioned participant #7.
All these statements reflected not only the nurses' self-restraint caused by experience, but also their satisfaction.

Self-esteem
The speeches of some nurses revealed their interest in training mothers and caring for them. Such an interest suggested their self-esteem and satisfaction with their jobs.
"I am sure my presence is really useful to them [the mothers]. I even teach them about the Pap test and I feel they learn a lot from me. My trainings are like a wheat seed; I plant it and it yields tens and hundreds of wheat. In fact, by training one woman, I train many others because they tend to pass the knowledge to each other", believed participant #4.
I just like it here because I have learned a lot here. I feel confident in here. I cannot learn anything in other wards. For example, if I go to another ward or to the emergency department, I will only have to give medicine to the patients. There is nothing else to do. But I can even do a doctor's job in here. Even if there is not a doctor in here, I can do their job and examine the patient", said another nurse [#3]. And participant #6 asserted that:
"I feel that my job is closely connected with patient satisfaction. As a nurse, if I can train the mothers and help them recover faster, then I will feel satisfied too. I will feel satisfied with my job. When I wear a smile while talking to an anxious and sad mother, when I sympathize with her an teach her how to take care of herself and her baby, I think this is the most important part of my job."

Capable and competent
When describing their experiences, the participating nurses implied that their support for their patients and colleagues, as well as the support they received from others, invoked a feeling of capability and competence in them. They, in fact, perceived being a nurse as having such capabilities and competencies.

Supporting others
Many statements in the participants' descriptions of their job highlighted their ideas about the significance of patient support and its relation with the nurse's feeling of capability. Such a perception could be extracted from the following statements:
"Whenever I get the chance to these things, I feel happy; I feel useful. But unfortunately, we do not have time for this stuff in the morning. There are patients who come here but do not care about themselves; they do not eat, get dizzy, and even faint. When a patient is dizzy and weak, we make her lie on a bed and raise her legs. Then we ask her family to bring her a sandwich to help the patient feel fine soon. We, as nurses, are supposed to visit a patient every 10 minutes." [Participant #6]

Being supported

It could be inferred from the statements of the participants that the support a nurse received from her colleagues and physicians and the relations she established with them had a critical role in boosting her feelings of capability and competence. A nurse [#2] explained:

"Even the chief nurse listens to me. When I say a woman will be in labor soon, she agrees. It is great when the chief nurse accepts what you say. When I say this woman can have a natural delivery and does not need a Cesarean section or when I say the other needs a Cesarean section, she agrees. It is fantastic to have her trust. I am also comfortable with doctors and have never had a problem with them."

"We are life a team. We help the patient to survive an emergency situation and give birth to a healthy child. These things make us happy", added the same nurse.

"However, some nurses were good and did not work like that. There was once a person [a colleague nurse] who was very nice and active. I decided to work for her and I learned a lot from her. I felt she was better, she even treated me better and trained me better", recalled participant #3.

Confusion

The participating nurses' perceptions of their job was affected by the confusion they experienced when performing their tasks maternity unit. The subjects addressed their undefined responsibilities and the shock caused by the existing reality as barriers to proper understanding of their job.

The shock of reality

As inferred from the described experiences of the participating nurses, they were shocked and confused by the absence of an appropriate care system, lack of consistency between academic educations and the real clinical setting, and irrelevance of nurses' education and skills with the assigned duties. A nurse [#4] discussed that:

"Even if the doctor says it is fine and the patient is full-term, I would not accept until I make sure she is full-term. I will not perform the labor until then. But they were not like us. They started the labor earlier and even forced the placenta out. But now we know that we have to perform a circular massage on the abdomen and pull the umbilical cord little by little until it is detached."

"What we saw was different from what we had learned. We learned by working with them, but we only did what we thought was correct. I did not do the things which appeared unscientific and did not match what I had learned in university", declared participant #3.

Undefined responsibilities

When discussing their experiences, the participants highlighted the lack of differentiation between nurses, physician and midwives' duties, the need for clear guidelines, and the diversity of their responsibilities. Such issues reflected their undefined duties and implied their feelings of confusion. As a nurse [#4] explained:

"I cannot be blamed if a baby is missing because I am not responsible for taking care of the babies. There need to be guards here. I am a human and I got sad about the event, but this is not my responsibility; I cannot be a guard above all other things! If I neglect other patients to take care of the newborn, all other babies will fall from their mothers' womb into the bucket and develop a head injury! Which one is more important? Why are patient families supposed to be with the patients? Their job is to take care of the baby. The guards and the management here do not understand my duties."

Another participant [#1] also said:

"Since we do both midwifery and nursing tasks, we have too much burden on our shoulders. These two sets of jobs need to be separated."

"There are no guidelines for us to follow. That is the case in the whole hospital; there are no guidelines to be followed", she added.

DISCUSSION

The present study explored the working experiences of nurses in Iraq. In addition to underscoring the humanitarian and spiritual aspects of their job, the participants' descriptions of their perceptions of working as a nurse in maternity unit highlighted the shortcomings of their workplace, as well as their undesirable work and environmental conditions and undefined responsibilities. They were, in fact, filled with feelings of confusion and bewilderment by such shortcomings. They assumed themselves responsible for saving mothers and infants and for taking care of them after delivery. Their explanations about their indescribable joy following the birth of a healthy infant signified their spiritual feelings of their job. The participating nurses frequently mentioned the feelings of satisfaction and self-confidence they experienced when providing the mothers with psychological and emotional support and training, acquiring competencies and work experience, and attracting others' support and trust. Such capabilities and job satisfaction could contribute to their perception of efficacy.

While limited studies have evaluated nurses' perceptions of working in a maternity hospital, their findings were similar to ours. Previous research has reported the absence of appropriate service resources and shortcomings in prenatal and postpartum care provision to negatively affect nurses and other health personnel in maternity wards [4], [17]. Likewise, our participants emphasized a feeling of frustration caused by their heavy workload, crowdedness and disorganization in the hospital, and inadequate care resources. A previous study indicated a fear of the unknown as a barrier for nurses to leave their current job. In fact, despite their desire to resign, close relations with other members of the healthcare team forced nurses to deal with the existing conditions [18]. Similarly, while the nurses in the current research liked working in other wards due to factors such as negligence of their basic and psychological needs, gaining experience and being used to their workplace encouraged them to adapt to the existing conditions. This finding underscored the adaptability of the subjects.The experience acquired by working in the maternity ward boosted the studied nurses' self-esteem and self-confidence and affected not only their perceptions of their jobs, but also their job satisfaction. The role of training programs in enhancing the capabilities and self-confidence of nurses has also been confirmed in previous research [9]. Studies have identified appropriate physician-nurse relations as an environmental factor leading to maternity nurses' positive perception of their jobs [5]. According to our participants, the support they received from others, especially physicians, had a critical role in the development of their capabilities and competencies.

Some nurses participating in the present research expressed a feeling of confusion caused by unclear job descriptions and the assignment of midwifery tasks to nurses. While the crucial role of midwives in satisfying the needs of mothers during labor has been underlined in previous research [19], in the absence of midwives with academic education, nurses in Maternity Hospital, particularly those in the delivery department, had to perform both nursing and midwifery tasks. The shock triggered by such circumstances ultimately affected the nurses' perception of their jobs. Interestingly, in other settings where midwives are responsible for pain management and health monitoring during labor, nurses have been found to be dissatisfied with their limited responsibilities [20]. Our participants considered their experiences as nurses to be special and unique. They mainly focused on describing the positive and negative feelings they experienced in their working hours. Based on their statements, having to deal with loads of responsibilities, many of which were supposed to be performed by midwives or physicians, resulted in their confusion and shock. This finding highlighted their need to gain adequate experience and knowledge of their job. These nurses also believed that working in maternity ward entailed feelings of satisfaction and capability. They indicated that tasks such as training, supporting, and communicating with mothers, along with acquiring knowledge and experience, contributed to their self-esteem and the development of the above-mentioned feelings. Poetic interpretations like source of kindness and being a savior suggested the nurses' spiritual and humanitarian attitude toward their job. In fact, they considered themselves responsible for not only the mental and physical health of mothers, but also the rejuvenation of the society by facilitating the birth of a healthy infant. Nevertheless, according to the studied subjects, their perceptions of working could not be realized unless their feelings of frustration were resolved and their needs were satisfied. Moreover, developing competencies under the support of others and performing well-defined duties [based on the existing conditions and the nurse's skills and knowledge] will have an undeniable role in promoting their perceptions of their job.

CONCLUSION

Five themes, namely a feeling of frustration and failure, humanitarian and spiritual work, satisfaction, capable and competent, and confusion, were extracted from the experiences of Iraqi maternity nurses. These themes can reflect the nurses' perceptions of their job. Our findings can help nurses and other healthcare personnel in maternity hospitals to provide the patients with better care. Further research in this field is undoubtedly warranted.

Authors' contributions

Shahrzad Ghiyasvandian was involved in the whole research procedure [provided appropriate references and guided the corresponding author in designing the proposal, conducting the interviews, extracting the codes, and drafting and revising the manuscript]. Tiran Jamil Piro was also involved in all stages of the research. As the corresponding author, she performed the interviews and drafted and translated the results. Mahvash Salsali also guided the corresponding author in conducting the interviews, extracting the codes, and drafting and revising the manuscript.

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