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Research article

To be a midwife in Latvia – Midwives talking - Pilot study

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ABSTRACT

Introduction: For almost 20 years Latvia has been a member state of European Union. Accessible and constantly evolving information has led to a paradigm change in the woman – midwife relationship; nowadays, it should be horizontal – women's and her family orientated. The question is: how do the midwives perceive their professional identity, its core values, norms and beliefs in this new paradigm?

Method and findings: Three interview rounds with 20 midwives were performed. Highlighted themes were asked to be explained in the next round of interview in order to compare them with authors' thematic analysis and formulated pre – understandings.

The method of thematic analysis was used in frame of a pilot study to understand how practising midwives describe their professional identity.

Eleven themes emerged and were categorised in three larger themes: integral part of midwife's professional identity - courage, patience, ability to provide intimacy, flexibility and creativity, the most beautiful profession; desirable part - the ability to evaluate yourself, the ability to draw boundaries, tolerance and acceptance of diversity, "go with the flow" – ability to allow physiological processes to take place, hindrances - struggle with bureaucratic norms and paperwork, struggle with the finances/salary.

Conclusion: Within the present study midwives' voices have been conceptualised for the first time in Latvia. With the repeated reflection on their professional identity, midwives not only conceptualised it, but also let light shine on the shadowy side of its components.

1. Introduction

1.1. Statement of significance

***What is already known*:** The term professional identity is widely used, still without clear definition. One of the definitions of professional identity in health care explains it as: the process of internalising the habits of thinking, feeling and acting, or as the process of internalising the basic values and beliefs of the profession, directly linking it to communication skills. Demand for midwives providing excellent and women/family centred care are rising constantly, as are demands for midwives' professionalism in different areas.

***What this paper adds*:** With the repeated reflection on their professional identity, midwives not only conceptualised it, but also let

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light shine on the shadowy side of its components. Midwives' voices have been conceptualised for the first time in Latvia.

The demand for high-quality care provided by midwives is increasing worldwide, as is the demand for improved midwifery education [1]. It is thus important to understand what practising midwives themselves perceive as their professional identify; what basic values, norms and beliefs they currently include. The term professional identity is widely used, without clear definition [2]. Some of the basic characteristics of professional identity, described by Gardner and Shulman (2005) are: commitment to clients and society, a specialized and unique set of skills, ability to make judgments, growing new bodies of knowledge based on experience, community of professionals who are able to guide and monitor themselves. One of the definitions of professional identity in health care explains it as: the process of internalising the habits of thinking, feeling and acting, or as the process of internalising the basic values and beliefs of the profession, directly linking it to communication skills [3]. Fitzgerald's (2020) concept analysis of professional identity in health care field summarised the main themes of professional identity as including actions and behaviours, knowledge and skills, values, beliefs, ethics, context of socialisation, group and personal identity.

> To research perceived professional identity in a community is essential as Bloom et al. noted in their study *individuals with a strong professional identity may be more likely to do the right thing according to the community's standards, because to violate the standards would make them feel as if they were betraying not only their community but also themselves* [4]p.1000. The difference between *professionalism* and *professional identity* is how do professionals demonstrate their behaviours and attitudes (professionalism) and make their own internalisation process of professional community norms, beliefs and values (professional identity). Demand for midwives providing excellent and women/family centred care are rising constantly, as are demands for midwives' professionalism in different areas. A central theme in the study of theories and concepts of midwifery knowledge is the midwife's ability to be empathetic and adapt to the individual needs of the woman and child [5]. As the WHO guidelines on quality improvement in maternal and child care explain - "the first step is to start with small changes" - this means that every midwife, after getting acquainted with the latest guidelines in perinatal care, can start her own individual professional development, for example, to start involving the birth partner more in the care of the newborn, without waiting for changes locally in hospital or state regulations [6]. Heidegger says that mostly our basic way - the essence of how to be in this world - is to care for those we care for. Heidegger argues that care is related to self and others in time and space because it is related to the context of the historical moment. Caring is variable in that it can be transitory or long-lasting, and it can be recurrent, firstly by taking on the care of others and secondly as empowering others through advocacy and encouragement [7]. Accessible and constantly evolving information has led to a paradigm change in the woman – midwife relationship; nowadays, it should be horizontal – women's and her family orientated. The question is: how do the midwives perceive their professional identity, its core values, norms and beliefs in this new paradigm? There is an axiom in midwifery that all maternity care should be evidence based nowadays [1,6,8], that supposedly means that all midwives must do their best and follow up the latest guidelines and studies and perform the best possible maternity care, but: *we take it as a given that all midwives want to be good midwives, but the question is, what factors make a midwife a "good midwife*, as authors pointed out *practice must not only be evidence-based but also theory-based* [9] p.806.

In 1990 Latvia declared its restoration of independence from the Soviet Union and in 2004 it became a Member State of the European Union. During the Soviet regime, women - midwife relationships, as any patient – health care provider relationships, where State was held responsible for its citizens and relationships at the Medical establishments, were totally vertical [10]. This meant:

- there was no form of "*Informed consent*", - women were supposed to do "*what midwife said*";
- there were no officially policies about oxytocin's release mechanism in labour or women's basic psychological needs;
- no birth partners were allowed in part of maternity hospitals, fathers and family members saw their child and partners for the first time after the birth, only when the woman was discharged from the maternity hospital;
- newborns were held separately from their mothers and were brought to them only for feeding according to a strict time schedule.

It was not a shift from a vertical relationship in healthcare by itself, it was a shift in whole way of people's thinking and behaving. It was no more punishable to seek alternative information and even apply it to practice. For the first time in 50 years it was possible to speak one's mind without fear. There were no more two types of books at home - one on the shelf and another one hidden in attic, garden shed or cellar. From the 1990s changes came, like a *snow ball* and by the end of 1990s mothers were together with newborns 24/7, fathers started to emerge in maternity services, water birth, home birth became legalized from 2007. Other research evidence based practices followed later such as "*skin to skin contact*", freedom of birth positions, women's rights to choose birth partners, including doulas, and World Health Organization's guidelines "Making childbirth a positive experience" [8]. For midwives, this paradigm shift in guidelines meant that they could not rely on what had been taught in midwifery school. Not only did guidelines change very rapidly but their main language is English and this meant a change from Russian being the second language to English replacing it. There were changes in midwifery education level also, midwifes during soviet times were able to get only secondary professional education, but, after the political changes began, it was possible to get the higher professional education. In order to facilitate the changes, a national conference for midwives and nurses in Latvia has been held each year since 2017 in Riga Stradiņš University. With the ability to participate remotely, the main aim of the conference has been to ensure that everybody has the opportunity to have safe evidence-based information in the Latvian language. In addition to that the Latvian Midwives Association (LVA) holds conferences four times a year, also with possibilities to participate remotely, to be sure that every member of LVA, free of charge, gets the newest evidence-based information updates in midwifery in Latvian language also [8,11,12]. Currently there are 219 midwives registered in LVA, the number of inhabitants in Latvia is less than 2 million and birth rate per woman is 1, 7 with 14,121 children born per year

2023, which is the smallest number in last 100 years. The majority of midwives practising in hospital and maternity homes mostly work in 24 h shifts, a small minority taking 12 h shifts. (See. Table 1).

There is still no payment in Latvia's national health care system for midwives "*watchful attendance*". This means that midwives' care is paid only for exact practical tasks. Thus in the public or private sector there are no financial bonuses for physiological perinatal care. That creates the situation where midwives provided care (in Latvia midwife could provide physiological perinatal care independently, Regulations of the Cabinet of Ministers, 2023) is not affordable for health care institutions. Doctors who provide perinatal health care are paid more than midwives, thus bringing more funds to medical institutions.

The main professional activity of midwives is to perform perinatal health care. To care for someone or something, we need to care and believe that this thing or person is important. There is accessible and constantly evolving information and paradigm change in women – midwife relationship nowadays, it is defined that it should be horizontal – women's and her family orientated, the question is: how do the midwives perceive their professional identity, its core values, norms and beliefs?

2. Methods

Semi structured interviews were made in the frame of a pilot study for a doctoral thesis on the topic "The midwife's professional identity in Gadamer's hermeneutic perspective". To prepare for this, this study used the thematic analysis of Braun and Clarke [14,15]. The work started with a literature review and the first author's repeated discussions with a colleague – a midwife, who has more than ten years' experience in midwifery, in the state hospital sector and in homebirth. The colleague was asked to lead the discussion with questions relevant to research topic. The goal was to proceed with reflection on author's pre -understandings about midwives' professional identity. *It is not possible to lose one's preunderstandings as everyone always has a preunderstanding of the topic in question* [16]. The "*prejudices*" or "*pre -understandings*" [17] give us opportunities to see and experience something differently [18–20]. Discussions were audio recorded and transcribed within 48 h with the authors' notes added. This was made with repeated reading and making of notes. Pre-understandings characterize a person's range of vision at a specific point in their life, which can be perceived and challenged throughout life-experiences and situations but are flexible and dynamic in their nature meaning that they can change during or after experiences that are made during reflexive processes [17]. In this study midwives were gathered by "*snowball*" method, 20 participants from a variety of different midwifery sectors (See. Table 2) were asked for their voluntary participation in this pilot study, if they agreed, the letter of informed consent was sent to each of them, to contact details which they had provided. None of those approached refused participation in study. Selection criteria for midwives:

- currently practising and certified midwife;
- work experience in the specialty is not less than five years;
- agrees to the interview.

Before starting the first round of interviews participating midwives received the letter of invitation in which the purpose, aim and tasks of this research was explained. Before starting the interview explanations were provided about recording the interview, the right to end participating in this research at any time, the possibility not to answer at any of the questions and the right to ask any questions at any time. If the midwife agreed, the audio recording was started and the midwife stated her consent with words: "Yes, I agree to participate." Eight of twenty participating midwives made their own written notes between interviews to make a reflection on the perceived professional identity of midwife, others preferred verbal conversation only. The shortest interview lasted 27 min, the longest 127. Three rounds of interviews were undertaken, with an interval of a couple of weeks, with each of twenty participating midwives, one to one, without the presence of third parties. 24–48 h after conducting each round of audio recorded interviews, they were transcribed verbatim and notes were taken. After each round of interviews (20 × 3, n 60), a thematic analysis of each text was conducted followed by an analysis of the whole 20 interviews, the verbatim transcribed text was reread several times and each topic was marked with different colours. The themes highlighted in each interview were asked to be explained in the next round of interview in order to compare them with author's interpretation and formulated pre -understandings and participating midwives opinions in different interview rounds. Additional questions were also asked by the researcher and additional comments and themes by participating midwives. After each round highlighting the components of the midwife's professional identity, the whole text was re-read. The work with transcribing the text was carried out in Latvian. Marked topics and participants' quotes were translated into English. In the research process, the basic principles of research ethics (Declaration of Helsinki) were ensured: the participation of research participants based on the principle of *voluntariness* and ensuring *autonomy*, the principle of *beneficence*, where in the process and as a result of the research, the participants are not exposed to additional social and psychological risk, as far as possible, observance of the principle of *justice*, as well as the fourth principle proposed by several scientists - *respect for the specific community* [21–23]. After formulating the

Table 1
Characteristics of Latvia [13] (Official statistics of Latvia, 2023; [13]).

Number of inhabitants in Latvia	Children born in 2023	Current birth rate	Current infant mortality rate	Current fertility rate	Number of Latvian Midwives Association members	Hours per shift for midwife at maternity hospital/maternity ward
1, 891 000	14 121	9.790 births per 1000 people	2.921 deaths per 1000 live births	1.7 births per woman	219	12–24 h

Table 2
Characteristics of interviews participants.

Midwives	Work experience in midwifery 5 – 10 years	Work experience in midwifery10 - 20 years	Work experience in midwifery 20 and more years	Work in antenatal care	Work in intranatal care	Work in postnatal care	Work in reproductive health care consultations and other	Work in public health care system	Work in private health care system and homebirth
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

interview questions and before starting the interviews, the first author made an additional reflection on the ethical principles, adapted from the formulation of Miles and Huberman [24]:

3. Findings

With regard to a midwife's professional identity 11 themes emerged. They were then grouped under three main themes: integral part of midwife's professional identity, desirable part and hindrances (See Fig. 1). This model could be described as a white glistening piece of ice in a flowing spring river in March. Where the shiny white part that sits above the water and that everyone is happy about is represented by the first five components (from 1. to 5.). The next four components tend to appear above the water and shine beautifully in the sun, but sometimes disappear in the dark icy cold spring stream, sometimes rise to the surface of the water again, but sometimes

Value of the project: Will the research make any significant contribution to midwifery?

Limits of competence: Do I have the knowledge to do the research and am I ready to learn and consult with others midwifes?

Informed consent: Are midwives fully informed about the study?

Benefits, costs and reciprocity: What do midwives gain?

Harm and risk: How can this research harm midwives?

Honesty and trust: Am I telling the truth and do we trust each other?

Privacy, confidentiality and anonymity: How identifiable are individuals?

Integrity and quality: Whether the research was conducted carefully, thoughtfully and correct by any reasonable set of standards?

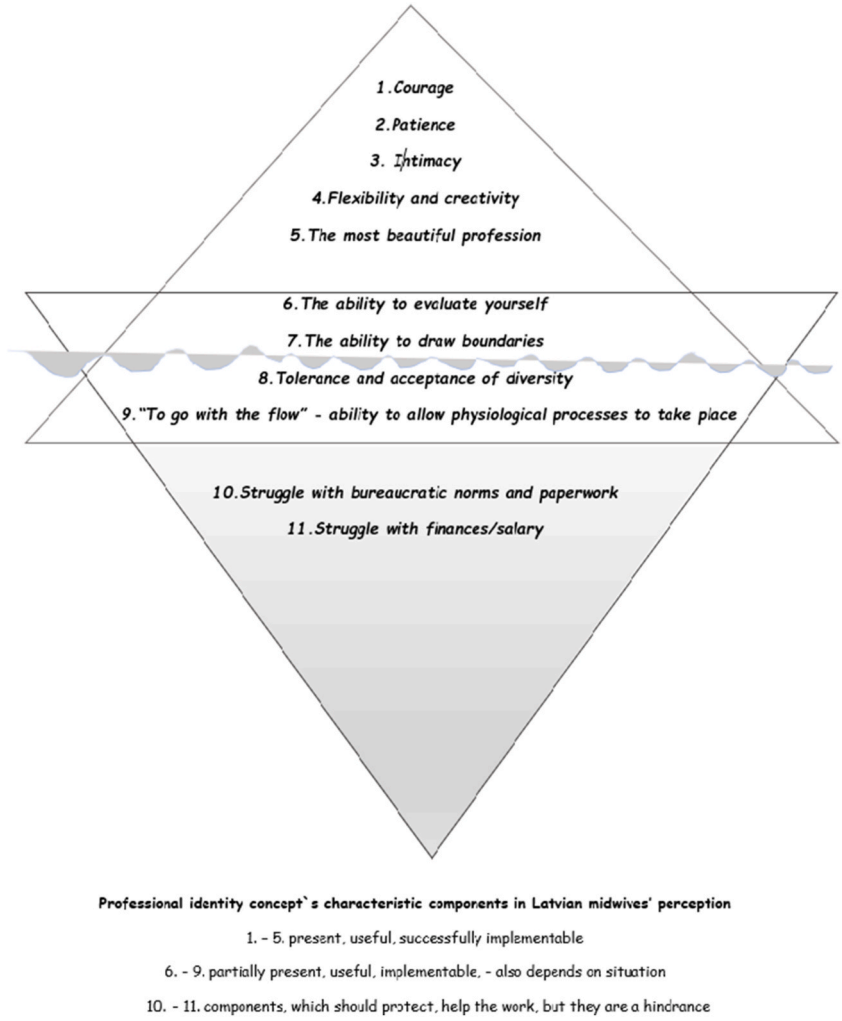

Fig. 1. Model for professional identity concept's characteristic components in Gadamer hermeneutic perception of Latvian Midwives.

are not visible at all (from 6. to 9.) The last two should be on the sunny side and visible all the time, but at the moment there is no way to see them on the bright side, they are under water (10. and 11.).

3.1. Integral part - professional identity concept's characteristic components, characterized as present, useful, successfully implementable in every day work life

3.1.1. Courage

In midwives' perception, representatives of this profession have courage as an inalienable value. One of the main reasons why they emphasized courage was the explanation that there is no certainty in this profession, that not everything is clear and known yet and some of the midwives believes that it never will be. Another need for courage in this profession is a need for and capability to decide in in ambiguous situations, which goes together with the ninth component of midwives' perceived professional identity – *"To go with the flow" - the ability to allow physiological processes to take place.* As it is not only the knowledge, skill and professional experience, as professional, midwives need to have courage, to be brave to say exactly what they perceive as the right course of action at specific situation with each woman who is in a very unique event in her life:

> *"By "*brave" *I probably mean that you have to have the courage to enter and consciously participate as a stranger in very, very private space and time, because if you can't, it's hard to even open the birthing room door." (7.)*

3.1.2. Patience

Midwives describe patience as one of the main values gained by their profession. It is noted as one of the basic values in work, which is not only a basic value of professional identity, but by doing this work, one is continually developing it throughout the career:

> "Patience, definitely, I used to be before also, but not so much. And then, well, how can I say, such composure, not to be in a hurry so much, as much I sometimes would wanted to." (12.)

Several midwives noted patience as a self-evident part of their professional identity, but they would not attribute it to themselves in everyday life, it is a value that is realized in the profession not personal life. There were midwives who noted the possibility that this profession takes so much patience that they simply do not have anything left for home anymore - at work there are norms and boundaries that are common and necessary, but at home you are just a person as you are and not what you need to be. There were also midwives who described that this value has imperceptibly transferred to their personal life, and after years of working in the profession, patience is already their personality trait.

3.1.3. Intimacy

Intimacy was described as an integral part of professional identity, without which it is unthinkable to do this work at all. This was explained from a broad perspective, as not only in providing and to work with patient in intimate situations. Midwives perceive it as *stepping into a very intimate field*, as this profession requires to work with families, not only their medical situations, but also within their clients' relationships:

> "It is a difficult job because you have to enter in people's personal lives, because the process we are participating in is so intimate." (13.)

In their professional work field, whether they like it or not, midwives perceive the mutual relations of the couple, the nuances of their extended family relations, and often, for example, during childbirth, they learn things about family relations that do not apply to childbirth or the creation of a child at all. Midwives describe their work with families as a very intimate process, like sometimes almost as *being near people who make love*. Midwives perceive it as a necessity in order to be able to perform this work at all, - you must be able to work with awareness and realization of intimacy, as a matter of course. In the perception of midwives, it is described as a successfully implemented component.

3.1.4. Flexibility and creativity

In midwives' perception there is no possible way to describe everything what they have to do, because responsibilities are so countless, so flexibility and creativity are essential professional values:

> "What are we not - we have to be artists, we have to be great actors, psychologists, sometimes we have to be cooks, sometimes cleaners, sometimes janitors, we also have to be long-distance travellers, sometimes even a little geek, this is a compilation of several jobs, most importantly, it is a beautiful and respectable work." (2.)

> The description of just one case could take at least one book, starting with everything that midwives explain and consult with women before conception, then all the work in antenatal care, which does not end after office hours. The questions, situations midwives describe as sometimes unimaginable in order what questions people have, what kind of situations they get in to and how you, as a midwife, can help them to resolve it. The all imaginable and unimaginable ways in which patients nowadays try to approach midwife after office hours and possible ways to react professionally to all of that. All the "*usual*" and not so "*usual*", as well as unimaginable things midwives do to ensure a woman's physical and mental well-being with the overarching goal of promoting physiological processes:

3.1.5. The most beautiful profession

Midwives were describing their profession literally in those words, those were the first ones with how their professional identity was explained, regardless of the period of work experience and employment type in the perinatal care sector:

> "It is just the most beautiful profession." (8)

There were midwives who described this belief as a helping factor that makes you get up and move on during difficult periods of their professional working lives. The words "*most beautiful*" and "*magical"* were used a lot in the beginning of describing midwives' professional identity. In the perception of midwives, regardless of the complexities and barriers described below, the beauty of the profession was the overarching theme to which midwives returned again and again. Beauty was described in all fields of work of the midwifery profession, not only in the care of pregnant women or in childbirth, the midwives told at length and in detail how they see it in all elements of their activity.

3.2. Desirable part - professional identity concept's characteristic components, characterized as partially present, sometimes useful and implementable, but sometime not

3.2.1. The ability to evaluate yourself

Midwives characterize this ability as professional identity norm, that midwife should be able to evaluate herself, so to be able to provide safe care for everyone. This was described as a hard task for every midwife and recognized that it is not done properly at all times. This ability demands from each midwife the professional ability to evaluate themselves without excess emotions and condemnation. Midwives talked about ability to look at their provided care in each situation with not only professional judgment, but also *with look of an ordinary person*, which is not meant in a derogatory way:

> "This job has taught me to be first and foremost, this job has taught me to look at myself from the outside." (11.)

There were several midwives who described this ability as essential, but at the same time admitted that they are not always able to manage it.

3.2.2. The ability to draw boundaries

This ability was described as essential, but again not so easy to achieve. There were midwives who admitted, that this essential professional identity norm was successfully implemented only after long time of being in the profession:

Midwives explained that the one of the reasons why it is so hard to achieve was that pregnancy and birth are unique events in women's and her family's life, so everybody expects that their midwife should feel the same way, even if her office hours are ended and her own partner, children are waiting:

To be able to do midwives' duties in a safe and balanced way for one's health and have a healthy personal life was described as not an easy task to achieve:

> "There can often be those holidays and emotions, but on the other hand, maybe a family day can be arranged on Monday as well, and maybe, I'm learning not to take that work home, since it's about our limits again, as we define it. And can we also arrange it so that the family suffers minimally." (17.)

3.2.3. Tolerance and acceptance of diversity

These two, tolerance and acceptance, midwives describe in their perception as essential everyday work life values without which this work could not be done at all. This applies not only to each different woman and her family, it should be seen in a broader view. Tolerance and acceptance is essential because midwives work in team with other professionals, the work demands continuous monitoring of current events in the field and trends in society as a whole:

Even when working in different facilities providing the same perinatal period care, - working styles, local guidelines, team habits differ. As work teams, each patient requires a different communication style and even a choice of language terms, sometimes a different language:

> "Everything changes with each person, you need to find a different approach, a contact, a word, encouragement, others may not need anything. You must understand, people are like icebergs – for example, an introvert person who doesn't want to be touched unnecessarily or talk to you, you should not ask too much - you have to learn how to read a person". (9.)

At the same time midwives noted that even if this is essential component of professional identity, in reality they have not seen that it always have been realized.

3.2.4. "To go with the flow" - the ability to allow physiological processes to take place

Distinguishing between physiology and pathology in midwives' perception is main value of the midwifery profession. At the same time, midwives admitted that it could be achieved only by doing their job, they do not see it as something that could be just being learned. Knowledge, skills, attitudes and finally experience, all these only together provide this valuable ability that some midwives have called an art:

> "… don't interfere, well don't interfere, because we're trying, because we're midwives, of course you have to know how to distinguish physiology from pathology" (2.)

Midwives described their obligation to women and their families as *showing the right road*. The professional ability is to show how to do or *just be near*, not to do it instead of the women or father. This recognition of the boundary and the art of not transgressing it was explained as being learned on the job, but in difficult way.

3.3. Hindrances - professional identity concept's characteristic components, characterized as meant to be helpful, protecting, but are hindrance

3.3.1. Struggle with bureaucratic norms and paperwork

The existence of rules, guidelines and norms of internal order was described as a necessary regulation norm in the profession, but its real daily application creates continuous obstacles at work. For example, all the midwives agreed that the histories of pregnant women and childbirth are necessary, but some of them are still written on paper, some of the data must be backed up on the computer, there is no unified system.

> "I don't know, it's those documents. Yes, they take a lot of time. You have several births. It seems to me that such an ordinary person does not even understand how much you write, write, write and what you write there." (5.)

This means that a huge part of the time is spent in data backup and not in direct work with the patient. In theory, midwives recognize that this should be done for the safety of medical professionals and patients, but since much must be done both on paper and on the computer, human error is inevitable. Midwives describe legislative acts as theoretically intended to improve work, but in real life they often contradict each other. The ambiguous nature of legislative norms is recognized as an integral part of professional identity today, which was meant to be helpful, but is implemented in a disruptive way.

3.3.2. Struggle with finances/salary

Midwives notes objectively possible decent pay for work as a necessary norm of professional identity, reality is different. In midwives' perception they do not see appreciation for a "*job well done*" because the system provides more payment for pathological antenatal care than physiology. An alarming situation is emerging for the factor – *decent salary* - that should theoretically protect the professional identity of midwives, where their work should be more beneficial to the state, but the opposite happens. Midwives have to work in more than one workplace in order fully to provide for their family:

> "You always have to think about how to survive, how to earn somewhere else, and many of my colleagues midwives have also left, they simply left, where they could earn more." (2.)

Midwives explain this as a "*chain reaction*", which in turn continues the cascade of downward factors, where rest time is given to other work, there is not enough time for family and oneself, and therefore less desire and energy to improve oneself professionally.

4. Discussion

Within the present study of midwives' perceived professional identity concept midwives' voices have been conceptualised for the first time in Latvia. With the repeated reflection on their professional identity, midwives not only conceptualised it, but also let light shine on the shadowy side of its components. This study provided insight in midwives' perception of their professional identity; the integral part of midwife's professional identity, the desirable part and hindrances.

As essential and strongly emphasized by most midwives was the concept of courage. It was described as necessary component to get on with professional everyday duties managing constantly changing situations not only with patients, but also in wider meaning of within whole midwifery professional field, which is constantly receiving the influence of political and economic changes on daily work, as well in the philosophical paradigm shift of society in whole [25]. Midwives, who have worked for over 20 years, see changes in that how it is not possible to work without being courageous as opposed simply to following medically defined protocols. The need for courage was described by midwives as the need to see every case individually and, as possible, objectively in the same time [9]. Midwives talked about both big and small professional issues that sometimes had been taken for granted, but it is needed to special and professional attention, such as spoken and unspoken words and gestures [3].

Excitement and love for this profession as a most beautiful one is not unique. In study conducted in other continent where aim was to understand why midwives choose to stay in the profession, as core category derived "I love being a midwife; it's who I am". In two different points of the world map midwives do choose the same expression: "I love it!" [26].

In the same time midwives described that to perform their basic duty for caring, they could struggle with the ability to evaluate themselves, draw boundaries and be able to tolerate diversity. Caring demands not only to be tolerant and adapt to individual needs of women and child, but, in wider philosophical view, to be aware also of midwife's own abilities in concrete situation and to be able to draw boundaries [5,7,20].

This work could be a step towards better explaining and clarifying midwives' perceived professional identity through political and economic regime change in last decades [10] keeping in mind that the main language in which the latest professional information in midwifery is currently received, has also changed as the situation in the country changes. Layered on top of all this are the beliefs of generations and personal experience, as it is shown in ability to allow physiological processes to take place and not always achievable, because of the previously mentioned social and personal issues. It is not always possible for people of younger generation, who are born and raised in a free country with a wide and freely available information, to understand people who choose to follow one path and do not look for alternatives. Because the latter people grew up in a state system, when a person could be imprisoned, fired from their job or prevented from studying at any university just because the banned literature was found in their possession, alternatives were not possible. Sometimes choosing the usual and safe path is not a conscious decision, but a safe survival approach rooted in the sub-conscious. Midwives as any health care professional, should bear in mind that they also responsible not only to women and their families, but also for midwifery students and more junior midwives who learn from them in practice where experienced professionals contribute to their entrance in professional life [27].

This study showed midwives perceived a struggle with bureaucratic norms and finances, it reflects tendencies reported in other studies about increasing medicalization of birth in context of societal progress, showing that this is complex and constantly evolving concept. The situation when midwives work is not valued appropriately enough in means of fair pay also is not unique [28–30].

Vermeulen et al. wrote that their study could *enable stakeholders in maternity care to strengthen professional midwifery autonomy* [31]. This study also could help stakeholders to see Latvian midwives perception on their professional identity in the field of ongoing bureaucratic norm increase and nonstop newly emerging restructuration activities in perinatal health care institutions.

5. Limitations and strength

All twenty participating midwives were interviewed in Latvian. Notes were made in Latvian and English. There is more nuanced meaning in English to some words as in Latvian, arising from the broad and historical context of the language. Special attention was paid to this when interpreting the text of each interview rounds and doing extra reflection work on that. It also could be seen as the strength of this study as there were an extra effort to review each sentence and even word in doing the thematic analysis to make sure, that appropriate conception in words has been found and written. Thus, the work with text was repeated even more, as in using it

within one language, to ensure appropriate use of words in translation process.

As twenty participating midwives were gathered by "*snowball*" method, there is a possibility that this could be the group of similarly thinking people although every effort was made to recruit participants from different practice areas. Since the total number of midwives in Latvia is relatively small, it was possible to interview midwives who practice in various sectors of perinatal care.

6. Conclusion

This study modelled not only the professional concept as it should be, but as it really appears at this moment in midwifery practice. The hope is to help stakeholders and midwives to have constructive communication without blaming anybody, but to help provide best possible maternity care and ensure continuity of professional development as WHO stated in document "Midwifery 20230" [1]. The pilot results have shown that a deeper and wider hermeneutic analysis of interviews should be performed to describe norms, values and beliefs of Latvian midwives so it would be possible to give a more rounded understanding of midwives' professional identity.

Ethical approval statement

This study had received Riga Stradiņš University Ethical committee approval nr. 2-PEK-4/562/2023 (31.08.2023).

Data availability statement

In compliance with the principle of confidentiality and non-harm and considering the generally small number of practicing midwives in Latvia, interview transcripts are not publicly available due to containing information that could compromise the privacy of interviews participants.

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CRediT authorship contribution statement

Ilze Ansule: Writing – original draft, Conceptualization. **Valerie Fleming:** Writing – review & editing, Conceptualization. **Inga Millere:** Project administration.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:Ilze Ansule reports article publishing charges was provided by Riga Stradins University. There are also no potential competing interests or conflict. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.heliyon.2024.e32504.

References

[1] WHO, Strengthening Quality Midwifery Education for Universal Health Coverage 2030, 2019.
[2] A. Fitzgerald, Professional identity: a concept analysis, in: Nursing Forum, Wiley Online Library, 2020.
[3] A. Kalet, et al., Does a measure of Medical Professional Identity Formation predict communication skills performance? Patient Educ. Counsel. 104 (12) (2021) 3045–3052.
[4] T.J. Bloom, Understanding professionalism's interplay between the profession's identity and one's professional identity, Am. J. Pharmaceut. Educ. 86 (9) (2022) ajpe8956.
[5] M. Peters, P. Kolip, R. Schäfers, A theory of the aims and objectives of midwifery practice: a theory synthesis, Midwifery 84 (2020) 102653.

[6] WHO, The network for improving quality of care for maternal, newborn and child health: evolution, implementation and progress: 2017-2020 report, in: The Network for Improving Quality of Care for Maternal, Newborn and Child Health: Evolution, Implementation and Progress: 2017-2020 Report, 2021.
[7] T. McConnell-Henry, Y. Chapman, K. Francis, Husserl and Heidegger: exploring the disparity, Int. J. Nurs. Pract. 15 (1) (2009) 7–15.
[8] WHO, Making childbirth a positive experience, in: Situs Human Reproduction Programme, 2018.
[9] S. Halldorsdottir, S.I. Karlsdottir, The primacy of the good midwife in midwifery services: an evolving theory of professionalism in midwifery, Scand. J. Caring Sci. 25 (4) (2011) 806–817.
[10] M. Pavin, Partnerships for Empowerment in a Post-soviet Society: Patients Rights and Responsibilities in Uzbekistan, 2007.
[11] C.o.M.i. Latvia, Regulations of the Cabinet of Ministers in Latvia, No.611. Procedure for Providing Maternity Assistance, 2015.
[12] RSU, Unity of Nursing and Midwifery Education and Practice: Innovative Knowledge, Skills and Competence, 2017.
[13] S. Gov, Births kept declining in 2023 (2023) [cited 2024; Available from: https://stat.gov.lv/en/statistics-themes/population/population/press-releases/20761-population-change-and-demographic.
[14] V. Braun, V. Clarke, What Can "Thematic Analysis" Offer Health and Wellbeing Researchers? Taylor & Francis, 2014 26152.
[15] D. Byrne, A worked example of Braun and Clarke's approach to reflexive thematic analysis, Qual. Quantity 56 (3) (2022) 1391–1412.
[16] V. Fleming, U. Gaidys, Y. Robb, Hermeneutic research in nursing: developing a Gadamerian-based research method, Nurs. Inq. 10 (2) (2003) 113–120.
[17] C. Maxwell, et al., Examining researchers' pre-understandings as a part of the reflexive journey in hermeneutic research, Int. J. Qual. Methods 19 (2020) 1609406920985718.
[18] L. Corcoran, K. Cook, The philosophy of Hans-Georg Gadamer: an exemplar of the complicated relationship between philosophy and nursing practice, Nurs. Inq. 30 (1) (2023) e12509.
[19] B. Peck, J. Mummery, Hermeneutic constructivism: an ontology for qualitative research, Qual. Health Res. 28 (3) (2018) 389–407.
[20] H.-G. Gadamer, Truth and Method (Bloomsbury Revelations), Bloomsbury Academic, London, 2013.
[21] S. Holm, Declaration of Helsinki, International encyclopedia of ethics, 2013, pp. 1–4.
[22] WMA *WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects*, 2024.
[23] N. Mack, et al., Qualitative Research Methods, 1.–9, Family Health International, 2005, 29.- 49., 83.
[24] M.B. Miles, A.M. Huberman, Qualitative Data Analysis: an Expanded Sourcebook, sage, 1994.
[25] M. Hansson, et al., Professional courage to create a pathway within midwives' fields of work: a grounded theory study, BMC Health Serv. Res. 21 (2021) 1–13.
[26] D. Bloxsome, S. Bayes, D. Ireson, "I love being a midwife; it's who I am": a Glaserian Grounded Theory Study of why midwives stay in midwifery, J. Clin. Nurs. 29 (1–2) (2020) 208–220.
[27] C. Mcluckie, Y. Kuipers, Discursive constructions of student midwives' professional identities: a discourse analysis, Nurse Educ. Pract. 74 (2024) 103847.
[28] C. Clesse, et al., The evolution of birth medicalisation: a systematic review, Midwifery 66 (2018) 161–167.
[29] C. Miani, et al., Individual and country-level variables associated with the medicalization of birth: multilevel analyses of imagine euro data from 15 countries in the who european region, Int. J. Gynecol. Obstet. 159 (2022) 9–21.
[30] A. Galle, et al., A qualitative study on midwives' identity and perspectives on the occurrence of disrespect and abuse in Maputo city, BMC Pregnancy Childbirth 20 (2020) 1–11.
[31] J. Vermeulen, et al., Defining midwifery autonomy in Belgium: consensus of a modified Delphi study, J. Adv. Nurs. 78 (9) (2022) 2849–2860.