Article

Perspectives and attitudes of midwifery educators toward distance education in midwifery care education

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Abstract

Background: The COVID-19 pandemic significantly impacted educational systems, leading to the rapid adoption of distance education. This shift affected midwifery departments in Turkey, raising items about its appropriateness for such a practical discipline.
Objectives: This study aimed to evaluate the attitudes of educators in Turkish university midwifery departments toward distance education during the pandemic.
Methods: This cross-sectional study was conducted on 87 academic midwives in midwifery departments of universities in Turkey from June to December 2020. Data was collected online using a structured survey by a researcher. A survey was developed by trainers based on literature to understand the attitudes and opinions of the trainers towards distance education during the COVID-19 pandemic.
Results: The mean (SD) age of participants was 36.13 (12.92) years and 12.64 (8.83) years of university teaching experience. A majority strongly disagreed that distance education suits midwifery curricula (36.8%), and 77% strongly disagreed with using distance education for practical courses. However, 27.6% were undecided on its suitability for theoretical classes.
Conclusion: Most midwifery educators believe that distance education is not entirely suitable for teaching the midwifery curriculum. To increase the effectiveness of distance education, a hybrid education model should be adopted; theoretical courses should be conducted remotely, and practical courses should be conducted face-to-face. Digital simulations and virtual laboratories should be expanded to support practical training. Academicians should be trained on interactive methods to increase student participation, the infrastructure of universities' distance education systems should be strengthened, and access problems should be resolved.

Implications of this paper in nursing and midwifery preventive care:
- The findings of this study highlight the critical need for integrating effective educational strategies to ensure continuity and quality of midwifery education during crises.
- Implementing a hybrid education model can support the delivery of theoretical content through distance education while preserving the hands-on training essential for skill development.
- Developing digital simulation tools and virtual laboratories can enhance practical learning in remote settings, ensuring midwifery students gain necessary competencies without interruptions. Strengthening the technological infrastructure and training educators to use interactive teaching methods can improve engagement and learning outcomes.

Introduction

The emergence of the COVID-19 pandemic has significantly impacted various sectors worldwide, including education [1,2]. In response to the need for social distancing and the limitation of face-to-face interactions as part of pandemic management, a mandatory transition to distance education was implemented, recognizing the importance of sustaining education [3,4]. According to UNESCO data, over 91% of the global student population suspended in-person education during the pandemic [5]. Thus, distance education has represented a significant transformation and a crucial solution in education during the COVID-19 pandemic [6].

In Turkey, the mandatory transition to distance education at all levels, including higher education, has posed additional challenges, particularly for health-related programs that heavily rely on practical training [3,7,8]. One such program is midwifery education, which has faced significant disruptions in teaching and learning. The inability

to conduct face-to-face laboratory and clinical applications in midwifery education has brought advantages for preventing the spread of the virus and numerous disadvantages and limitations in education [9]. The inability to adequately transfer practical courses in midwifery education through distance education has negatively affected students' professional skill acquisition and learning outcomes; this has increased the risk of inadequate preparation of graduates for the clinical field [8,10]. Educators have encountered difficulties such as adaptation to technology, lack of interaction, and reduced student participation; for example, some academics have stated that limited practical courses to theoretical explanations during the distance education process have reduced educational efficiency [7,11]. These findings emphasize the need to create solid crisis management plans for midwifery education and the importance of using hybrid models to increase the applicability of distance education. In addition, the dissemination of digital simulations and virtual laboratories for such crises in the long term is a critical necessity for the preservation of the professional competence of midwifery students [12,13]. The traditional teaching approach in midwifery education encompasses theoretical training, laboratory practices, and clinical experience. Thus, successfully realizing midwifery practices aims to integrate students' cognitive, affective, and psychomotor skills [14,15]. However, transferring all these skills through distance education may not be feasible. Notably, depriving students of interactive learning environments like laboratory and clinical experience may significantly disrupt skill acquisition processes [11–13].

During the COVID-19 pandemic and the period of distance education, it has been found that the lack of support for theoretical knowledge with practical experiences has made it challenging for students to continue their education [7,8,16].

In this process, midwifery educators have assumed essential roles and responsibilities to provide the best education possible with the available resources. Educators have faced challenges in adapting teaching strategies to distance education, organizing suitable educational materials, ensuring the transfer of practical skills, effectively utilizing technology, developing new student assessment methods, strengthening collaboration and communication, and maintaining student motivation [10,17,18]. Studies indicate that without proper infrastructure preparations and instructional designs, problems related to instructional, physical, psychological, and social aspects have arisen during the transition to distance education [7,8,19]. Additionally, during the period of distance education, it has been observed that the workload and stress of academicians have increased, leading to feelings of burnout [20–22].

Although there are studies in the national literature on the attitudes and opinions of midwifery students towards distance education [8,10,13,23,24], there is no study directly investigating the attitudes and opinions of midwifery educators. Examining the perspectives and views of educators, who are an integral part of midwifery education, towards distance education is critically important to understand the reflections of the transformation in education. On the other hand, analyzing the challenges experienced by educators during the process is believed to provide a significant guide for future evidence-based education strategies and identify potential areas for improvement. This study is expected to contribute to discussing the future of distance education in midwifery education during crises such as the COVID-19 pandemic or natural disasters.

The issue examined in this study reveals the critical importance of the ineffective implementation of practical courses in midwifery education in terms of preventive care services. Midwives are vital in monitoring the pregnancy process, prenatal care, breastfeeding counseling, and early detection of maternal and fetal risks [8]. However, deficiencies in practical skill acquisition during distance education can make it challenging to provide these services effectively. Indeed, the professional preparation levels of midwifery students who lack sufficient practical experience may decrease, and this may negatively affect the quality of preventive care services provided in the field [11,13]. It is essential for the sustainability of preventive care services that the practical training of midwifery students is conducted face-to-face, and distance education is limited to theoretical courses. Therefore, this study aimed to evaluate the attitudes of educators

in Turkish university midwifery departments toward distance education during the pandemic.

Methods

This cross-sectional study was conducted on academicians working in midwifery departments of universities in Turkey. The statistical population of this study consisted of 346 academicians teaching in midwifery departments in Turkey. The study sample was calculated using the Roasoft program. The study sample consisted of 87 midwife academicians with 80% power and 6% confidence interval [25]. Data were collected by sending three e-mails to the official e-mail addresses of the academicians. Data for this study were collected online using a structured survey by researchers. The survey link was distributed to the institutional e-mail addresses of 346 midwifery educators in Turkey. The survey invitation was sent three times over six months to ensure adequate participation. The data collection phase of the study was concluded when 87 academicians were reached. The inclusion criteria for the study were being an academician working in midwifery departments of Turkish universities and teaching via distance education during the COVID-19 pandemic. The exclusion criteria for the study were: Academician who did not teach or participate in educational activities during the COVID-19 period and incompletely completing the survey form.

Ethical approval for the study was obtained from the Karabük University Ethics Committee on June 30, 2020, with decision number 2020/08-23.

The data were obtained through a survey based on the literature to understand the attitudes and opinions of educators toward distance education during the COVID-19 pandemic. The researchers created the study in line with the literature [26–28]. The survey included 25 items related to the general attitudes of educators towards distance education during the COVID-19 pandemic, the suitability level of midwifery education for distance education, the adaptation of the midwifery curriculum to distance education, and issues concerning student interaction and assessment. The items were scored on a 5-point Likert scale ranging from "agree" to "strongly disagree." The survey, which included 25 items and included academicians' opinions on distance education, was submitted to an expert opinion to ensure its content validity. It consisted of 3 midwives, 2 obstetricians and 1 academician of educational sciences, each of whom was recognized as an expert in their field. The experts assessed the relevance of each survey item using a 4-point Likert scale (1=Not Relevant, 4=Extremely Relevant). Based on their assessments, the overall Content Validity Index (CVI) was calculated as 0.86, indicating an acceptable level of content validity. Necessary revisions were made to the items with lower scores to increase their clarity and ensure their alignment with the objectives of the study. This process ensured that the survey adequately captured the construct it aimed to measure. Reliability was assessed using the internal consistency method. Cronbach's alpha coefficient was calculated to be 0.80.

The statistical analysis for this study was done using the SPSS 20 computer software (SPSS, Chicago, United States). The data obtained from the research were analyzed by making percentage and frequency distributions**.**

Results

The mean (SD) age of the academics participating in the study was 36.13 (12.92) years, and the mean (SD) number of years of service at the university was 12.64 (8.83) years. When the region of the universities of the academics in the study was examined, it was seen that the Marmara region was the highest, with a rate of 24.1%. It was seen that 67.8% of the academicians were doctoral graduates, and 36.8% had the title of doctoral faculty member (Table 1).

Table 1: Socio-demographic characteristics of academics (n=87)

		Mean (SD)	
Age (years)		36.13 (12.92)	
Years of study at the university		12.64 (8.83)	
		n	%
The region where academics' Universities are located	Mediterranean Region	7	8.0
	Eastern Anatolia Region	10	11.5
	Aegean Region	15	17.2
	Southeastern Anatolia Region	10	11.5
	Central Anatolia Region	12	13.8
	Black Sea Region	12	13.8
	Marmara Region	21	24.1
Education level of academics	PhD	59	67.8
	Master's degree	27	31.0
	License	1	1.1
Title status of academics	Professor	8	9.2
	Associate Professor	12	13.8
	Doctor Faculty Member	32	36.8
	Teaching Assistant	13	14.9
	Research Assistant	22	25.3
Total		87	100.0

When the status of academics giving courses through distance education during the pandemic was examined, it was seen that 64.4% of them gave courses, and the average number of courses was 5.21 (4.09). When the teaching methods of the courses during the pandemic process were examined, it was found that 55% of the courses were taught synchronously (simultaneously/live), and 74.7% of the academics used their documents as resources (Table 2).

Table 2: Distance education status of academicians during the pandemic process

		Mean (SD)	
Number of courses given during the pandemic		5.21 (4.09)	
		n	**%**
Teaching status during the pandemic	Yes	56	64.4
	No	31	35.6
Methods of teaching courses during the pandemic process	Asynchronous	7	8.0
	Hybrid (Synchronous+ Asynchronous)	32	36.8
	Synchronous	48	55.2
Materials used by academics in extended education	Sources belonging to someone else (slides, pdf, word, etc.)	1	1.1
	My resources (slide, pdf, word, etc.)	65	74.7
	My resources (slide, pdf, word, etc.), Resources belonging to others (slide, pdf, word, etc. ....)	3	3.4
	My resources (slide, pdf, word, etc.), Resources belonging to others (slide, pdf, word, etc. ....), Resources belonging to others (slide, pdf, word, etc. ....), Resources belonging to others (slide, pdf, word, etc.), Resources belonging to others (slide, pdf, word, etc. ....)	1	1.1
	My resources (slides, pdf, word, etc.), Resources belonging to others (slides, pdf, word, etc. ....), Own video recordings	4	4.6
	My resources (slides, pdf, word, etc.), Video recordings belonging to someone else	7	8.0
	My resources (slides, pdf, word, etc.), My video recordings	2	2.3
	My sources (slides, pdf, word, etc.), My video recordings, and Video recordings of others	1	1.1
	My video recordings	3	3,4
Total		87	100.0

When academics' statements about distance education were examined, it was found that they had positive and negative opinions. The statements of conducting distance education from home during the pandemic (33%), the possibility of the student watching the distance education courses from the recording will increase learning (33.3%). The pandemic has improved both them and students regarding technology use (48.3%), showing the positive aspects of distance education.

The statements that there is less student participation in distance education compared to face-to-face education (40.2%), not being able to see students while lecturing has a negative effect (32.2%), and distance education is not as efficient as face-to-face education (29.9%) showed the negative aspects of distance education.

It was determined that 36.8% of the midwifery department academicians did not consider distance education appropriate for the midwifery course curriculum, and 77% believed that the midwifery department's practical courses could not be done through distance education (Table 3).

Table 3: Academics' statements about distance education (n=87)

	Items	Strongly disagree		Disagree		Undecided		I agree		Agree	
		n	%	n	%	n	%	n	%	n	%
1	It has been perfect to conduct distance education from home during the pandemic process	6	6.9	16	18.4	11	12.6	25	28.7	29	33.3
2	I received training on the system I used in distance education during the pandemic process	24	27.6	18	20.7	3	3.4	20	23	22	25.3
3	The possibility of the student watching the distance education courses from the recording increases the learning	8	9.2	4	4.6	19	21.8	27	31	29	33.3
4	The pandemic process has improved both us and students in terms of technology use	5	5.7	2	2.3	10	11.5	28	32.2	42	48.3
5	I think the quality of education increases with distance education	23	26.3	34	39.1	17	19.5	8	9.2	5	5.7
6	I think that educator-student, student-student interaction cannot be established in distance education	9	10.3	16	18.4	5	5.7	25	28.7	32	36.8
7	I felt that students were much more interested in the lessons in the distance education system	31	35.6	31	35.6	9	10.3	12	13.8	4	4.6
8	Less student participation in distance education compared to face-to-face education	8	9.2	12	13.8	9	10.3	23	16.4	35	40.2
9	I was able to get quick feedback from students on the items I asked in distance education	17	19.5	29	33.3	11	12.6	18	20.7	12	13.8
10	Not being able to see the students while lecturing affected me negatively	16	18.4	6	6.9	9	10.3	28	32.2	28	32.2
11	I think distance education is fun for both students and educators	25	28.7	26	29.9	17	19.5	12	13.8	7	8
12	Distance education is at least as efficient as face-to-face education	26	29.9	27	31	19	21.8	7	8	8	9.2
13	I think distance education should be used more frequently among learning models	10	11.5	17	19.5	35	40.2	16	18.4	9	10.3
14	I experienced technical problems using my institution's distance education system (connection, infrastructure problems, etc.)	23	26.4	18	20.7	10	11.5	21	24.1	15	17.2
15	I contacted my institution's distance education center staff for every problem or question I had.	3	3.4	13	14.9	15	17.2	28	32.2	28	32.2
16	During the pandemic, I think my institution's infrastructure for distance education is sufficient.	7	8.0	17	19.5	21	24.1	16	18.4	26	29.9

17	I hardly got used to the distance education system used by my institution.	25	28.7	41	47.1	12	13.8	8	9.2	1	1.1
18	I had difficulty adding notes, resources, and presentations to the system used by the institution	37	42.5	40	46.0	2	2.3	6	6.9	2	2.3
19	I think the distance education system is suitable for the curriculum of the midwifery department	32	36.8	31	35.6	7	8.0	10	11.5	7	8.0
20	Midwifery department practical courses are suitable for distance education.	67	77.0	15	17.2	0	0	4	4.6	1	1.1
21	The theoretical courses of the midwifery department are suitable for distance education.	13	14.9	22	25.3	24	27.6	20	23.0	8	9.2
22	I think that the midwifery department exams were conducted with appropriate measurement and evaluation during the pandemic process.	36	41.4	16	18.4	18	20.7	12	13.8	5	5.7
23	After the pandemic, I think face-to-face make-up should be made for midwifery department courses.	12	13.8	8	9.2	24	27.6	21	24.1	22	25.3
24	I would like this change in education (distance education), which is compulsory due to the pandemic, to continue for some of my courses in the following semesters	8	9.2	5	5.7	25	28.7	30	34.5	19	21.8
25	I attended online courses, seminars, etc., for my professional development during the pandemic process	9	10.3	11	12.6	4	4.6	29	33.3	34	39.1

Discussion

The present study aimed to evaluate the perspectives and attitudes of educators in Turkish university midwifery departments toward distance education during the COVID-19 pandemic. In this study, positive and negative perspectives of midwifery educators about distance education were identified. Some midwifery educators considered undertaking distance education from home during the pandemic was advantageous since it provided flexibility and convenience for students. Also, about half of the participants agreed that the pandemic has increased the technical skills of students and teachers. Furthermore, some midwifery educators believed that lectures that were recorded allowed students to review the content, which might improve retention and learning results.

On the down side, a number of noteworthy difficulties surfaced. Some midwifery educators reported that student participation in distance education was lower than in-person sessions, which had a detrimental effect on student interaction and engagement. Additionally, some other participants said that their teaching experience was less enjoyable when they couldn't observe their students during the lectures. Significantly, the majority of midwifery educators strongly disagreed that distance education could effectively deliver practical courses in midwifery, highlighting the value of practical training. Also, some participants said that the midwifery curriculum was inappropriate for distance education, indicating a general apprehension regarding the suitability of transferring practical skills in an online environment.

These results show that although distance education was a vital remedy during the pandemic, it was inadequate in some crucial areas for midwifery education, especially when it came to the provision of practical courses. When the literature is examined, although there are studies investigating the views of midwifery students on distance education [8,10,13,23,24], there is no study examining the views of midwifery department academicians. In this context, the study's findings were discussed with studies examining the opinions of academics.

Ediz and Yanık in their qualitative study examined the problems experienced by nurse academicians in the distance education process and their exposure to psychological violence, it was seen that the most common problems experienced by academicians in the distance education process were communication problems, lack of participation in the course, and the inadequacy of the education method for nursing education [7]. Dolmacı et al. in their qualitative study examined the opinions of lecturers in foreign language teaching with simultaneous distance education, it was stated that the problems experienced in the distance education process were the lack of communication and interaction between academicians and students, students not attending the course regularly, and technical issues [29]. In the study of Dassanayaka et al. involving 332 academics in which they examined the attitudes of academics towards online education during the COVID-19 pandemic, it was observed that low student participation in distance education decreased the satisfaction of academics [30]. In the study of Migocka-Patrzałek et al. examining the attitude of the

academic community towards distance education, it was determined that distance education would prevent the spread of epidemics during pandemic periods. At the same time, the ability to continue education without interruption is a positive aspect of distance education [31]. These results are similar to the current study.

Due to the presence of practical courses, our study's evaluation of the distance education method's suitability for the midwifery profession concluded that it is inappropriate for vocational education and the curriculum. It was seen that the midwifery department academicians were undecided about giving theory courses other than practical courses by distance education method. Similarly, midwifery academicians were found to be undecided about the face-to-face compensation of the practical courses held online.

Ediz and Yanık reported in their study that distance education with an online education system is unsuitable for practical courses [7]. In Junus et al.'s study of 111 academics, which examined the readiness of lecturers for online classes during the pandemic, it was observed that academics could not adapt to distance education due to technical inadequacy. In the study, it was observed that academics who considered themselves technically inadequate thought that they would also fail in their goals of teaching students [32]. These results are similar to our study. In Cesur and Kurt's study, in which they examined the views and readiness of midwifery students about distance education, it was found that students thought that it was not good that practical courses were given by distance education [12]. Similarly, in the study of Keskin and Derya in sports sciences, where practical education is predominant, students' feedback on web-based distance education was evaluated, and it was found that distance education was inefficient for practical courses but efficient for theoretical courses [11].

It is important to recognize the limits of this study to provide the transparency and context of the results. First off, there were 87 participants in the sample, which accounted for around 25% of the target group of Turkish midwifery educators. The results may not be as applicable to other midwifery educators due to the very low response rate. Second, because participant opinions may represent subjective experiences and perceptions, the use of self-reported data raises the possibility of response bias. Furthermore, the survey was carried out in the early phases of the COVID-19 epidemic, when institutions and teachers were still getting used to distance education. It's possible that viewpoints and experiences changed over time as people became more accustomed to using Internet resources and services. A more thorough grasp of the long-term effects of distance education on midwifery training may be possible with future research using longitudinal designs and bigger, more varied sample sizes.

Conclusion

The mandatory distance education process, such as pandemics or natural disasters, has decreased student interaction, teaching motivation for midwifery academics, and the development of different teaching techniques. Although distance education practical in these processes is seen as a quick solution to the current situation, its long-term results reveal the necessity of returning the process to face-to-face education. It has been concluded that distance education is inappropriate in midwifery because the curriculum is inadequate. It is practical and contributes negatively to the learning of professional competencies of midwives.

The study's conclusions point to several areas that warrant further investigation to address the issues raised and raise the standard of midwifery education. To improve the efficacy of hands-on courses offered via distance education, more research may concentrate on creating and assessing cutting-edge technologies like virtual simulation tools, augmented reality, or virtual reality applications. To evaluate the long-term effects of hybrid or distant learning on midwifery students' clinical competence and professional preparedness, especially in preventative care settings, longitudinal research is required. A more thorough grasp of the opportunities and difficulties related to distant education may be possible through comparative studies that look at the experiences of both teachers and students. Furthermore, studies examining how technology assistance and institutional architecture enhance the educational process might help guide methods for getting past technological obstacles. Lastly, research on hybrid education models—in which practical training is conducted in person while theoretical courses are taught online—can provide evidence-based guidance for creating robust and successful midwifery education programs in times of crisis.

Ethical Consideration

The Karabük University Ethics Committee gave its clearance for this study, which was carried out in compliance with research ethics guidelines (Decision Number: 2020/08-23, dated June 30, 2020). All subjects gave their informed consent before beginning the study, and participation was entirely voluntary. Throughout the research procedure, all obtained data was kept anonymous and confidential.

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Conflict of interest
Regarding the publishing of this research, the authors declare that they have no conflicts of interest.

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Authors' contributions
RAD and SH helped with the study's design. The data was gathered by SH and RAD.
The data was examined by RAD. The final draft was written by SH.
The version for submission was read and approved by all writers.

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