

Midwives' Experiences in Adjusting to their New Role as Healthcare Provider in Health Transformation Plan in Iran: A Qualitative Study

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ABSTRACT

Background & aim: Midwives as healthcare providers, in their new role in Iran's health care system, to provide services for several aspects of primary health care, face numerous intricacies after the implementation of the health transformation plan. This role shift compels them to fulfill their responsibilities in their new positions despite its incompatibility with their academic training and nature of profession. The present study was conducted to explain the midwives' experiences in adjusting to their new role as healthcare provider in the health transformation plan in Iran.

Methods: In this qualitative content analysis, data were collected through in-depth semi-structured interviews with 18 midwives selected via purposive sampling with maximum variation working in the healthcare centers of Urmia in West Azerbaijan, Iran from April to October 2023. Data were analyzed using Zhang and Wildemuth's eight-step conventional content analysis approach run in the MAXQDA software.

Results: Data analysis led to the emergence of two themes and seven main categories. The first theme, namely 'efficient adjustment', encompassed two main categories: 'providing high-quality services' and 'inner satisfaction', and the second theme, i.e., 'inefficient adjustment', was explained by five main categories, including 'low-quality services', 'reduced utilization', 'emotional fatigue', 'systemic bullying', and 'changes in social expectations'.

Conclusion: It seems that midwives' satisfaction with providing services to all clients as well as accountability are the paramount factors associated with their adjustment. Midwives' job satisfaction depends on the specialty of delegated responsibilities, correction of the rules in health transformation plan, and preservation of midwives' dignity and career grace.

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Introduction

One of the main concerns of employees is reforming the health sector and all practices of the Health Transformation Plan (HTP) is to

attract clients and employees' satisfaction and promote individuals' health (1). To strengthen perceptions of health systems' performance, it is imperative to evaluate them by identifying

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achievements and challenges to pave the way for efficient reforms in the system. A meticulous look at HTP dimensions reveals that this framework can operate as a proper tool (2). HTP in Iran began in May 2014 and followed three approaches, i.e., supporting patients financially, equity in access to health services, and promoting the quality of services (1, 3).

The employee satisfaction is a significant topic in health system reforms that can determine the quantity and quality of service production (4). A sense of job satisfaction and security strengthens organizational attachment and commitment (5). Since human forces are the sources of transformation and innovation in organizations (6), the success of organizations depends on the employees' efforts and job satisfaction (7). In the Iranian health system, some defined positions do not fully conform to individuals' academic fields, e.g., recruiting midwives as healthcare providers in the urban health system makes them adjust to this position (8). This title shift changes midwives into multiple-career individuals and adds heavy responsibilities to the midwifery curriculum that is sometimes beyond their professional duties (9).

A healthcare provider-midwife (HPM), in addition to fulfilling all specialized midwifery activities, provides several aspects of primary health services such as screening, following patients and at-risk individuals such as, diabetes, hypertension and referring them to higher levels of healthcare system, registering and reporting above mentioned cases, being active in nutrition education and school health domains, and screening middle-aged men and women according to the Ministry of Health guidelines (10). This role shift compels them to fulfill their responsibilities in their new positions despite its incompatibility with the capacities of the academic field and nature of profession. Besides, the various aspects of adjustment to their new roles as healthcare providers have not been examined. The ability to adjust to new responsibilities is one of the main topics which helps service provision and job satisfaction and organizational commitment of human forces (11).

Job adjustment involves the behaviors leading to task accomplishment and positive

attitudes toward the new career and reflects individuals' psychological states, e.g., a sense of easiness and comfort or inconvenience at work (12). Job satisfaction is a main index of job adjustment. Adjustment is a reciprocal process between individuals' efficient social relationships in society and the present groundings and tools in society for realizing individuals' potential capacities. The outcomes of adjustment include fewer conflicts and higher efficiency at work, improved performance, and reduced occupational stress (13). Some studies have shown that healthcare providers are influenced by many challenges in the health transformation plan, including weaknesses in making policies and setting goals, inattention to referral systems, and low quality of services (14-16). The examination of the challenges of midwifery services in the Iranian HTP has raised discussions on several topics, i.e., policy-making and management, wages and salary, referral systems, satisfaction, costs, and career advancement, however, policy-making and management have received the highest attention (17). Timely identification of the barriers of healthcare providers' adjustment and their occupational needs and expectations can pave the way for their efficient adjustment and job satisfaction. In developing countries, the most fundamental problem midwives face is their undefined identity and occupational responsibilities, which, for different reasons, such as lack of career planning and improper service conditions, e.g., salaries and educational compensations and rewards, lead to professional stagnancy and job burnout due to employment in uncertain conditions and insecure work environments and absence of appropriate referral systems (18).

A study in Urmia investigated job burnout among midwives and found that over half of them suffered from moderate to severe emotional exhaustion and depersonalization and lower individual success. Moreover, the midwives working in hospitals experienced more emotional exhaustion, depersonalization, and low individual prosperity than their peers employed in healthcare centers (19). In the study of Hajiesmaello (2022) on the midwives working in the hospital, high burnout was reported in the field of emotional exhaustion

more than the fields of depersonalization or individual failure (20). It seems that a considerable number of midwives are exposed to chronic or sudden professional stress, therefore an inclusive approach is required to promote their competence, prevent job dissatisfaction, burnout, stress, and fatigue, and enhance professional belongingness (21, 22). Researchers reviewed the long history of the family physician program and health transformation plan, also surveyed the studies on the professional problems of midwives working under this plan and the present evidence on the extensive scope of HPM responsibilities and tasks and factors interfering with the adjustment or non-adjustment with the role of healthcare provider in midwives (11, 23). None of these studies has discussed the job adjustment status of health care provider-midwives with this professional multidisciplinary and the factors affecting it. Therefore, the present study was carried out to explain midwives' experiences of adjustment to their new role as health care providers in health Transformation plan in Urmia city, Iran. The core inquiry of this research was the latent themes within the understanding and experiences of healthcare provider-midwives regarding their occupational adjustment? Given this research question, a qualitative methodology was the most appropriate approach, as it can elucidate the essence of a phenomenon within its natural context, along with its underlying structure and formative factors. To discern the authentic meaning from the textual data—derived from in-depth interviews with participants—the imperative for undertaking this study through a qualitative lens is keenly felt. By identifying the challenges related to the health care providers program, it will be effective in adaptation of midwives to the current role and providing directions to planners concerning future steps toward modifying this plan and increase the quality of providing services to service recipients.

Materials and Methods

The present study was a qualitative research with content analysis approach that was conducted in 2023 in Iran. In this study, despite reviewing previous literature regarding the professional problems of midwives, no study

was found regarding experiences of healthcare provider-midwives. Therefore, a conventional content analysis approach was used. The focus of study was on 93 Urmia city health service facilities—23 comprehensive urban health service centers and 70 health centers—as well as the deputy health department of the province of West Azerbaijan and the Urmia city health headquarters, where 142 HPM individuals work as service providers. Accordingly, the participants were selected from 18 sites, including the following: 7 comprehensive centers for urban health services, 9 health centers, Urmia City's health headquarters, and the West Azerbaijan province's health deputy. The participants were selected via purposive sampling with maximum variation of demographic characteristics and a high potential for providing rich information. In present study, individuals were chosen based on a number of inclusion criteria: including a midwifery degree, a minimum of one year of work experience in the healthcare career, the ability to understand, and willingness to express their experiences to the researcher. The first author, MR, performed all of the interviews under supervision of the study team members.

Open-ended, semi-structured in-depth interviews with qualified individuals were used to collect data. In this type of interview, the researcher uses a series of pre-determined limited questions and can ask supplementary questions to obtain more information (24, 25). The researcher in this study made sure that his preconceptions and prior beliefs did not affect the data collection method. To do this, the researcher visited the health care centers, introduced himself to the staff members and leaders of HPM, explained the goal of the study and piqued the interest of the midwives in taking part in it. The researcher scheduled the interview time and location. All the interviews were recorded with the permission of the interviewees. The interviews began by filling in a personal and occupational information checklist with items related to the research objective and by asking an open-ended question: "Please describe your adjustment experiences since you started working as a health care provider." Then, the participants were asked for further explanation and details

about some ambiguous parts of their statements through probing questions. The interview guide used was developed for this study. Table 1 presents the interview questions. During the interviews, non-verbal information, such as facial expressions and feelings of the interviewees (anger, sadness, emphasis, feeling

Table 1. Semi-structured interview questions

- Please describe your experience since you were asked to start working as a health care provider in the health center.
- In your experience, what are the strengths and weaknesses of this job title and related duties for you?
- How were you able to adapt to its multiple responsibilities?
- In your opinion, what factors made you able to adjust with your new duties and responsibilities? (Midwives with experience or previous midwifery post)
- In your opinion, what factors can influence the acceptance of these tasks? (New health care midwives)
- Given that you feel that you have not yet been able to adjust to this profession, what effects has it or will it have on your next professional decisions? (Caregivers with low job compatibility)
- What suggestions do you have for midwives to increase their adjustment and cope better with the role of health care providers?
- If you want to rate the factors that reduce your compatibility with this organizational position, what would you list in order?

The phases of Zhang & Wildemuth's suggested data analysis method served as the foundation for the conventional content analysis approach. Initially, during the data preparation phase, the researcher manually recorded the audio files of the interviews as soon as they were completed. Afterwards, the texts were condensed and coded, first for a sample of the texts and subsequently for all of the texts, following a thorough examination of the manuscripts. Every word and phrase were considered as the analytical unit in this section. Explanatory comments were taken from the manuscripts after they were read several times. As the interviews went on, the relationships between the categories and subcategories were

tearful, etc.) were recorded by field notes. The interviews lasted 45-75 minutes. At the end of each interview, after listening to the audio files, the interviews were promptly transcribed and the text was analyzed before the next interviews. Eighteen interviews were evaluated after the interviews lasted till data saturation.

established, and it became possible to identify the key themes and takeaways from each interview. Subsequently, a consensus was reached on the preliminary coding, and the results of the codes along with their methods were deliberated and documented (26). During the organizing stage, the data was loaded into the MAXQDA software version 10.4.16.1, which was used to label and compress similar codes. Sub-categories were identified, and then their similarities and differences were compared, and finally, the reporting of the results was initiated. The study employed Guba and Lincoln's five criteria (Credibility, Dependability, Transferability, Confirmability and Authenticity) to verify the rigor and trustworthiness of the data (27).

Results

The mean age of the midwives participating in this study was 39.72 ± 8.057 , and the average years of employment in health centers was equal to 14.61 ± 7.50 . Table 2 presents the demographics of the participants.

After the integration of overlapping codes, 50 final codes extracted from the interview transcripts fell into 19 subcategories, seven categories and two themes (Table 3). 'Efficient adjustment', and 'Inefficient adjustment' were the main themes of this research.

1. Efficient adjustment

The ideas emerged from the interviewees' expressions reflected the concept of efficient adjustment. This theme, named 'Efficient adjustment' with respect to the nature of the codes and their inductive concepts, included 2 main categories, i.e., providing high-quality services and inner satisfaction, and 4 subcategories.

Table 2. The personal and demographic characteristics of the health care provider midwives participating in the study

Participant number	Age	Work experience (year)	Job position	Place of work	Midwifery degree	Marital status
P1	43	21	Full- time formal	Comprehensive urban health service center	Associate Degree (health care provider midwife)	Married
P2	50	27	Full- time formal	Comprehensive urban health service center	Associate Degree (health care provider midwife)	Married
P3	29	6	Full- time Contractual	Health centers	Bachelor's degree (health care provider midwife)	Single
P4	44	22	Full- time formal	Health centers	Associate Degree (health care provider midwife)	Married
P5	44	7	Part time	Comprehensive urban health service center	Bachelor's degree (health care provider midwife)	Divorced
P6	45	18	Full- time formal	Comprehensive urban health service center	Bachelor's degree (health care provider midwife)	Married
P7	52	24	Full- time formal	Comprehensive urban health service center	Bachelor's degree (Head of the center)	Married
P8	30	11	Part time	Health centers	Bachelor's degree (Health center manager)	Single
P9	34	10	Part time	Health centers	Bachelor's degree (health care provider midwife)	Married
P10	40	18	Full- time Contractual	Deputy health department of the province of West Azerbaijan	Bachelor's degree (Headquarters expert)	Married
P11	26	4	Part time	Comprehensive urban health service center	Bachelor's degree (health care provider midwife)	Single
P12	42	20	Full- time formal	Health centers	Bachelor's degree (health care provider midwife)	Married
P13	47	23	Full- time formal	Health centers	Bachelor's degree (Health center manager)	Married
P14	42	10	Part time	Comprehensive urban health service center	Bachelor's degree (health care provider midwife)	Married
P15	28	8	Part time	Health centers	Bachelor's degree (health care provider midwife)	Single
P16	45	9	Part time	Health centers	Master's degree (Health center manager)	Married
P17	44	20	Full- time formal	Urmia city health headquarters	Master's degree (Staff expert)	Married
P18	30	5	Part time	Comprehensive urban health service center	Associate Degree (health care provider midwife)	Single

1.1. Providing high-quality services

Many health providers-midwives believed that making efforts to provide high-quality services to clients gave rise to pleasant

experiences of vocational adjustment to the role of healthcare providers. This category possessed 2 subcategories, including 'efficient care' and 'responsibility'.

Table 3. The emerged subcategories, categories and themes

Subcategory	Main Categor	Theme
Efficient care Responsibility	Providing high-quality services	Efficient adjustment
Lower stress A sense of usefulness	Inner Satisfaction	
Unsuccess in realizing health goals Numerousness of heterogeneous responsibilities	Lower service quality	Inefficient adjustment
Lower satisfaction of service receivers Decreased efficiency of services Declined job satisfaction	Reduced utilization	
Burnout Boredom Psychological stress Confusion	Emotional fatigue	
Unfair regulations Inflexible rules Disrespectful behaviors	Systemic bullying	
The growing needs of society Cultural and political transition The challenges of conforming to new technologies	Changes in social expectations	

1.1.1. Efficient care

The participants declared that they could provide numerous services to clients in various care and counseling domains since the onset of HTP and their contribution as healthcare providers. In addition, they provided highly specialized services in the midwifery domain. One of the participants said in this regard:

"Healthcare providers carry out all caring responsibilities of their population blocks, such as caring for children, vaccination, screening blood pressure and diabetes, providing psychological and nourishment counseling, and caring for young, middle-aged, and elderly individuals." (P9).

1.1.2. Responsibility

Care is provided based on evidence and civil guidelines and is registered and systematically followed in the SIB system (Refer to the national health data registry system). The purpose is not to miss any service and to meet clients' needs as

much as possible. One of the midwives participating in this study stated:

"Our care is highly exact and detailed. We've done all tests; the problems have been analyzed and specified" (P4).

1.2. Inner satisfaction

Inner satisfaction with personal performance develops when individuals are satisfied with their performance and arises from an internal feeling toward service utility and worthiness, especially to communities needing further care.

1.2.1. Lower stress

Proper and logical interactions between colleagues and clients and a cooperative atmosphere with mutual respect can reduce stress in the work environment and lead to regular and efficient service provision. In this regard, one of the participants said:

"When clients trust their health care provider and are satisfied with the quality of their work and knowledge, they easily communicate with

you. However, if they cannot establish this communication, they will not express their concerns, they will experience stress, and will not expect any service." (P9).

Another participant stated:

"If they really want good and high-quality service, they should facilitate the working conditions of health care midwives. Make sure that the satisfaction of the personnel is provided so that we can provide services with more motivation for the clients." (P14).

1.2.2. A sense of usefulness

The provision of specialized midwifery services and the active cooperation of clients, especially pregnant women, with midwives' follow-ups made healthcare providers-midwives feel helpful. It is worth noting that many midwives prefer to work in rural centers due to the implementation of HTP in cities in recent years and the compulsion of healthcare providers-midwives for doing unspecialized tasks. One of the midwives participating in this study said in this regard:

"At that time, I was employed to care for pregnant women in the village. I was engaged with prenatal care and IUD insertion. That time was generally better than now" (P1).

Another participant stated:

"I really wish to serve clients and society. I feel helpful. Here is a suburb. I cheer up when I talk with clients, listen to their hearts, and provide services" (P12).

2. Inefficient adjustment

Inefficient adjustment means adjusting to this profession with the present conditions passively and accepting its deficits and complications, i.e., not active and dynamic adjustment. It can lead to several outcomes, such as lower service quality, reduced utilization, and psychological traumas in the long run. The inefficient adjustment theme encompasses 5 categories and 15 subcategories.

2.1. Lower service quality

All participants declared that despite contradicting the HTP goals, the quality of provided services, especially in the midwifery domain, declined after the implementation of this plan and contribution of midwives as healthcare providers.

2.1.1. Unsuccess in realizing health goals

Besides reducing the quality of care, numerous task can threaten health indices, such as pregnant mothers' health, and endanger social health. Dissatisfaction with the undesirable quality of services can denote midwives' dissatisfaction due to the weakened position of midwifery. In this regard, one of the participants declared:

"Now, our responsibilities are so numerous that we sometimes forget to follow pregnant women and miss their care. I don't know what is her problem, and whether she has been followed or not" (P1).

Another participant said:

"I don't have a unidimensional view at all. The health organization follows the wrong trajectory. If the indices have dropped, the upstream planning is incorrect" (P15).

2.1.2. Numerousness of heterogeneous responsibilities

A shift in midwives' titles to healthcare providers-midwives has transformed them into multiple-career individuals and, in addition to maternal care, imposed many responsibilities beyond their professional tasks defined in the midwifery curriculum. A large number of the participants asserted that the broadness of responsibilities with their incongruity with the academic field and inattention to sound service provision result in inefficient performance and reduced quality of care. The unseparated caring and occupational responsibilities of the midwife in charge interfere with implementing managerial tasks. One of the midwives participating in this study stated in this regard:

"Even I sometimes forget to follow a pregnant woman since I am engaged with patients with blood pressure, diabetes, or mental and nourishment disorders" (P5).

Another participant said:

"As the manager of the center, I check letters and do follow-up and informing tasks by phone. Then I embark on caring deeds. Thus, the managerial tasks of the center are left. Even I don't have a separate room for working" (P6).

2.2. Reduced utilization

Utilization means efficient using goods, processes, or services and explains the extent to

which available processes and services have been used efficiently (28). Here, reduced utilization emerges out of 3 subcategories, including lower satisfaction of service receivers, decreased efficiency of services, and declined job satisfaction.

2.2.1. Lower satisfaction of service receivers

Some participants argued that client's lower satisfaction with services influenced their willingness to use these services. However, this utilization can be enhanced by the promotion of the provided services to clients and their efficient and physical access to healthcare facilities. One of the participants stated in this regard:

"One of the patients had blood pressure and diabetes. In the follow-up, he/she said, "Your doctors are GP, and I will visit a super-specialist. Why should I come to a health center that has nothing?" (P10).

2.2.2. Decreased efficiency of services

Efficiency is an intermediate objective of the health system and is defined into two technical (production) and specialized groups (29). Here, this subcategory addresses drops in both aspects of this concept. According to the interviewees, due to the multitude of duties, the service delivery efficiency has decreased. Also, due to performing non-specialized tasks, the service efficiency has been low, causing dissatisfaction among clients. In this regard, one of the participants declared:

"Work areas outnumber now; you should work in 10 fields simultaneously. Thus, you can spend full time in none;" (P 10).

Another participant stated:

"We should do any tasks. A patient diagnosed with Malta fever is referred to the healthcare provider. Well! What I can do, and other cases are forgotten in the meantime" (P 6).

2.2.3. Declined job satisfaction

Agreement between individuals' capacities and their job circumstances leads to job satisfaction and retention in positions (30). A factor causing low utilization was the declined job satisfaction of the HPM due to low income in the interviews of this study. One of the participants said in this regard:

"Our performance does not influence the reception of rewards and fee for service at all, and we only get our salaries. That is why we are demotivated to work more. Working less or more makes has no difference" (P 7).

2.3. Emotional fatigue

Emotional fatigue reflects the exhaustion of emotional resources, mental evacuation of spirits, depersonalization, negative reactions to service receivers, negative evaluation of fulfillment, and an enfeebled sense of competence in accomplishing personal responsibilities (31). In the interviews of the study, the apparent and hidden mental traumas derived from the nature and numerousness of delegated tasks to HPM and the governing organizational atmosphere agreed with emotional fatigue and were realized in concepts like burnout, boredom, psychological stress, and confusion.

2.3.1. Burnout

Job burnout stems from long-time stressful factors in the work environment, and individuals experience symptoms like disappointment, anger, and chronic fatigue due to the non-supportive organizational atmosphere (32). In the present study, the interviewees mentioned several problems, such as discrimination in the organization and imposition of external stresses in the work environment and their impacts on their personal lives. In this regard, one of the participants said:

"With seven years of experience, I still work under a contract and no more. I'm exhausted. This amount of organizational discrimination is not good at all. We're fed up with our jobs" (P 12).

2.3.2. Boredom

Job boredom refers to a state of tiresome and spiritual, psychological, and physical depression in the work environment, to which individuals are demotivated to return after spending their free time and vacations (33). The participants of the study declared that, besides the numerousness of delegated tasks, their fulfillment has changed into routines that make individuals feel useless and bored. One of the participants stated in this regard:

"The workload of HPM is so high and sometimes disgracing that we feel absurd" (P 15).

2.3.3. Psychological stress

Work environment stress reflects physical and affective responses to the pressures of this milieu, especially when individuals' expectations surpass their abilities and authority, and arises when personal needs do not agree with capacities, talents, and expectations (34). Excessive workload, the neglected positions of individuals as midwives, and the recurrent conceptions of organizational discrimination against HPM provoke these perceptions. In this regard, one of the participants declared:

"Since we need this job, we climb down. But our heart aches, and we get anxious. My colleague suffers from high blood pressure, and I have an irregular heartbeat. Why should it be like this?" (P8).

2.3.4. Confusion

High levels of confusion contribute to lower job satisfaction, stress, burnout, poor performance, occupational stress, non-commitment, and job abandonment (35). In the present study, the interviewees mentioned, the numerousness of responsibilities, their incongruity with midwives' professional competence, and unskillfulness in accomplishing tasks, on the one hand, and the frustration arising from the ignored knowledge and skills for which midwives are trained specifically, on the other hand, lead to disappointment and confusion in fulfilling tasks accurately. In this regard, a participant said:

"We lack independence. The midwifery profession has waned let alone its dependence. We face so many limits that make us lose our authority." (P2).

Another participant stated:

"We are trained superficially and are not familiar with these problems enough. We didn't study these subjects in our academic years and only participated in short-term courses" (P3).

2.4. Systemic bullying

Organizational bullying indicates continuous and direct undesirable actions against individuals that leads to degradation, offense, anxiety, and distress, disorders occupational performance, and creates unpleasant work

environments (36). All expressions of the HPM implicate factors that cause annoyance due to unfair regulations and improper and, sometimes, insulting behaviors of clients and upstream managers. One of the prevalent problems recurrently uttered in this domain was incongruence between the responsibility scope and service compensation of these individuals. The concepts of this category fall into three subcategories: unfair regulations, inflexible rules, and disrespectful behaviors.

2.4.1. Unfair regulations

The participants were dissatisfied with unfair and discriminative regulations in managerial appointments and unjust rules for doctors and healthcare providers in the organization. One of the midwives stated in this regard:

"They ask and expect anything and even check if I have worked properly or not. Yet, expectations from doctors are not so high, and they are not monitored in the same way" (P3).

2.4.2. Inflexible rules

Another problem discussed in the interviews was the disproportionate distribution of required human forces in centers and the neglected position of center authorities regarding the tasks to be done besides their current delegated responsibilities, all originating from the integrated and cliché rules governing the organization and ignoring center requirements and exigencies. In this regard, a participant said:

"Even we don't have a male healthcare provider. A male disease expert worked under a contract initially, measuring waist, etc., but he abandoned in less than two years" (P 10).

Another participant declared:

"The one in manager of the center should be engaged with pursuing problems, responding to official letters, executing circulars, supervising colleagues, etc." (P 11).

2.4.3. Disrespectful behaviors

The topics discussed in the interviews were the improper behaviors of staff experts and authorities, besides the disgracing reactions of some clients for reasons like not meeting their needs and expectations concerning the supply of supplements and basic medications and the non-attendance of specialists in the center. They were mainly beyond the authoritative domain of

health care providers and distorted their self-esteem and dignity. One of the midwives in this study declared in this regard:

"The supervisor expert behaves disgracefully when monitoring and asks: "What are your differences from other experts? There are multiple expectations from midwives." (P 15).

2.5. Changes in social expectations

Over time, changes in societies have transformed expectations, needs, and, thus, individuals' attitudes toward health services aiming to meet these needs and expectations. This category encompasses three subcategories, including the growing needs of society, cultural and political transitions, and the challenges of conforming to new technologies.

2.5.1. The growing needs of society

Developments in medical sciences have raised people's expectations concerning access to specialists and the necessity for providing health services, especially for certain communities, so that the absence of these physicians in health centers providing rudimentary and basic care reduces the number of referrals in privileged regions. One of the participants stated in this regard:

"We had an internist and a gynecologist in this center in the past. When the new administrator omitted specialists. When Patients find out there isn't any, they wonder why they have referred to the center." (P 13).

2.5.2. Cultural and political transitions

The passing of time has given rise to attitudinal shifts in the significance of childbearing in society and changed clients' viewpoints toward receiving services. Women's tendencies to limit the number of children and their high employment rate versus population reconstruction policies and the law of family support and population youngness have created conflicts in the public's perspectives from current rules and regulations. One of the participants said in this regard:

"We are emphasized to raise population indices. Concerning the childbearing index, the fewer numbers of other clients make me spend time for pregnant women conveniently" (P3).

"Since we are in the city, a pregnant woman never refers to the center for monitoring until I

follow her. It is because she goes to a specialist outside" (P5).

2.5.3. The challenges of conforming to new technologies

With the advent of the information age and the invention of new technologies, the provision of healthcare services is influenced by these technologies, calling for the familiarity of healthcare employees with advanced information-recording technologies. However, not benefiting from the necessary infrastructures in implementing different dimensions of these technologies and the limited capacity to apply them for responding to clients' increasing needs result in slow information recording, long process of large data registration, and, sometimes, client dissatisfaction with service provision. In this regard, one of the participants declared:

"The presence of a system is not bad. Anyway! It is a new technology. But it surely needs reexamination. Some colleagues unfamiliar with computers are bothered with these long tables in the system" (P15).

Discussion

In the present research, one of the factors incurring inner satisfaction and adjustment to the healthcare provider role was HPMS' perceptions of the responsibility for providing efficient care to service receivers and their sense of worthiness in applying specialized knowledge and skills in the health promotion of clients, especially in villages. In Iran, midwives provide services related to reproductive and sexual health. In other words, they are front-line providers of specialized services in gynecology and midwifery domains (37, 38). Motlagh et al. in the examination of the effective factors in the utility index of pregnancy care at the first level of the Iranian health system discovered that adequate and special care was significantly provided more in rural areas than in cities (39). On the other hand, job satisfaction is one of the main elements of employees' occupational and professional performance, enhancing their organizational efficiency and individual satisfaction (40). A systematic review on the midwives' job satisfaction in Iran showed moderate job satisfaction of midwives. However, job satisfaction was highest in occupational

positions and colleague relationships and lowest in the salary and benefits dimension (22).

The primary causes of job dissatisfaction include the conflict between healthcare providers' responsibilities and midwives' professional competence, the enfeebled status of midwifery due to HTP implementation, and weakness in HPM service compensation. In the research by Bayrami et al., any ambiguity in the professional role (imposed professional conditions, professional limitations, and deviated trust in midwives) is recognized as the professional struggles of midwives. Furthermore, satisfaction with welfare, work environment, and organization are necessities for midwives' inner satisfaction. Similar to the findings of the present research, the absence of organizational financial support, delay in payments, unconformity of payments with the work volume, and failure in saving have been considered as the instances of poor compensation for HPM (41).

In the present study, although HPMs face many responsibilities sometimes unrelated to their academic field, they inevitably get along with circumstances, and this adjustment does not seem efficient and positive. The numerousness of responsibilities and tasks and their optimum accomplishment as expected by managers will inevitably lead to increased dissatisfaction and lower quality of provided services (42). In this research, the weakened position of midwifery, lack of professional control and dependence, and occupational instability were instances of the participants' expressed concerns, which could reduce the health indices, lower care quality, and endanger maternal health due to decreasing occupational motivation. The implementation of HTP in Iran and the imposition of multiple responsibilities on HPMs in recent years have resulted in the unbalanced distribution of power and injustice among midwives in the healthcare domain. Masoumi and colleagues in their study to determine the factors influencing the midwives' occupational motivation in the health transformation plan of Iran found that a shift in position from midwives to healthcare providers degraded their responsibilities to the client admission already undertaken by secretaries and unprotected their occupational dignity and

respect (43). A study conducted on the family physician midwives' experiences in Arak found no timing in their tasks, and midwives who were assigned voluminous and irrelevant responsibilities unfitted with their specialization lacked sufficient time and opportunity to reflect on their responsibilities (44).

The results of this research also indicated that service receivers declined satisfaction and HPMs' reduced job satisfaction not only enfeeble service efficiency but also decrease its utilization. A reason for service receivers' non-utilization of services in this study was the lack of the necessary facilities, motives, and incentives for the provided services. Hence, they were directed to the private sector for service reception. In explaining HTP challenges, Khalejinia in a study showed that the high volume of services provided to clients, the lack of human forces, lower quality of services, and inappropriate relationships between clients and employees constituted factors tied to client dissatisfaction in health centers (45).

In the present study, the interviewees reported the incidence of mental-emotional disorders, such as job burnout and boredom, psychological stress, and confusion, which influenced their personal performance and occupational health and triggered many conflicts in the family nucleus. In by Hajiesmaello in a study in Urmia reported that factors such as organizational-governmental structure, unbalanced distribution of power, and weakness of supportive rules enfeebled midwives' professional roles and led to emotional fatigue and occupational burnout (46). The reasons for midwives' confusion are clients' distrust, digressive value of the midwifery profession, and negligence of professional knowledge coupled with HPMs' inadequate skillfulness in fulfilling unrelated tasks, sense of being ignored, and disappointment. Mosadeghrad indicates that long-term psychological stress in the work environment can influence work efficiency and energy, professional satisfaction, occupational commitment and reinforce a sense of inadequacy and occupational boredom, fatigue, and burnout (47).

Another challenge of HPMs was lack of sufficient training in assigned duties. Enteshari et al. evaluated the educational and expertise needs of the midwives employed in the health centers of Isfahan; midwives, as the members of healthcare providers in the health system, were required to possess the necessary knowledge and skills to respond to the needs of the target population (44). In the study conducted by Bayati, some HPMs believed that the assigned training was insufficient and did not respond to this load of delegated tasks (48).

In the present research, the other factor associated with midwives' inefficient adjustment to the role of a healthcare provider was tied to the presence of unfair regulations, like discrimination, inflexible rules, stereotypical attitudes, and the disrespectful behaviors of authorities and clients, all triggering a type of systemic bullying during the implementation of this plan. The governance of a doctor-dominated system, exertion of bias in managerial appointments, disproportionate arrangement of human resources, and inattention to the status of center superintendents develop a deficient cycle that deteriorates individual dignity and makes healthcare providers be bored with their current positions (49). In a study, Bairami reported that insurance companies did not accept midwives' prescriptions and women were compelled to refer to gynecologists for the primary complications of a disease that imposes more financial burdens on families (41).

The Iranian society is experiencing fast changes in all life dimensions, e.g., lifestyle, demographic, environmental, and socioeconomic, and health and affliction models have altered due to the epidemiologic transition. The outcomes of the present research showed that changes in expectations caused clients to prefer to receive healthcare from dexterous and specialist physicians. The transition from a traditional perspective to a modern approach has recently altered public attitude, the outcomes of which result in the decline of productivity, few numbers of children, and the reception of pregnancy and labor care in modern contexts, and provoked women's doubts about midwives' sufficient and fit

knowledge, skills, and competence in the area (50).

One of the chief challenges of electronic health files in the SIB system is that their efficiency and capacity are influenced by users' admittance and satisfaction levels. In the study of Kabir about healthcare providers' satisfaction with the integrated SIB system, they found moderate satisfaction of healthcare providers. Due to time restrictions, healthcare providers are unable to complete all data in the SIB system with its current properties (51). Thus, the designers and policy-makers of the electronic health data-recording systems should consider this issue and not let the existing technical and structural deficits distort the accuracy of vital data and the main objective of such bases. It is suggested that some facilities be provided to extract all statistics from the SIB system instead of bureaucracy and do not compel healthcare providers to send statistics to clients manually and recurrently.

To the best of our knowledge, the present study was the first effort which deeply analyzed a sample of Iranian midwives' experiences of adjustment to the role of healthcare provider-midwife in health transformation plan in Iran. Concerning the qualitative nature of this research, the results are not generalizable to the midwives employed in all health systems of Iran, though generalization is not pursued by qualitative studies in the same way as quantitative research. Hence, quantitative studies are necessary for examining vocational adjustment among HPMs. Furthermore, interviewees' individual differences in expressing facts and generalizations of negative inner factors to the external environment may influence their perceptions of vocational adjustment.

Conclusion

The participants of the present study explained that job satisfaction and organizational commitment, besides inner and individual pleasant occupational experiences, mainly contributed to HPMs' job adjustment and led to efficient care provision. In addition, some structural and organizational factors cause emotional fatigue, reduced utilization, and lower quality of services. Since midwives are the first line providers of specialized services in the field

of reproductive health in health services, so what should be considered in employing midwives in the position of healthcare provider, is benefiting from the individual capacities of graduates. In such situation, they would be not only interested in this profession, but also will have the means to increase their longevity in the profession. Considering the results of this study, policymakers and managers can help midwives by implementing laws to reduce their multiple duties, divide workload and assign unrelated tasks and empower midwives to improve their individual self-esteem and work control and independence. They could also increase the desire to continue the career of midwifery and reduce the intention to leave work by placing midwifery profession among hard jobs and applying the law of hard work for HPM, deducting early retirement years by maintaining salaries and job benefits and providing financing. According to the results of the present study, it is suggested that in future studies, researchers design the process of job adjustment for midwives working in health centers in the form of an action research, and also examine the impact of problem-oriented confrontation style educational interventions for facing job adjustment problems among healthcare provider midwives.

Declarations

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Conflict of interest

The authors declared no conflicts of interest.

Ethical considerations

Written informed consent was obtained from all participants after explaining the objectives of the research by the first author. Procedures for obtaining informed consent were approved by the aforementioned institutional ethics committees. All methods were performed in accordance with the relevant guidelines and regulations.

Code of Ethics

The proposal of this research was approved by the Ethics Committee of Shahid Beheshti University of Medical Sciences in Tehran under the Code of IR.SBMU.PHARMACY.REC.1402.186.

Use of Artificial Intelligence (AI)

The authors declare that AI tools were used solely to assist with language refinement and clarity the introduction of the article. All study design, data analysis, interpretation, and conclusions were conducted by the authors.

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Authors' contribution

All the authors contributed to the conception and design of the study and also in writing the manuscript. MRM contributed to the design, data acquisition, analysis, and interpretation and wrote the first draft and reviewed the final version of the manuscript. SH was the supervisor and contributed to the conception, design, and interpretation of the results and critically reviewed the manuscript. She revised and approved the final manuscript. HAM interpreted and revised the analyzed data. In addition, MRR and RE contributed to the interpretation of findings and reviewed the manuscript. All the authors approved the final manuscript.

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