

Exploring the Motivations of Midwives Working in Rural and Remote Areas of Aurora Province: A Descriptive Qualitative Study

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ABSTRACT

Background and Objective. Midwives are critical for quality maternal and child healthcare, particularly in underserved rural areas. Despite their crucial role in challenging environments, understanding factors motivating them to work in such settings is limited. This study explores these underlying motivations among midwives in Aurora Province, Philippines, providing insights essential for developing effective strategies to support and retain this vital workforce.

Methods. A descriptive, qualitative design using a semi-structured approach with a purposive sample of midwives was employed. Data collection was conducted from October to December 2024. Analysis of data utilized Braun and Clarke's thematic analysis alongside NVivo software for coding. Iterative process allowed for the refinement of themes ensuring a comprehensive understanding of midwives' motivations.

Results. Four main themes were identified: (a) motivations to midwifery practice, (b) career path decisions, (c) challenges in midwifery, (d) impact of work, and (e) professional growth and stability. Study revealed that midwives in underserved areas were deeply committed to their communities, facing significant challenges. Their dedication went beyond duty, stemming from personal experiences and a desire to reduce healthcare inequalities.

Conclusion. Midwives are driven by their steadfast dedication with compassion and resilience in providing maternal and child health services while confronting local challenges. Their experiences reflect a deep commitment to creating positive change in the lives of the families and communities they serve. Gaining insight into these motivations can help enhance support systems for midwives, enabling them to thrive in their roles and improve the well-being of underserved populations.

Keywords: workforce, community, rural midwives

INTRODUCTION

Midwives have long been essential to maternal and neonatal health, particularly in vulnerable populations such as those in rural and remote communities. Their role is crucial in ensuring that pregnant women and newborns receive necessary care, regardless of geographical and infrastructural challenges. The World Health Organization (WHO) emphasizes the importance of midwives in addressing maternal and infant health issues, especially in resource-limited countries.¹ The decision for midwives to practice in rural areas is influenced not only by financial incentives but also by personal fulfillment, socio-cultural factors, and educational opportunities.²

In Aurora Province, midwives face unique challenges that affect their experiences and motivations. The province's coastal and mountainous regions are particularly difficult to access,

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with many residents living far from medical facilities. Natural disasters, such as heavy rains and typhoons, often exacerbate these challenges, isolating communities and making it hard to provide essential health services. The damage to healthcare facilities from such calamities further complicates the provision of maternal and neonatal care. Understanding what motivates midwives to work in these remote areas is crucial for developing effective support systems and policies aimed at improving healthcare services in rural regions.

This research's purpose is to gain insight into the role of midwives in rural healthcare systems and how policies can better support midwives. Moreover, the study intends to assist in creating sustainable and positive change to maternal and child healthcare services in neglected regions as well as enhance the overall midwifery services in Aurora Province.

Intrinsic Motivations among Midwives

The geographical and socio-economic landscape of Aurora Province presents both challenges and opportunities for midwives. The province's mountainous terrain and dispersed population make accessing healthcare services difficult. Despite these obstacles, many midwives are motivated by a desire to positively impact the lives of women and families in their communities.³ This intrinsic motivation is often linked to a commitment to social justice and equity in healthcare, as midwives strive to provide quality care to those who might otherwise be overlooked by the healthcare system.²

The study highlights several key themes related to midwives' motivations in rural areas. One prominent theme is the strong sense of professional identity and belonging that midwives often report. This connection to their community enhances job satisfaction and commitment to rural practice.⁴ The relationships midwives build with their clients and the community serve as powerful intrinsic motivators, fostering pride and self-esteem in their work. Midwives value their relationships with new families and the continuity of care they provide. Additionally, having a supportive team can help mitigate the stress associated with their workload.⁵

Midwives' motivations are often intertwined with their personal experiences and backgrounds. Many midwives are members of the communities they serve, creating a deep-rooted commitment to improving local health outcomes. This connection enhances their sense of responsibility and drive to deliver high-quality care, as they are acutely aware of the specific needs and challenges faced by the families they serve.⁶ The emotional and psychological aspects of midwifery practice in rural areas are also significant. Midwives frequently encounter high-stress situations, including emergencies and complex cases, which can lead to emotional exhaustion. However, many report that the rewards of their work, such as witnessing the joy of childbirth and forming lasting relationships with families, outweigh the challenges.⁵ This emotional resilience is crucial, enabling midwives to navigate the difficulties of rural practice while maintaining their commitment to quality care.

Another important aspect of midwifery is the emotional labor involved. Midwives often go beyond technical care, providing emotional support and guidance to mothers facing life challenges. They become pillars of their communities, fostering trust and encouraging families to seek help when needed. Understanding how health professionals manage their roles and the systemic factors affecting their work is vital, as these elements significantly impact maternal and child health and the overall healthcare system.⁷

A profound sense of dedication characterizes midwives' commitment to their communities. Despite facing considerable obstacles—such as limited resources, professional isolation, and emotional strain—midwives report that their commitment to providing quality care serves as a powerful motivator. Exploring how well-prepared and supported midwives feel in their roles can provide insights into their job satisfaction and commitment to working in challenging environments. This intrinsic motivation is essential, as it drives midwives to deliver high-quality care and helps them navigate the difficulties associated with rural practice.⁵

Extrinsic Motivations among Midwives

In rural Philippine communities, midwives are often the most accessible healthcare providers for mothers and children. Semi-structured interviews with midwives reveal their stories, challenges, and the bonds they form with the families they care for.⁸ These narratives highlight the dedication midwives have to their patients, often at the expense of long hours and personal sacrifices. The socio-cultural environment in which midwives operate significantly shapes their professional motivations. Traditional beliefs and practices surrounding childbirth can influence how midwives approach their work, making it essential for them to understand and respect these cultural differences to build trust with clients.⁹ The lack of professional support and resources also impacts midwives' motivations. Studies indicate that rural health workers who perceive strong support from colleagues and have opportunities for learning are more likely to maintain their rural practice. Conversely, insufficient support can lead to feelings of isolation and burnout, discouraging midwives from working in demanding environments. The trajectory of midwives' intentions is shaped by their experiences with professional development and career progression.¹⁰ Many midwives are committed to lifelong learning, recognizing that refining their skills is crucial for their personal growth and the well-being of the families they serve.

The study highlights the significant challenges midwives face, including feelings of being overwhelmed by limited resources, inadequate training, and insufficient support from the healthcare system. Despite these obstacles, their resilience and commitment to their communities shine through. The need for greater recognition and support for midwives is emphasized, advocating for policies that enhance their training and resources to improve maternal and child health outcomes.¹¹

Educational access for midwives is a significant issue, with barriers such as geographic isolation, inadequate funding for training programs, and a lack of local resources and mentorship. Midwives may feel stagnant or frustrated when they realize that their desired areas of growth are unsupported by their work environment.¹² This can lead to demotivation and burnout, prompting some to leave rural practice altogether. The impact of these challenges extends beyond individual midwives; when they feel unsupported, the quality of care they provide may suffer. A midwife who is not engaged in ongoing learning may struggle to keep up with best practices, ultimately affecting maternal and infant health outcomes in the community.¹³

To address these issues, it is crucial to create supportive environments that prioritize professional development for midwives in rural areas. This could involve establishing more accessible training programs, providing financial support for continuing education, and fostering mentorship opportunities. By facilitating the professional growth of midwives, we can sustain their motivation and commitment to rural practice, leading to better health outcomes for the communities they serve.

In summary, the motivations of midwives are intricately linked to their experiences with professional development. While the desire for ongoing education can inspire them to remain in rural practice, the barriers they face can lead to feelings of stagnation and decreased motivation. Addressing these barriers is essential for retaining skilled midwives and ensuring high-quality care in rural communities.

METHODS

Research Design

This study utilized a descriptive qualitative design within an interpretivist framework to explore into the motivations of midwives in rural and remote areas of Aurora Province, Philippines. By adopting an interpretivist approach, the research aimed to capture the personal experiences and meanings that midwives associate with their roles in these unique settings. The study focused on understanding the complexities of midwives' experiences, which quantitative methods might miss. Social Role Theory was employed to contextualize the findings, shedding light on how societal norms and expectations influence midwives' motivations and professional identities. Acknowledging the inherent biases and subjectivity in qualitative research, the study implemented data triangulation and reflexivity to enhance credibility and ensure a thorough understanding of the midwives' motivations.¹⁴

Overall, this structured approach aimed to provide rich insights into the professional lives of midwives, ultimately contributing to improved policies and practices in maternal healthcare within similar rural contexts. The findings are expected to inform better support and resources for midwives in these challenging environments.

Study Participants

The study included 18 registered midwives working in geographically isolated and disadvantaged areas (GIDA) of Aurora Province with at least three years of experience, regardless of employment status or whether they completed a 2-year or 4-year midwifery program. Midwives with less than three years of experience and nurses holding a midwife license were excluded.

Informed consent was obtained online, followed by the distribution of a researcher-designed Google Form to gather insights into their experiences and motivations. All data were securely stored for one year, accessible only to the primary researcher and authorized staff. The number of participants (18) was determined through data saturation, wherein responses were collected until no new themes emerged, consistent with qualitative research standards that prioritize depth over quantity.

Study Setting

Aurora Province is located on the eastern coast of Luzon, bordered by Quirino to the north, Nueva Ecija and Bulacan to the west, and Quezon to the south.¹⁵ Healthcare access in the province—covering areas such as Baler, Casiguran, Dilasag, Dinalungan, Dipaculao, Maria Aurora, and San Luis—is challenged by its rugged geography.¹⁶ The Sierra Madre mountain range to the west makes transportation difficult, limiting residents' access to essential health and maternal care services.¹⁷

The province is served by four government hospitals situated in Baler, Casiguran, Maria Aurora, and Dingalan.¹⁸ In addition, there are 44 barangay health stations, primarily located in the central municipalities. Each town also operates a health center that collaborates with the hospitals to deliver healthcare services to the local communities.¹⁶

Data Collection

Data collection began only after receiving ethical approval from the University of Northern Philippines (UNP) Ethical Review Committee (Code: A2024-286). The data collection was done from October to December 2024, followed by another two months for analysis.

Data was collected through a self-made semi-structured interview guide as a tool for data gathering via Google Forms and actual interviews allowing for a comprehensive exploration of midwives' motivations, challenges, and the socio-cultural factors influencing their practice. The Google Forms survey served as a preliminary tool to gather demographic information and initial insights into the midwives' motivations, while face-to-face interviews, constituting 75% of the data collection, provided a platform for deeper engagement and narrative exploration.

Participant observations were conducted in selected healthcare settings where midwives provided maternal and primary healthcare services. These observations allowed the researchers to capture non-verbal cues, work routines, and

interactions with patients and colleagues, thereby enhancing the contextual depth of the study. Relevant documents, such as clinic records, healthcare policies, and training materials, were also reviewed to supplement and validate the findings.

To enhance the credibility and rigor of the study, data were triangulated using three sources: interviews, observations, and document analysis. This methodological triangulation ensured that the findings were well-supported and reflective of the real-world experiences of midwives. An iterative approach was applied, meaning that emerging themes from early interviews informed subsequent interviews and observations, allowing the researchers to refine questions and explore additional areas of interest.

Researcher backgrounds and experience significantly influenced study design, data collection, and interpretation. The primary researcher's expertise in healthcare research and qualitative methodologies facilitated in-depth participant discussions. The research team also included individuals experienced in maternal and reproductive health, ensuring a well-informed understanding of midwives' professional functions.

To minimize bias, researchers implemented several strategies. These included maintaining objectivity during interviews, triangulating data from various sources, and validating findings through peer debriefing and member checking. Researchers had no prior relationships with participants, which helped reduce the potential for pre-existing biases or power imbalances to influence responses. However, as outsiders to Aurora's specific midwifery cultural context, the researchers were mindful of possible misinterpretations due to cultural differences. Ongoing collaboration with local midwifery professionals and stakeholders ensured a culturally sensitive and contextually relevant analysis.

By addressing these factors explicitly, this study aimed to enhance the transparency, trustworthiness, and transferability of its findings, ultimately contributing to a comprehensive understanding of the motivations of midwives working in rural and remote areas of Aurora Province.

Data Analysis

The study employed a systematic, iterative data analysis process to gain insights into midwives' motivations in rural Aurora Province, using chronological structuring and triangulation for comprehensive understanding.

The analysis of semi-structured interview data employed Braun and Clarke's thematic analysis to identify midwives' motivations. The researchers reviewed audio recordings and enhanced field notes post-interview to capture impressions and non-verbal cues. Professional transcriptions were verified for accuracy, ensuring participant anonymity by removing identifying details.

After verifying the transcripts, the researchers utilized NVivo qualitative data analysis software to generate initial codes. This detailed, line-by-line coding process involved segmenting the text and assigning descriptive codes that reflected the midwives' motivations, lived experiences,

challenges, and aspirations. The coding was both deductive, guided by the semi-structured interview guide and Social Role Theory, and inductive, emerging from the participants' unique language and narratives. The identified themes were thoroughly reviewed against the dataset, assessing internal consistency and clarity between themes. The research team re-read transcripts to ensure accurate representation, refining, merging, or discarding themes to capture the nuances of midwives' experiences effectively.

The final stage involved integrating the defined themes into a coherent and compelling narrative. This narrative directly addressed the study's research questions and placed the findings within the context of relevant theoretical frameworks and existing literature. Detailed descriptions of each theme, accompanied by rich, anonymized direct quotations from the transcripts, formed the core of the findings section.

Observation was systematically conducted as a data collection method. Detailed observations included activities, interactions, physical environment, and non-verbal cues relevant to midwives' daily work and potential motivational influences. Notes were immediately expanded upon to ensure clarity, completeness, and to capture the richness of the observed events.

Similar to the interview data, thematic analysis was applied to the compiled observational notes. Researchers looked for consistent themes or discrepancies that highlighted aspects of the midwives' working conditions impacting their motivations. This involved observing the direct impact of resource limitations, community engagement, or logistical challenges on daily practice, thereby providing an essential contextual layer to the interview data.

To minimize bias and significantly enhance the overall trustworthiness, credibility, and confirmability of the study's findings, a comprehensive triangulation strategy was rigorously implemented. This study actively employed methodological triangulation by utilizing multiple distinct data collection methods: semi-structured interviews, direct observations, and document analysis. Findings derived from each method were systematically compared and cross-referenced during the analysis phase. This multi-method approach aimed to identify convergences, divergences, or complementary insights across the different data sources, thereby providing a more comprehensive and robust understanding of midwives' motivations and their surrounding context.

Furthermore, data triangulation involved gathering insights from a diverse group of midwives through purposive sampling, considering experience and roles across various rural locations in Aurora Province. This approach strengthened the findings' credibility by revealing consistent themes representative of the broader population's experiences.

Ethical Considerations

To align with the research goal of enhancing knowledge, the researchers participating in this study ensured the ethical, legal, and personal rights of the participants were protected.

The Ethics Review Committee of the University of Northern Philippines with Ethics Review Code A2024-286 has granted permission to conduct this study. They also sought individual consent from each potential participant. The study was guided by the Declaration of Helsinki.¹⁹ Data collection through Google Forms was administered after participants had given their informed consent and received a complete explanation of the project. Participants were informed that they could withdraw at any time until their submitted data had been compiled and identified, and were assured that their confidentiality was maintained.

To ensure confidentiality and anonymity, the researchers did not collect any personally identifiable information, assigning pseudonyms to participants in all transcripts and reports. Data security measures included encrypted digital storage and password-protected files to prevent unauthorized access. All raw data, including audio recordings, were securely stored during the study and permanently deleted after data analysis and publication two years thereafter.

The participants did not receive financial compensation but were given small tokens of appreciation for their time and contributions. The study posed minimal risk, mainly involving potential emotional discomfort when discussing professional challenges. To address this, participants were assured they could skip questions or withdraw from the study at any time without consequences. The study offered midwives a platform to share their experiences, potentially contributing to broader conversations about their motivations and professional recognition in maternal healthcare.

By implementing these ethical safeguards, the study upheld high standards of research integrity and participant protection.

Rigor

To ensure the trustworthiness of the findings, this study employed methodological triangulation by collecting data through phone calls, Google Forms, and in-person field interviews. Data from each source were compared and contrasted to identify convergent themes and divergent perspectives. Member checking was conducted across all data collection methods to validate interpretations and ensure accuracy. Preliminary findings were shared with participants, providing an opportunity for them to clarify, elaborate, or challenge the researchers' understanding of their experiences.

RESULTS

The midwives who participated in this study were all dedicated professional midwives working full-time in rural areas of Aurora Province. At the time of the interview, they had been serving their communities for between 4-33 years. The demographic characteristics of the participants are shown in Table 1.

Table 2 summarizes key themes from participant feedback, highlighting their motivations, challenges, and experiences in the community. This summary deepens the understanding of the realities faced by midwives in underserved areas.

Table 1. Demographic Characteristics of Participants

Participants ID Number	Age (Years)	Length in Service (Years)	Educational Attainment	Address
RHM 1	35	12	BSM	Dilasag, Aurora
RHM 2	47	15	Graduate Midwife	San Luis, Aurora
RHM 3	28	6	Graduate Midwife	Dingalan, Aurora
RHM 4	30	10	Graduate Midwife	Dingalan, Aurora
RHM 5	50	25	Graduate Midwife	Baler, Aurora
RHM 6	34	10	Graduate Midwife	San Luis, Aurora
RHM 7	33	7	Graduate Midwife	Dipaculao, Aurora
RHM 8	32	5	Graduate Midwife	Dipaculao, Aurora
RHM 9	26	4	Graduate Midwife	Dinalungan, Aurora
RHM 10	45	12	Graduate Midwife	Dingalan, Aurora
RHM 11	46	15	Graduate Midwife	Dilasag, Aurora
RHM 12	27	4	Graduate Midwife	Maria Aurora, Aurora
RHM 13	49	7	Graduate Midwife	Maria Aurora, Aurora
RHM 14	49	18	Graduate Midwife	Dilasag, Aurora
RHM 15	64	33	Graduate Midwife	Dilasag, Aurora
RHM 16	51	24	Graduate Midwife	Dilasag, Aurora
RHM 17	56	25	Graduate Midwife	Dilasag, Aurora
RHM 18	31	5	Graduate Midwife	Dilasag, Aurora
Total	18	18		

Table 2. Questions for the Semi-structured Interview Topic Guide

Opening	What motivated you to be a midwife?
Introductory	What has motivated you to work and remain in the rural and remote province of Aurora?
Body	Have you considered the possibility of relocating to work in other areas?
	Have you felt adequately compensated financially? If not, what actions did you take in response?
Concluding	Is there anything else you would like to mention?

Emergent themes were revealed from the individual interview transcripts regarding the motivations of midwives in the rural areas of Aurora province, Philippines:

1. Commitment to community
2. Career path decisions
3. Challenges in midwifery
4. Impact of work
5. Professional growth and stability

Commitment to Community

This theme encompasses the motivations behind midwives' dedication to serving their communities, particularly in underserved areas. It highlights personal experiences that shape their commitment to addressing healthcare disparities.

Service to underserved areas

Midwives are deeply committed to serving their communities, often feeling a calling to work in remote or underserved areas where healthcare access is scarce. Their eagerness to provide care in these areas stems from a desire to empower women and families, ensuring that everyone has the opportunity for safe and healthy childbirth experiences.

Participant 9: "I am motivated by the situation of Filipinos living in remote areas who lack access to quality health services."

Participant 17: "I felt the need to serve my community, especially in underserved areas where midwifery care is needed."

Personal motivation

Midwives' diverse personal experiences and backgrounds inspire their community dedication. Their unique stories fuel a passion for addressing healthcare disparities, driven by firsthand understanding of prevalent challenges. This commitment extends beyond professional obligations, representing a heartfelt mission to provide equitable care, thereby fostering hope and healing.

Participant 8: "Because I was raised in this kind of environment and mentality, I see the real situation and challenges to health care and the inadequacy of health services. In this regard, I am motivated to be part of the solution."

Career Path Decisions

Midwives reflect on the choices regarding their careers, including the circumstances that lead them to midwifery and the transitions from other professions. It emphasizes the factors influencing their career decisions.

Unplanned career choices

Midwives found their way into the profession through unconventional paths, sometimes due to academic difficulties or a desire for quicker employment. While some initially explored different careers, their dedication to midwifery deepened as they recognized its significant influence. This less many-traveled road underscores their strength and dedication to supporting families and communities.

Participant 12: "This is not actually the course that I want. It was just that I was not able to meet the grade requirement, so I chose Midwifery."

Participant 13: "At first, I wanted to be a teacher. But that would take four years, so I took a two-year Midwifery course."

Transition from other professions

Many midwives initially pursued other professions, but life circumstances and time limitations redirected them toward midwifery. This transition often stemmed from a desire for work that was both meaningful and practical. By choosing this career, they discovered satisfaction in assisting families, demonstrating their flexibility and commitment to supporting new life.

Participant 1: "Serving people in need is the ultimate reason I chose to become a midwife."

Participant 5: "I am motivated by families who are in dire need of health workers, especially in communities that are far from health facilities."

Challenges in Midwifery

This theme highlights the obstacles midwives face in their profession, including limited access to quality health services and issues related to compensation and job security. It underscores the difficulties that affect their job satisfaction and retention.

Access to quality health services

Participants highlight the difficulties encountered in remote regions characterized by restricted access to adequate healthcare. This scarcity of resources presents considerable obstacles for midwives dedicated to delivering optimal care. Consequently, families in these underserved communities bear the burden of these deficiencies, underscoring the critical necessity for enhanced healthcare provisions to benefit both the midwives and the populations they attend to.

Participant 7: "Providing maternal care is essential in these areas. This secures pregnant women receive the necessary health care and services before they give birth."

Participant 4: "I am motivated to work and remain in the remote area of Dingalan because I see myself living in an area with poor health access."

Compensation and job security

Midwives frequently express dissatisfaction with their compensation, viewing it as disproportionately low compared to other healthcare professionals. This financial disparity fuels job dissatisfaction and heightens anxieties about employment security and overall financial stability.

Participants 8 and 2: "Midwives are recognized as the grassroots of the healthcare system in our country, playing a crucial role in maternal and child health; however, they often face inadequate compensation compared to other healthcare professionals. This financial disparity is exacerbated by the rising costs of basic needs, leaving midwives struggling to make ends meet, as their wages and travel expenses are insufficient to cover daily living expenses. Consequently, many midwives find themselves in a challenging position, where their essential contributions to healthcare are not matched by fair remuneration, highlighting the urgent need for systemic changes to support these vital practitioners."

Impact of Work

This theme emphasizes the significance of midwives' roles in fostering relationships within their families and communities, as well as their contributions to the overall healthcare landscape. It reflects the positive effects of their work on those they serve.

Family and community relationships

Midwives frequently highlight the profound positive influence of their work on their families and communities, underscoring the critical importance of cultivating strong relationships in their professional capacity.

Participant 8: "I see the impact of my work on my family here. The relationship I developed and the needs of the women in our area pushed me to stay."

Participant 10: "I'm happy and content with my work."

Contribution to healthcare system

Midwives see themselves as essential contributors to the healthcare system, particularly in rural areas, and feel a sense of pride in their work.

Participants 1 and 11: "The government must look to us, midwives, as we know that we play a vital role in society. We are the most silent among other professionals who are always requesting a salary hike."

Professional Growth and Stability

This focuses on midwives' aspirations for professional development and the pursuit of better job opportunities. It also addresses the need for government support and recognition of their contributions to the healthcare system, particularly regarding compensation and job security.

Opportunities for advancement

Some midwives express a strong desire for professional growth and enhanced career prospects, which often leads them to consider relocation for improved opportunities and greater financial stability.

Participants 3 and 15: "Relocating for better job opportunities, professional growth, or to work in areas with a higher demand for midwives give me more financial stability."

Participant 11: "Yes, I will if there is a chance. Why not, because I am open to possibilities for greener pasture."

Government support and recognition

Participants strongly advocate for enhanced government recognition and support, underscoring the indispensable role midwives fulfill within society and the urgent necessity for improved compensation.

Participant 11: "Security of tenure from my very own Local Government Unit somehow motivated me to stay in public health service."

DISCUSSION

The findings of this study highlight the complex nature of midwifery in underserved areas, revealing a profound commitment to community service, the challenges faced by midwives, and their aspirations for professional growth. The responses from midwives highlight their dedication to serving communities where healthcare access is limited, particularly in remote regions. This commitment is not merely a professional obligation; it is deeply rooted in personal experiences and a desire to address healthcare disparities.

Midwives in this study expressed a strong desire to serve underserved areas, as illustrated by Participant 9, who stated, "I am motivated by the situation of Filipinos living in remote areas who lack access to quality health services." This sentiment reflects a broader trend in healthcare, where professionals are increasingly driven by a sense of social responsibility to improve health outcomes in marginalized communities.²⁰ The personal motivations of these midwives, as articulated by Participant 8, reveal that their backgrounds significantly influence their commitment to serving their communities. Growing up in environments with limited healthcare access has instilled in them a sense of duty to be part of the solution, echoing the role of personal narratives in shaping professional identities.²¹

Interestingly, many midwives reported that midwifery was not their first career choice, often due to academic constraints or the desire for a quicker path to employment. Participant 12 noted, “This is not actually the course that I want. It is just that I was not able to meet the grade requirement, so I chose Midwifery.” This highlights a critical issue within the healthcare education system, where aspiring professionals may feel compelled to pursue paths that do not align with their true interests.²² The transition from other professions, as mentioned by Participant 1, underscores the need for systemic changes that support individuals in pursuing their desired careers in healthcare.

The challenges faced by midwives in delivering care are significant, particularly regarding access to quality health services and compensation. Participants highlighted the lack of resources in remote areas, with Participant 7 stating, “Providing maternal care is essential in these areas.” This finding resonates with existing literature that documents the barriers healthcare providers encounter in rural settings, including inadequate infrastructure and limited access to essential services.²³ Furthermore, many midwives expressed feelings of being undercompensated compared to other healthcare professionals, leading to dissatisfaction and concerns about job security. Participant 8 remarked, “Midwives are known as the grassroots of the health care system in our country. They are not well compensated.” This emphasizes the urgent need for policy reforms that recognize and adequately compensate midwives for their essential contributions.¹⁰

Despite these challenges, midwives often find fulfillment in their work, particularly in the relationships they build within their communities. Participant 8 noted, “I see the impact of my work on my family here,” highlighting the positive influence of their roles on both personal and community levels. This sense of connection and purpose is crucial for job satisfaction and retention in the profession, which emphasizes the importance of community ties in healthcare delivery. Additionally, midwives perceive themselves as vital contributors to the healthcare system, with Participant 11 stating, “The government must look to us, midwives, as we know that we play a vital role in society.” This pride in their work underscores the need for greater recognition of midwives' contributions to maternal and child health, particularly in rural areas.

The desire for Professional Growth and Stability emerged as a significant theme, with many midwives expressing aspirations for better job opportunities and professional advancement. Participant 15 articulated a willingness to relocate for improved prospects, indicating a proactive approach to career development. This aligns with previous research that highlights the importance of career advancement opportunities in retaining healthcare professionals. Furthermore, participants called for greater Government Support and Recognition, emphasizing the need for better compensation and job security. Participant 11 noted, “Security of tenure from my very own Local Government

Unit somehow motivated me to stay in public health service,” indicating that government support is crucial for retaining skilled midwives in the public health sector.

Limitations of the Study

One significant limitation is the potential for selection bias. The midwives who participated may not represent the broader population of midwives in rural and remote areas, as those who are more motivated or have positive experiences may have been more inclined to participate. To address this, we made concerted efforts to recruit a diverse sample by reaching out to various midwifery clinics and community health centers across different areas within Aurora Province. This approach aimed to include midwives with varying levels of experience and backgrounds, thereby enhancing the representativeness of our sample.

Furthermore, the qualitative nature of the study means that the findings may not be generalizable to all midwives in similar contexts. While qualitative research provides depth and richness, it often lacks the breadth of quantitative studies. To address this limitation, we suggest that future research could incorporate mixed-methods approaches, combining qualitative insights with quantitative data to provide a more comprehensive understanding of midwives' motivations.

Another limitation is the reliance on self-reported data, which can be influenced by social desirability bias. Participants may have provided responses that they believed were more favorable or acceptable. To mitigate this, we ensured confidentiality and emphasized the importance of honest feedback during the interviews. Additionally, we employed open-ended questions that encouraged participants to share their experiences and motivations in their own words, making it easier to grasp their viewpoints.

While our study sheds light on the motivations of midwives in rural and remote areas of Aurora Province, it is crucial to recognize these limitations and the steps taken to address them. By doing so, we hope to contribute to a more robust understanding of the factors influencing midwifery practice in challenging settings and encourage further research in this vital area.

CONCLUSION

This study reveals the multifaceted experiences of midwives in underserved areas, highlighting their commitment to community service, the challenges they face, and their aspirations for professional growth. Addressing these issues through targeted policy interventions and support systems is essential for enhancing the midwifery profession and ensuring that midwives can continue to provide vital healthcare services to those in need. Future research should explore the long-term impacts of these challenges on midwives' career satisfaction and patient outcomes, as well as the effectiveness of proposed policy changes in improving their working conditions.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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