



RESEARCH ARTICLE

Reasons, Motivating Factors, Barriers, and Facilitators of Diploma three-degree Midwives to Complete Their Bachelor Midwifery Program: A Qualitative Study in Indonesia

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ARTICLE INFO

Received: Oct 16, 2024

Accepted: Dec 24, 2024

Keywords

Midwifery
Midwives
Reasons
Motivations
Diploma three
Baccalaureate degree
Facilitators and barriers
Qualitative study

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ABSTRACT

The high morbidity and mortality of mothers and children and various problems related to maternal and child health require an increase in the professionalism of the midwife profession through professional education. Interest in midwifery professional education among diploma three --educated midwives has resulted in the development of Bachelor Science in Midwifery (BSM) programs in Indonesia. This qualitative study explored the reason and motivating factors, barriers, and facilitators for diploma three-degree midwives to complete their bachelor's midwifery program. This qualitative content analysis used purposive sampling and included thirty BSM students from a nursing and midwifery faculty at Binawan University in Jakarta, Indonesia. The data were obtained through face-to-face semi-structured interviews. We used the thematic analysis guidelines provided by Braun and Clarke (2006) for our data analysis. Three major themes emerged from the data, including a) 1) reasons and motivations for continuing BSM education, 2) facilitators to continuing education in the BSM program, and 3) barriers to BSM continuing education. Barriers to completing the bachelor midwifery program included financial concerns, work and family obligations, and a lack of distinction between D3 and BSM. Facilitators included friendship in education and communication, professional and career development, encouragement from others, and a desire for personal development. The research data analysis demonstrates that D3 midwives should continue further education at the BSM level. The study's findings offer helpful information that can direct policy and practice in Indonesia's midwifery and healthcare sectors, such as the relationship between job requirements and promotions. Both personal and professional factors influenced the students' motivations, with personal factors predominating. Identifying facilitators and impediments may indicate a step closer to a bachelor's education. Future quantitative research should examine the extent of both facilitators and barriers. The management of midwifery programs can use this study's information to create curricula and opportunities that cater to the requirements of these midwives. It is advised that D3 students be encouraged to continue their enrollment in the Bachelor of Midwifery (BSM) program to advance midwifery education and the field.

INTRODUCTION

With constant innovation and inventiveness, midwifery education programs have expanded worldwide. As a result, midwifery graduate programs emerged and thrived, eventually establishing

New Midwifery Education and Practice Standards and examining new frontiers for midwifery (Lichtman & Walker, 2003). Indonesia is still faced with a high maternal mortality rate, and several factors cause infant death. One of these factors is the late factors, which include late decision-making at the family level, late referral, and late in getting treatment. One of the delays in handling is influenced by the number and skill factors of health workers, including midwives (Ministry of Health of the Republic of Indonesia, 2011). Therefore, it is necessary to improve the quality of health workers, especially midwives, to provide maternal and neonatal services quickly and precisely.

Midwives are health workers who have a role in reducing maternal and infant mortality rates, as well as preparing quality future generations by providing comprehensive services ranging from pregnancy preparation, care for pregnant women, childbirth, postpartum, newborns, toddlers, women's reproductive health and family planning, focusing on prevention aspects through health education and counseling, promotion of normal childbirth based on partnerships and women's empowerment, as well as early detection, first aid in emergencies and safe referrals (Indonesian Midwifery Association - IMA, 2016). Midwives are indispensable to improving the welfare of mothers and their fetuses. Midwifery services are available in every region and at any time as long as there is a human reproductive process. A midwife is a person who has completed a state-recognized midwife education program, obtained qualifications, and was given permission to practice midwifery (Jannah, 2021). Midwives are healthcare providers with autonomy in their practice and collaborate with other health team members. Midwives in midwifery practice place women/mothers as partners who understand competencies towards women, both social, emotional, cultural, spiritual, psychological, physical, and reproductive experiences (Berliana, 2019). One type of professional service essential to the health care system is midwifery, delivered by midwives on their own, in partnership, and through referrals. According to the midwifery service standards and code of ethics, which have become the norm for midwives when they provide midwifery services, midwifery services must be founded on a strong sense of social responsibility (Listiani et al., 2024). Midwives who graduate from midwife education at the BSM level are professional midwives competent to practice in service institutions and individual practices. They can play the role of service providers, managers, and educators. They can serve as providers, managers, educators, researchers, developers, and consultants in midwifery education and universal health service implementation systems/regulations (Rahman et al., 2022). Midwifery is one of the essential fields in the world of health, with a vital role in maintaining the health of mothers and babies. The International Confederation of Midwives (ICM) is committed to ongoing advocacy for midwifery professional policy by improving education, regulations, and consistent scope of practice (United Nations Population Fund, 2019).

Midwifery education in Indonesia is dominated by the D3 (vocational education level), where graduates are only equipped with work skills under the basic standardized Standard Operating Procedures (SOP) without being equipped with analytical and critical thinking skills. This causes the development of the midwife profession to run very slowly (Listiani et al., 2024). The increasing need for maternal and newborn reproductive health services affects midwifery education by updating competencies. If midwifery education cannot develop, maternal and child health services are likely not optimal (Darna, Utomo, & Frety, 2021). Therefore, increasing midwifery education further, especially at the undergraduate and professional levels, is the minimum requirement in midwifery practice (Susanti, 2021). Midwifery education in Indonesia has developed due to the considerable interest in midwifery professional education. Several options and steps can be taken for D3 Midwifery graduates who want to continue their education to the BS level. Midwifery professional education is a level that was only established in 2008 (IMA, 2012). Currently, the Indonesian Midwifery Association (IMA) is trying to reduce the number of midwifery graduates and prioritize improving academic quality and competence. Since Indonesian midwives have professional and

educational standards, seeking to socialize midwifery competencies to the community is only necessary (Marmi, 2011).

The great interest in learning influences learning, and the emergence of interest in learning midwifery is influenced by many factors, one of which is the motivation to follow the learning of midwifery itself (Listiani et al., 2024). Motivation can be said to be the overall driving force in students that causes, ensures continuity, and provides direction for learning activities so that it is hoped that goals can be achieved (Erawati et al., 2019). Continuing BSM education from D3 Midwifery is an important step towards increasing professionalism and career development in midwifery. With a bachelor's degree, graduates can broaden their knowledge and skills, increase competitiveness in the job market, and open doors to a wide range of exciting and meaningful career opportunities (Institute Ilmu Kesehatan Bhakti Wiyata, 2022; Universitas Abdurrab, 2024).

Study purpose

When midwives are self-motivated to participate in education, they may also have high learning outcomes. Midwives can follow various steps to improve learning outcomes to meet expectations for success (Listiani et al., 2024). The literature study has a gap since no noteworthy research about D3 to BSM would help D3 midwives who want to advance their bachelor's degree and comprehend the worth of their degree. This study explored the reasons, motivations, and driving forces behind completing Diploma 3 Indonesian midwives to continue studying in BSM degree programs. Furthermore, this study explored the barriers and facilitators that Diploma 3 midwives encountered while pursuing their bachelor's degree. After assessing the elements that impact and hinder their willingness to complete the program, strategies that encourage motivators and reduce barriers may be used to increase the number of Indonesian D3 midwives obtaining a bachelor's degree in midwifery.

METHODS

Design

In this study, we adopt a descriptive qualitative study design in the present study. Qualitative methods in healthcare aim to explore issues that midwives, other medical professionals, legislators, and patients face (Denzin & Lincoln, 2000). The researcher must, therefore, choose the research approach that best addresses their research questions (Speziale & Carpenter, 2007). We used qualitative content analysis to examine the facilitators and barriers Diploma 3 midwives faced when enrolled in a BSM program. Qualitative content analysis is an interpretive method that focuses on the subject and explores the similarities and differences between and within various text regions. It is frequently and methodically applied to analyze communication styles. Content analysis is employed to gather comprehensive data on the studied subject (Graneheim & Lundman, 2004).

Setting and Participants

This study was conducted in the Midwifery Study Program at the Faculty of Nursing and Midwifery Binawan University in Jakarta, Indonesia. Purposive sampling was used to recruit thirty BSM students and ask them to participate in this qualitative content analysis. In a qualitative study, 25 individuals are sufficient to achieve data saturation (Charmaz, 2006). Questions were posed to the participants in semi-structured interviews. The potential for clarification and follow-up questions was considered during the interviews.

Data Collection

The primary data collection method used to obtain data for this study was semi-structured interviews. A semi-structured interview provides a constructive setting for people to discuss their opinions, experiences, attitudes, and beliefs (Richards & Morse, 2007). All student participants who

consented to participate were invited before the interview began, and we reviewed the study's aims and the time and location of each interview. Participants signed consent forms between January and March 2024 before the interview. With the consent of the participants, all interviews were conducted in the midwifery programs. Each interview lasted between 40 and 60 minutes and was recorded on tape with the participants' permission. Data collecting techniques also included field notes and memos. These extra techniques for gathering data were developed to triangulate the data to increase the validity of the data interpretations. The interviewers' opinions and interpretations of the interview, the research procedure, the questions, the gaps, and the analytical development of the study would all be included in the memos. The interviewers' views and thoughts on the data would also be documented in the field notes. These extra techniques for gathering data were crucial in helping us understand the participants' attitudes, beliefs, experiences, viewpoints, and feelings.

Data analysis

We used the thematic analysis standards Braun and Clarke (2006) provided for our data analysis. To identify the participants' significant contributions, the authors of this study (RH, SN, AD, ZZ, and MAS) reviewed each text response several times. Each text response was processed using manual coding. The researchers classified the remarks after receiving the responses. After that, during the coding process, researchers concentrated on finding problems, parallels, and discrepancies in the participants' answers. In order to consider the data while performing the study, the researchers also convened a conference. In a meeting, the research team members decided on the initial codes or identifiers. The researchers then reviewed the responses again and categorized the important remarks they had identified as meeting the codes. For several weekly follow-up meetings, the team discussed examples of noteworthy statements and updated or improved codes as a group. When the codes were arranged based on participant quotes, themes were apparent. While remaining faithful to the data, the researchers used the codes extensively and considerably to construct the themes. The study's credibility and rigor were resolved through multiple meetings of the research team and the interaction and cooperation of the researchers along the process.

Ethical consideration

The University of Binawan Research Ethics Committee Jakarta Indonesia approved the study (Reference Number: 67/EP/ KE/UBINAWAN /I/2024). Before the interview, all participants received information about the study's objectives and methods. Before the interview, each participant would give us written informed consent. Participants were guaranteed the study's confidentiality and anonymity. Students were informed that participation in the study is entirely voluntary and that they may withdraw at any time. Furthermore, their participation in this study would not affect their clinical practicum grades. We would choose interview locations that provide privacy and quiet to ensure that each participant in this study feels at ease and secure. Additionally, no one would get direct payment for participating in this study. Information provided by a participant to a researcher is considered confidential. Study participants must be assured that the confidentiality of their information was preserved unless they expressly agree otherwise. Maintaining participant anonymity during a research project is known as anonymity. Each digitally recorded interview was saved on a secure computer after being downloaded and password protected. Researchers were the only ones who worked on the interview tapes and transcriptions. All materials and private information were safely kept in the head researcher's office in Jakarta, Indonesia. Following the study, the material will be stored for five years before destruction (transcriptions were shredded and tape-recorded demagnetized).

RESULTS

This qualitative study of thirty students enrolled in the D3 midwifery to Science of Midwifery (BSM) program. All participants were enrolled as full-time students. Most participants indicated working at

least seven hours full-time, and most have graduated with a Diploma in midwifery over five years before entering the D3-to-BSM program. Data analysis identified three main interrelated emerging themes: 1) Reasons and motivations for continuing BSM education; 2) Facilitators to continuing education in the BSM program; and 3) Barriers to BSM continuing education. The themes were incomparable through all emerging significant themes. Each theme has some different subthemes.

Theme 1: Reasons and motivations for continuing BSM education

There are several reasons and motivations why D3 Midwifery graduates choose to continue their education at the bachelor's degree in midwifery (BSM) level.

Subtheme: Increased Knowledge and Skills

According to participants, compared to the D3 Midwifery Program, BSM provides more comprehensive and in-depth information and abilities, enabling students to acquire more advanced clinical practice skills and a deeper understanding of midwifery. Most participants concurred that self-motivation, self-will, and personal initiative lead people to pursue continuing education in BSM midwives.

I was inspired to choose a career path to become a professional midwife by my desire to increase my professional knowledge and abilities. My passion is what drives me to go on with my education. I must assist needy women...I want to become a professional midwife. (Participant 9)

In addition, participants indicated that the BSM education also allowed them to learn various aspects of midwifery that may not be explained in depth at the diploma level. These include healthcare management, professional ethics, and health policy with more holistic and high-quality care.

... A strong desire to improve my knowledge and skills in midwifery became the main driving force for me to continue my education. Students who have a passion for midwifery will continue to look for ways to improve themselves and make a more significant contribution. I realized that by continuing my education to a higher level, I would have more opportunities to contribute to improving the health of mothers and children ... The BSM is required, and that is one of the reasons why I chose BSM... (Participant 18)

Subtheme: Caring for women and children.

One reason the participants are continuing their undergraduate education in midwifery is that they want to help with health problems in pregnant and childbirth women and infant and child services that need various health services.

... Yes, that is right. One of the reasons I took this undergraduate program is because I want to help patients with health issues in pregnant and childbirth women, as well as babies and children. I also want to open an independent practice as a midwife to make it easier for mothers, babies, and children in my neighborhood to access health. I will also provide convenience for the poor to get quality health services. (Participant 11)

Subtheme: Personal growth and development

Most participants believed pursuing a BSM degree was driven by their desire for personal growth and development. Participants expressed personal satisfaction and reported far better job search experiences after receiving their degrees.

... It was the right choice, indeed. I regret not doing it sooner. In my opinion, a BSM program should have started from the outset. This was the right choice for me. It was a self-improvement and self-esteem objective. I did it to feel good about myself. During my

employment hunt, I observed more openings for midwives with a BSM. If requirements change, this was a "better get it" to keep my job and a personal accomplishment... (Participant 3)

Subtheme: Competition in the midwifery job market

A BSM degree can be a big help when looking for a new job, especially with the market becoming more competitive. Many healthcare organizations prefer higher-educated staff members. To recruit and retain midwives with BSM degrees, healthcare institutions provide great employment or salary.

Even internationally, there are plenty of job and career options in the health field. As someone with guidance in the health industry, you can work in offices, clinics, Puskesmas, and other places. Make much money. Many midwives still earn less than the minimum wage, but many make much money... Additionally, since the health sector—and midwives in particular—has many workstations, many are required in all healthcare industries. Yes, undergraduate graduates have broader job prospects. (Participant 15)

Subtheme: Requirements of workplaces

Every participant acknowledged that having a BSM degree was a prerequisite for employment and the primary factor in obtaining a promotion and applying for other competitive jobs.

... Workplace regulations and requirements require diploma three midwives to prepare to move up to the professional BSM midwifery level. Since most employment now demands a BSM degree, there were more good job options, right? I must become a BSM specialty professional midwife due to job needs and career paths impacted by workplace regulations and standards. In workplaces with midwifery services and specialty areas, all midwives must fulfill the educational requirements... (Participant 17)

Subtheme: Governmental regulation

Another reason for the participants to continue their BSM is related to governmental regulation.

.... Also, the Indonesian government regulations that midwives who can open clinics or practice areas must be BSM. This is one of the reasons why I want to move to BSM...If I graduate later, I can open a private clinic or own practice to get an STR (Registration Certificate). (Participant 28)

Subtheme: Career development

Some participants said that their degrees improved their career and employment prospects by furthering their education and fostering their professional growth. Most participants described their career development and promotions as necessitating ongoing education.

Yes, a BSM degree was required to hold a managerial post. Earning a BSM degree for career development would allow me to pursue leadership positions and feel secure in my professional skills. I can pursue higher positions in health organizations, become an obstetric educator, or even engage in research that can contribute to the development of obstetric science. It is about improving personal careers, making a more significant contribution to society... and improving the quality of maternal and child health care worldwide... (Participant 24)

Subtheme: Job promotion and salary compensation.

According to all participants, obtaining a BSM degree was necessary to advance their careers. With their primary midwifery degree, the participants reported higher job application responses and fewer opportunities for non-BSM. This was in line with the interview topic on how their lives and

experiences of personal and professional development have changed since finishing their D3 to BSM program. Every participant said obtaining a BSM degree was necessary to advance careers. The participants concurred that the shift to increased employment options was a prerequisite of the BSM program.

... After completing my BSM program, I will hold a leadership role at my workplace. My career will be more valuable, and I will have more opportunities. Yes, frankly... making good money was one of the motivations for returning to my BSM degree... It will provide me with further good earnings. In my workplace, midwives with BSM degrees [BSM] will proceed to advanced practice and be paid more than midwives with diploma3 degrees... yes, it is. (Participant 20)

Theme 2: Facilitators to continuing education in the BSM program

Subtheme: Support from family members

Family members, especially parents, offer positive reinforcement, recognize their accomplishments, and show interest in their educational development. Most study participants said that family members supported them in continuing their studies. Participants also indicated that their families motivated them to enter midwifery because they wanted to learn more about the BSM.

The primary support is the support from the family. The family provides financial and emotional support, which is crucial to the smooth running of the educational process. Moral support from the family in the form of motivation and encouragement to continue learning, even in difficult times, is invaluable to stay focused and enthusiastic in pursuing goals. With this support, financial burdens that may be barriers can be overcome, allowing them to focus on their studies... (Participant 26)

Subtheme: Support from colleagues

Employees can use continuing education to develop their abilities, reinforce existing knowledge, and grow within their institution. Some participants indicated they have support from colleagues and leaders to pursue their BSM education.

My friends and midwife colleagues motivate me to continue my studies at the BSM level. In addition, I have support from the head of the midwifery department, who understands my conducting work on duty and studying while on service. In addition, other supporting factors are my friends in class because they can be discussion partners in education and non-education. (Participant 23)

Theme 3: Barriers to continuing education in the BSM program

Subtheme 3: Time constraints

The decision to return for a BSM degree was found to be restricted by the time and effort required to go back to school. Some midwives found it challenging to attend school because of their full-time jobs and family obligations.

I have limited time... Initially, the main factor impeding the selection was the amount of time and effort spent on education. It was challenging to balance my time and schedule between employment and school... (Participant 24)

Subtheme: Family responsibilities

Some D3 midwives found it challenging to return to their studies because of their familial responsibilities. Some participants said that balancing work, family responsibilities, and schoolwork prevented them from returning to school.

I am a mother of six kids. Working full-time and doing schoolwork while caring for a sick loved one, raising children, and studying is impossible. Since entering college, I have had to manage my time between work, family, and college, which has been challenging. Yes, it is also a barrier to my colleagues (Participant 15).

Subtheme: Economics issue

Several participants reported that the expense of attending school deters their colleagues from returning to complete their degrees.

Yes, it is. Economic factors also inhibit attaining a BSM degree in midwifery because the cost of continuing undergraduate midwifery education is high. Luckily for me, my parents provide me with money for tuition fees. So, the factors that hinder me from continuing my Bachelor of Midwifery include the cost. Everything needs money (Participant 25).

Subtheme: Distance

In addition, the factor of the distance from home to campus, which is quite far where I have to travel a long distance where the state of the capital, is always jammed, which makes me take time to travel, in contrast to the pandemic period, which can be online where I do not have to take time to travel the distance to campus, but I am very aware of the importance of offline lectures where I can do practicum which can add to my knowledge and knowledge in practice midwifery, then in the next semester, I will do the final project and go down to the ground which will be carried out at the same time which will later drain more time and energy.

... Another inhibiting reason is the distance from home to campus, which takes quite a long time. I have to use that cost to increase my expenses. Next semester, I will do KKN [final field practice], and the practice on the land will also require considerable money because if the practice place is far from home, I will have to rent a house. (Participant 5).

DISCUSSION

We found in this study that participants are interested in midwifery education because they desire to improve knowledge, skills, and competencies through formal education to provide quality midwifery care. This is similar to a study finding that midwives who graduate from vocational education must continue their education until professional education to develop professionally and advance their profession (Azizah, 2023; Erawati et al., 2019). The emotional factors that interest participants in continuing education are passion, the desire to convince themselves, and the feeling that the knowledge obtained is insufficient. Levens (2017) stated that self-processing and reflection are the main reasons for continuing education and the need for beneficial self-formation. A love of discovery must accompany lifelong learning, a desire to adventure in search of more, and valuable self-formation (Darna et al., 2021). Participants are interested in participating in undergraduate education and the midwifery profession because they desire to improve their knowledge, skills, and competencies through formal education to provide quality midwifery care (Listiani et al., 2024). According to Nursalam and Efendi (2008), motivation is influenced by internal and external factors. Internal factors that affect motivation are ideals and aspirations, students' abilities, and students' conditions, which are divided into physiological and psychological conditions. The great interest in learning influences learning, and the emergence of interest in learning midwifery is influenced by many factors, including the motivation to follow midwifery learning itself (Subu et al., 2023). Motivation is the overall driving force in students that causes, ensures continuity, and provides direction for learning activities so that it is hoped that the goals can be achieved (Rahman et al., 2022). Midwives who graduate from vocational education must continue their education until

undergraduate and professional education to develop academically and professionally and advance their bachelor's and professions (Erawati et al., 2019). The participants' reasons and interest in the description of undergraduate education and the midwifery profession arise because of the reasons, social motive, emotional factors, and awareness of the importance of participating in undergraduate education and the midwifery profession (Listiani, 2024). Regulations in the workplace and government regulations can motivate and generate interest in continuing undergraduate and professional education (Azizah, 2023).

Other reasons the participants are interested in continuing their undergraduate education and the midwifery profession are the regulations, the desire for better career prospects, and their wishes. With the same level of education between leaders and members, it will be easy to discuss the art of midwifery practice so that it can overcome the limitations of undergraduates and professionals and contribute to developing practice in the midwifery ward of the hospital. Knowledge of laws and regulations has a positive and significant effect on the interest of midwives in participating in undergraduate and professional education (Kusumastuti & Waluyo, 2013). This research indicated that career motivation to achieve the desired position in midwifery positively affects students' interest in continuing undergraduate and professional education (Berlinasari & Erawati, 2017; Darna et al., 2021). According to a study conducted in Jordan (Abushaikha, 2006), students in the midwifery program have self-esteem problems in addition to educational demands. They believed they needed to prove something to others and themselves. Furthermore, it was thought that earning a bachelor's degree in midwifery enhanced prospects for higher education, employment, and financial security. As a result, students pay for their attendance in this program directly from their income (Abushaikha, 2006).

There are three central things related to the personal qualities of counselors, namely knowledge, skills, and personality, and all three of which are inseparable (Darna et al., 2021; Putri, 2016). In decision-making, midwives must have a high ability to think abstractly because midwifery knowledge is very complex and not only considers scientific expertise but also pays attention to the intuition and philosophy of midwifery, namely women-centered care (Levens, 2017; Maureen et al., 2005). The stronger the student's assumption about the study period, the more complicated the processes that must be passed during professional education, and the lower the student's interest in participating in professional education (Berlinasari & Erawati, 2017). Undergraduate and professional education was important for learning and applying new understandings, such as critical thinking and management (Darna et al., 2021).

There is a relationship between family support and the motivation of D3 midwives to continue their education at the BSM level. Family support is a treatment provided by people familiar with the subject in their social environment (Subu et al., 2023). Based on the research results and several previous studies, supportive families are very influential in motivating midwives to continue their education to a higher level. The midwives' primary source is the family to present motivation or encouragement toward positive things for midwives. Family support will have an impact on improving the quality of midwives so that they can provide better quality services, which indirectly also contributes to advancing the level of health because more and more midwives are motivated to continue their education to a higher level (Perceka, 2020). D3 midwives whose families support them are more motivated to continue their undergraduate education than midwives with less supportive family support (Addausy et al., 2023). One type of family support is emotional support, in the form of emotional attention with the presence of family to support his family in being creative and innovative in improving knowledge by continuing education to a higher level (Wahyuni, Siwi & Oktafiantari, 2020).

The study found that midwives with high support from their leaders are highly motivated to continue their education to a higher level. Similar to our findings, there is a relationship between leader or

leader support and the motivation of D3 midwives to continue their education to the undergraduate level (Addausy et al., 2023). Individual components that help foster learning include leadership, encouragement, and colleague support. There is a relationship between motivation, economic factors, and employer support for midwives to continue their education (Addausy et al., 2023; Dahl et al., 2019).

Students with a bachelor's degree and financial help matched the demographic profile linked to the best chance of graduating and graduating earlier (Cipher, Mancini & Shrestha, 2017). A study found that midwives continue their education to the BSM level to increase career opportunities and earn a higher salary. Diploma 3 students do not continue to the BSM level because of a lack of family and socioeconomic support (Sari et al., 2023). There is a relationship between family support and motivation to continue education (Subu et al., 2023). Leaders' support also influences the motivation of Diploma 3 midwives to continue their education to the undergraduate level (Wahyuni, Siwi & Oktafiantari, 2020).

There is significant literature on the barriers related to returning for completion of D3-BSM education. The difficulty of access for midwives who have worked in continuing education reduces the motivation and interest of midwives in continuing professional education (Prastyoningsih, Yanti & Mawarti, 2019). The barriers midwives feel in professional education are distance and time, the midwife's position in the family, Licensing, subjectivity/jealousy, and workload for midwives whose duties and positions. An understanding of midwifery education regulations at all levels of society is needed to overcome various barriers from various factors. Educational institutions can open non-regular programs for midwives who want to continue their education while working (Prastyoningsih, Yanti, Mawarti, 2019). Some of the barriers raised by participants due to distance and time include often being late, being in a hurry, often doubling shifts, and often asking friends for help to wait for a guard at work. Midwives must find a replacement for her when working hours coincide with study hours. This is done by midwives who work with the shift system when leaving work to study or enter class (Spancer, 2006). Other research states that the existence of time limitations and the location of education far from the workplace are reasons for not attending classes in education during working hours (Coventry et al., 2015).

The study participants indicated family demands and duties as the main barriers to returning to school, along with rigid job schedules, a lack of time, and personal responsibility (Yulianta et al., 2023). The status of midwives in the family is a barrier to education. During the education period, midwives will lose much time with their families. A study stated that status as a mother and having children is a barrier for midwives, so this is a challenge if they want to continue their education (Gitonga & Muriuki, 2014). Previous research stated that the factor that hinders continuing education is when they already have a family, so they have little time to take care of their children and household (Spancer, 2006). Child assistance in the family is an effort to assist families, especially parents, by accompanying children to meet their needs and solve children's problems to optimize child development (Prastyoningsih, Yanti, & Mawarti, 2019). Professional organizations for participants create barriers for midwives who do not have a specific position or position in professional organizations. Midwives who have a good relationship with professional organizations have easy licensing. However, midwives who do not know each other closely and do not have a position in the organization do not have easy licensing (Prastyoningsih, Yanti, & Mawarti, 2019). Midwife students who continue their education in office must relinquish their functional and structural positions. Predicted workloads can make it difficult for staff to organize learning and attend continuing education programs (Muliira et al., 2012). If the midwife is unwilling to relinquish her position, she will not get permission to continue to a higher level of education (Perfetto, 2015; Prastyoningsih, Yanti & Mawarti, 2019).

Our study indicated that to pay for their education, students had to work full-time. This made their problems worse and added to their burdens. Another issue is that some students need time to get used to the demands of academic life after years of being away from academic surroundings (Abushaikha, 2006). Lack of time and rigid work schedules, a lack of organizational culture that includes a lack of support from managers and coworkers, the incapacity to put new knowledge into practice, the possibility of peer criticism, and training that is conducted away from the workplace and not always tailored to midwives' needs are some additional factors impeding students' learning (Shahhosseini & Hamzehgardeshi, 2014; Subu et al., 2020). Additionally, their job overload and family obligations restricted midwives' engagement in continuing education (Eslamian et al., 2015). The return to or completion of bachelor programs is hampered by some issues, including a lack of peer support, financial and familial obligations, and managerial and employer support (Perfetto, 2015). Barriers to degree development include a lack of motivation in some contexts, such as the culture of the workplace and a failure to distinguish between the roles (Orsolini-Hain, 2012).

Our study found that economic factors prevent D3 midwives from pursuing a BSM degree. College tuition is expensive for some of them, and it takes about two years to graduate. Primary D3-BSM completion barriers and challenges were work-life balance and economic issues (Lhibibani et al., 2021). Those who worked night shifts missed the most continuing education programs. Lack of time from having another job during the day can account for these results (Lhibibani et al., 2021). In addition, participants in continuing education activities are hampered by time constraints and rigid job schedules (Santos, 2012; Subu et al., 2020). Most students simultaneously balanced an intense midwifery academic program with a career (Abushaikha, 2006).

Study Limitations

One of the study's limitations was that it only used a convenience sample of participants from one university in one location. Another limitation is that the study was conducted with D3 midwives enrolled in a D3-to-BSM program. Restrictions on the study's sample size are another limitation. Therefore, a study with larger samples from a broader range of midwives' fields of work would increase the validity and dependability of the results. The barriers and facilitators may be different for D3 midwives who are not currently enrolled in a BSM completion program. Finally, it is unclear why participants did not view recommendations from higher education institutions as facilitators.

CONCLUSION

The results offer insightful information on the perceived challenges and facilitators for D3 midwives to pursue BSM education. Our study findings indicate that D3 midwives are self-motivated to pursue professional and personal growth, and family and other support bolster this motivation. They also exhibit self-motivation to further their academic and professional development. Participants indicated career and professional development and the chance to gain more recognition from and assist the professional community as facilitators of BSM midwifery education. They indicated that their chances of finding employment increased after obtaining a bachelor's degree in midwifery. Some factors, such as time and financial constraints, employment and family obligations, and other factors identified as crucial, hinder the educational progress of D3 midwives. When combined with financial constraints, these considerations lead to a dilemma whereby the expenses of a bachelor's degree frequently surpass the financial benefits. Given that the expense would not be recovered, it is simple to see why balancing the financial strain with the other difficulties related to returning to school could be challenging. In order to address the challenges and facilitators students encounter while studying, BSM programs and faculty members are also encouraged to conduct an annual evaluation of their programs. This regular program evaluation will also aid their successful and significant transition to BSM education. Further research is recommended to ascertain whether the outcomes attained after completing professional education fall short of the expectations of prior students. More research is needed to evaluate the barriers and facilitators faced by D3 midwives

seeking BSM education, and the findings of this study need to be validated. This study needs to be replicated with several midwifery schools in various locations. More research on D3 midwives who have not returned to school is necessary to see whether there are any differences in the facilitators and barriers among groups.

Implications

The study results show that midwives' appreciation of the importance of midwifery professional education is one factor that motivates them to seek more advanced education. The researchers believe this study can be used as a reference for the deployment of midwives in settings where they are encouraged to follow the profession not only by legal obligations but also by their desire to do so, optimizing future mother and child health care. All midwives are encouraged to acquire a bachelor's degree or above. Proposed improvements that may also benefit midwives include expanding the number of facilitators, reducing barriers to BSM midwifery education, and eventually boosting the number of midwives with BS and higher education. This will benefit the midwifery profession as a whole. In addition, government agencies could employ marketing and national campaigns to highlight the benefits of a bachelor's degree. These organizations might also consider introducing loan schemes and providing significant tuition assistance for all D3 midwives returning for a BSM program. Making BS completion programs and courses easily accessible is another way higher education institutions may lower barriers and enhance facilitators.

Acknowledgment

We want to thank our midwifery students sincerely for participating in this study. We also thank the dean and staff of the faculty of nursing and midwifery at Universitas Binawan for their support during the study's conduct.

Conflict of interest

The authors declare that they have no conflict of interest.

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