

How Midwifery Education in Cyprus has Evolved in Response to the Demands of a Complex and Changing World

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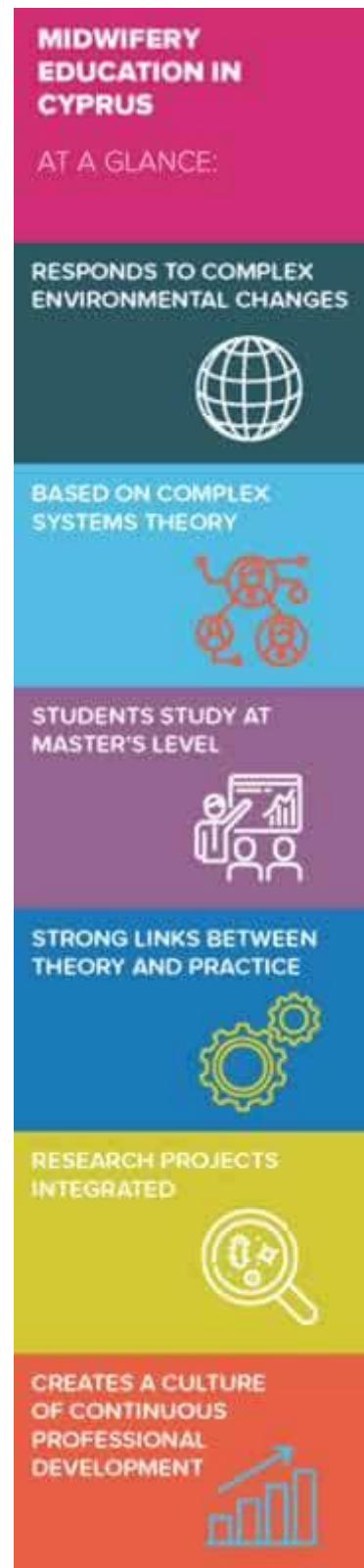
Eleni Hadjigeorgiou - Coordinator of MSc programme in Midwifery at Cyprus University of Technology

Maria-Dolores Christofi - Expert scientist at Cyprus University of Technology

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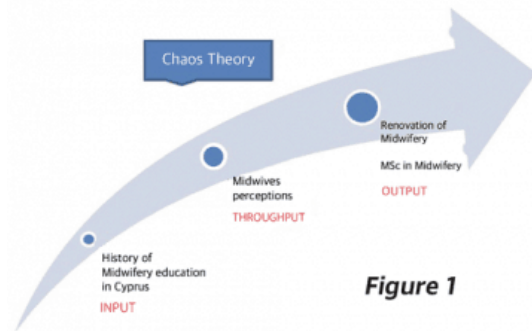
Summary

Midwifery education faces rapid changes due to changing global healthcare arenas; this has created an urgent reform of midwifery education in Cyprus. The Complex System Theory (CST) raises an interesting agenda for educational change. This article refers to the CST, the findings from historical searches regarding midwifery in Cyprus and those of an original research project, in order to explore and explain the evolution of midwifery education in Cyprus. Midwifery in Cyprus continues to exist due to the reform of the midwifery education system, which includes upgrading midwifery education to Master's-degree level.



The midwifery profession has been characterised as a dynamic system that is constantly adjusting and re-adjusting to a multiplicity of developments and changes (Mander and Fleming 2009). In the 21st century, midwifery care faces speedy changes, due to changes in socio-economic factors, cultural diversity and advancing technology (Kitzinger 2005). The midwife's professional role, the midwifery system and education in particular become increasingly more complex, and this has created an urgent need for change in midwifery education. Systems that are not well conducted and do not follow a linear path are described as complex and nonlinear (Goldberger 1990).

The CST raises an interesting case for educational change (Morrison 2006) in the reform of midwifery education in Cyprus. The value of CST for informing nursing and midwifery research, education and practice is well recognised (Clancy et al 2008). Another theory - chaos theory - is a mathematical theory which demonstrates that initial changes in systems can affect their behaviour and lead to chaotic and unpredictable events in later systems (Barker 1996).



Healthy systems maintain complexity, are chaotic and dynamic and have the ability for adaptation. They consist of input, throughput and output (See **Figure 1**) (Simon 2009). Loss of complexity or loss of chaos is representative of disease and lack of adaptation. Stable equilibrium, in this point of view, is a recipe for death: systems must change if they are to survive.

Taking into consideration the history of midwifery in Cyprus and a research project, as inputs, this article aims to identify the strategies that brought change to midwifery education.

History of midwifery in Cyprus

Descriptions of midwifery education in Cyprus start from ancient times and are of great interest, as the history of Cyprus is one of the oldest recorded in the world and the first sign of civilisation goes back 8,000 years. Discoveries, especially statues from different periods in history, confirm the midwife's role in society. During the Neolithic period, the goddess of fertility was Aoolore (Georgiades 2001). However, owing to Greek influences, the goddess Aphrodite was adored as the goddess of infertility and later on this adoration was passed on to the goddess Arsinoe with the influence of the Ptolemies. At a later period Ariadne - Theseus' wife who arrived at Amathounta and died during labour - was honoured as the goddess of midwifery and protector of births and mothers. Three midwifery statues of the 6th century BCE were discovered in Lapithos and these statues represent different positions in labour and also the presence and role of the midwife during labour (Marangou and Georgiades 2014).

During the Byzantine period, the Christian philosophy of caring and showing mercy to people was introduced to the island and midwifery care was related to and considered as an act of Christianity, as good will and caring for others was the hallmark of being a Christian. After the Byzantine period of the Crusades, involving the Lusignans and the Venetians, no further evidence was discovered regarding the practice of midwifery in Cyprus. In 1571 the Ottomans invaded Cyprus and women were under the power of men and magic; indeed, midwifery practice was not a widespread profession (Dimitrakopoulos et al 2015).

A new era for midwifery in Cyprus

At the beginning of the 19th century, poor women gave birth in hospitals. Puerperal pyrexia killed a third of women (Vryonidou-Yiangou et al 2006). In 1878, Cyprus was leased by the Turkish Sultan to Britain (Marangou and Georgiades 2014). The British brought nurses and midwives from England, who took all directorship positions in newly-built hospitals; fortunately a renaissance occurred - with new knowledge and attempts at improvement for human health conditions (Hadjigeorgiou 2013).

The year 1932 was a turning point in history for midwifery in Cyprus, due to the first midwifery law enactment and recognition of the profession. At the time, Cyprus' first educational course in midwifery was founded and its graduates undertook births in hospitals and homes. From 1933-1951, prospective midwives would attend lectures in obstetrics, but a full education programme was not available until 1960. From 1960-1980, the 'Cyprus Nursing and Midwifery School' occasionally offered a direct-entry, two-year, midwifery programme. During this period, a postgraduate midwifery programme was also occasionally offered to senior midwives who were graduates of a three-year nursing programme (Hadjigeorgiou 2013).

European influences

In 1970, many young Cypriots, having graduated from secondary schools, started to travel to England to practise midwifery and upon their return, they were employed as sisters and matrons. At the same time in Cyprus, a two-year midwifery course was offered and consisted of six months of general nursing, and 18 months of midwifery training. In 1980, the two-year training programme ceased to run and prospective midwives followed a one-year postgraduate course after having graduated from a three-year course in nursing.

From 1998, midwifery education was in accordance with EU directives and the activities of a midwife are now as laid down in 80/155/EEC Article 4 (). In 2007 the Nursing and Midwifery School closed down, and the postgraduate 18-month programme has been provided occasionally by the Cyprus University of Technology at a vocational base. The intermittent offer of this programme on a vocational base caused many problems for students and, as a result, this led to a shortfall of midwives (Hadjigeorgiou 2013).

Midwives' perceptions of their role as advocates for normal childbirth



The second input that contributed to a change in midwifery in Cyprus was the data from a research project conducted by Hadjigeorgiou and Coxon (2013), investigating midwives' perceptions of their role as advocates for normal childbirth. A qualitative approach was adopted, combining both participant observation and individual interviews. Twenty midwives were recruited, of which 10 had postgraduate midwifery diplomas, and 10 were direct-entry midwives. The respondents were all practising midwives with an average of 22 years' experience. The main themes that emerged were 'deficiencies in basic and continuing education' and 'the lack of professional recognition of midwives'. Both of these themes were closely related. Regarding the 'deficiencies in basic and continuing education', the respondents described feeling unprepared to advocate in favour of

normal childbirth. The main educational issues identified by the respondents focused on the lack of exposure to a full range of midwifery practice skills during their training and the quality of their basic education and of their clinical placements.

Almost every midwife in the study mentioned the need for improvement in midwifery education in Cyprus, and professional recognition.

Some midwives felt that what is offered to women is medicalised maternity care, while others were worried that, despite trying, they were not able to support normal childbirth. They argued that their basic education did not adequately cover issues of autonomy, empowerment and advocacy, and that educational and professional development programmes are lacking in addressing this deficiency. Sound knowledge and expertise are essential as they affect a midwife's ability to advocate: there is a positive correlation between education and advocacy (Skinner 1999; O'Connor and Kelly 2005).

Due to a strong medical (doctors) influence, midwives in Cyprus have little influence on formulating public health policies with respect to the provision of antenatal, intrapartum and postnatal care (Hadjigeorgiou et al 2012). The work of midwives in some countries remains silenced and invisible to many women, who mentioned that they have little idea about what midwives can do (Zadoroznyj 2000; Hadjigeorgiou et al 2012).

Feedback from the midwives who participated in the research project clearly indicated that a change was needed to improve midwifery education and midwifery care in Cyprus. The above research data were disseminated to the midwives' committee in order to find ways for improvement. The midwives' committee acts as an 'attractor'.

Attractors influence the outcomes

An attractor represents a state to which a system finally settles. An effective way of process-steering is competent communication. Simon (2009) agreed that the throughput process of communication and interaction, influences the outcome.

Taking into consideration midwives' perceptions, the midwives' committee decided that an improvement in midwifery education would bring improvement in midwifery practice. In 2014, the European University started the first Master's degree education programme in Midwifery and in 2016 the Cyprus University of Technology also started a Master's course in midwifery. The new curriculum for the Master's education programme is based on the Global Standards for Midwifery Education 2010 (International Confederation of Midwives [ICM] 2011).

Midwifery educators involved in Master's degree programmes are now challenged with teaching not just competence, but also capability. As more than competence is necessary for a midwife, capability ensures that the delivery of healthcare keeps up with its dynamic context.

Conclusion

Midwifery education in Cyprus is facing complex environmental and internal systemic changes, but is able to restructure and reorganise itself. This can be described as autopoiesis – a Greek word meaning self-making. Complex systems undergo a journey of self-organisation and transform themselves (Coppieters 2005: 133). The science of chaos contributes to midwifery care renovation, and the elements of chaos theory are used in a pragmatic way to bring a change in midwifery education.



In the case of midwifery education in Cyprus, this happened by upgrading midwifery education to a Master's degree programme and by restructuring the midwifery model. A Master's degree course in midwifery provides students with research skills, allowing them to further expand evidence-based care in their midwifery practice. They have the opportunity to involve themselves in research projects and studies, thus contributing to the advancement of the midwifery profession. That creates a culture of continuous professional development, which will allow the possibility of evaluating and developing innovative interventions in midwifery care.

The curriculum contents and teaching approaches of the Master's degree course are designed to have strong and effective links between theory and midwifery practice, and this will ensure that its graduates will be able to deal with professional activities that demand considerable independence and development, with complex phenomena.

Midwifery education in Cyprus has been 'reinvented', like the new butterfly from a chrysalis, to meet and adapt to the external changing world. **TPM**

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Rising from rubble and ash; midwives are #NotATarget

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Rising from rubble and ash; midwives are not a target

Pandora Hardtman RN, CNM, DNP, FACNM- Consultant Director of Clinical Midwifery Educational Programmes

"Midwifery is a humane profession - with all the meaning of humane! The midwife is the angel who guards the mother until she gives birth to a child peacefully. Every birth is a birth for a new world. Midwifery is my life that nourishes my body." Fatima- Syrian Midwife mother of 2

On 20th-21st August, millions of followers of the prophet Mohammed celebrated Eid Al Adha. This celebration commemorates the willingness of Abraham to sacrifice his son on the altar as requested by God. In the end, Abrahams sacrifice was not warranted and his son survived. The festival is marked by the slaughtering of a lamb or other livestock whose meat is then portioned between the immediate, family relatives and neighbour's, and the poor and needy.

In some cities, the streets flow red with the blood of the sacrificed animals and the bleating cries are