Lived Experiences of Midwives Providing Care to Patients with Eclampsia

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ABSTRACT

This study explored the lived experiences of midwives in caring for patients with eclampsia in selected hospitals in San Carlos City, Pangasinan. A qualitative phenomenological research design was employed to understand the experiences, challenges, coping mechanisms, and lessons of midwives in providing care to patients with eclampsia. Participants were registered midwives who had experience caring for patients with eclampsia and were selected through homogeneous purposive sampling based on predetermined inclusion criteria. Data were gathered through individual, in-depth, semi-structured interviews and continued until data saturation was achieved. The interviews were audio-recorded with the participants' permission, transcribed, and analyzed using the Giorgi descriptive phenomenological method.

The findings revealed four major themes. The first theme, Difficulties as Professional Health Workers, described the professional and personal experiences of midwives in providing care to patients with eclampsia. The second theme, Obstacles as Midwives, included unjust treatment, lack of medication, lack of manpower, extension of duty, and low salary. The third theme, conquering the Challenges and Surviving, described the coping mechanisms used by midwives, particularly believing in God and receiving support from significant others. The fourth theme, Love and Compassion to Work, reflected forbearance, fulfilling their mission, and love and dedication to their profession. Despite the difficulties encountered, the participants continued to provide care and viewed their work as a responsibility and a meaningful part of their professional calling.

The study concluded that caring for patients with eclampsia is demanding and may expose midwives to emotional stress, workload pressures, staffing shortages, medication limitations, extended duty hours, difficult interactions, and concerns regarding compensation.

However, faith, family and social support, professional commitment, patience, and dedication helped the midwives cope with these challenges. The study recommends strengthening staffing support, ensuring the availability of essential medications and resources, improving compensation and benefits, and providing continuing education and institutional support for midwives caring for patients with eclampsia.

Keywords: midwives, eclampsia, lived experiences, phenomenology, maternal care, coping mechanisms

BACKGROUND OF THE STUDY

“Kindness can transform someone’s dark moment with a blaze of light. You’ll never know how much your caring matters.” Amy Leigh Mercree

Midwifery is defined as “skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum from prepregnancy, pregnancy, birth, postpartum and the early weeks of life”. The evidence shows us that midwifery plays a “vital” role, and when provided by educated, trained, regulated, licensed midwives, is associated with improved quality of care and rapid and sustained reductions in maternal and newborn mortality. (WHO 2024)

Midwives are healthcare providers who deal with pregnancy, childbirth, newborn care and postpartum health. Some midwives provide routine reproductive care like pelvic exams, Pap tests, or counseling on birth control.

Midwives tend to be more holistic and supportive of natural approaches to pregnancy and birth. People often choose a midwife when they know they want a non-medicated birth or want to give birth at home. Pregnancy and labor are very personal experiences. You have a choice about the kind of care you prefer. That is why it may help to know the differences between midwives and obstetricians and gynecologists. (Cleveland Clinic 2024)

According to Prosphel Phillippines (2024), the following are the functions of midwives provides family planning information and advices to patients and their families. Educates women on reproductive health and advocates prenatal care for expectant mothers. Provide counseling and advice following events such as miscarriage, termination, stillbirth, neonatal abnormality and neonatal death. Attends to normal deliveries and refers abnormal deliveries to physicians. Conducts post-mortem care on deceased infants. Advises necessary examination for the earliest possible diagnosis of pregnancies at risk. Monitors the patient before birth, during labor and after giving birth. Organize and updates records for the preparation of required reports. Performs other related task as assigned by the immediate supervisor.

According to World Health Organization (2024) Eclampsia is the onset of fits in a woman whose pregnancy is usually complicated by pre-eclampsia. The fits may occur in pregnancy after 20 weeks gestation, in labour, or during the first 48 hours of the postpartum period. There is a high incidence of maternal death in women with eclampsia. Perinatal mortality is also high. Pre-eclampsia and eclampsia are part of the same disorder with eclampsia being the severe form of the disease. Pre-eclampsia almost always precedes eclampsia. However, not all cases follow an orderly progression from mild to severe disease and some women develop severe pre-eclampsia or eclampsia very suddenly.

Explain that widespread spasm of arterioles affects most organs in the body causing organ failure that endangers the lives of mother and fetus. Ask students to work in pairs. Ask half the class to list effects of eclampsia on the mother, and the other half to list effects on the fetus. Effects on the mother These include: respiratory problems (asphyxia, aspiration of vomit, pulmonary, edema, broncho-pneumonia) cardiac problems (heart failure) effects on the brain (haemorrhage, thrombosis, oedema) renal complications (acute kidney failure) hepatic disease (liver necrosis) HELLP syndrome (haemolysis, elevated liver enzymes, low platelet count) coagulopathy (clotting/coagulation failure) visual disturbances (temporary blindness due to oedema of the retina) injuries during convulsions (fractures).

The main causes of maternal death in eclampsia are intracerebral haemorrhage, pulmonary complications, kidney failure, liver failure and failure of more than one organ (e.g. heart, liver, and kidney). World Health Organization (2024)

As stated by Magley M. (2024) Midwives and nurses have a big role in caring for patient with eclampsia to avoid maternal death, eclampsia is a medical condition that requires prompt diagnosis and treatment to prevent morbidity and mortality in pregnant women. The health care team must work efficiently together to provide optimal care to both the mother and the unborn child. Midwives or providers triaging patients in the emergency department need to be cognizant of signs and symptoms of eclampsia. They must notify the attending physicians treating the patient as quickly as possible, especially if they are actively seizing and require medication to abort the seizure. The communication between nursing and physicians and midwife is vital to ensure that the patients are getting proper intervention. Communication is also important between emergency physicians and obstetricians as the delivery of the fetus may be emergent. Pharmacists review the dosage of medications and check for drug-drug interactions. Ultimately, care must be patient-centered.

On the other hand the study of Dartey A (2022) with the thesis title Midwives Experiences of Managing Clients with Eclampsia in a low Resource Setting: A Qualitative Descriptive Study. Eclampsia remains a public health issue, especially in low-resource countries worldwide. Midwives are the backbone of the pregnancy and delivery process. Midwives trained in the necessary knowledge and skills are more likely to notice early warning signals of preeclampsia and immediately help clients in such emergencies. This study explored midwives' experiences in managing patients with eclampsia in Ghana.

This study was conducted among eight registered midwives at maternity units of two district hospitals in the Eastern Region of Ghana, using an exploratory, descriptive qualitative research design. A purposive sampling technique was adopted to select and interview informants. Interviews were audio-recorded, transcribed, and analyzed using qualitative thematic analysis. The right of participation and withdrawal from the study was respected. Midwives working in underserved facilities have the knowledge and skill to monitor and manage pregnant women experiencing eclampsia. However, they need to be supported with appropriate resources and advanced equipment to ensure adherence to protocols on managing eclampsia promptly referred. Continuous training and workshops for midwives in the management of hypertension in pregnancy are recommended and the public educated on the dangers of eclampsia. (Dartey A. 2022)

Another study of Dzansi G (2021) with thesis title Challenges and Coping Strategies Adopted by Midwives in Nursing Patients with Eclampsia in a Low Resource Setting: A Qualitative Descriptive Study. Eclampsia remains a public health issue, especially in low resource countries around the world, where approximately 63, 000 women die annually with young adolescence (ages 10-14) facing a higher risk of complication. Little is known about the challenges associated with the care of eclamptic clients. We sought to explore the challenges and coping strategies adopted by midwives in nursing patients with eclampsia in a low resource setting.

This study employed an exploratory descriptive qualitative research design. A total of 8 midwives were purposively selected and individual interviews were conducted. Data were analysed through qualitative thematic analysis. From thematic data analysis two overarching themes emerged with six sub-themes. The two overarching themes were inadequate resources and coping strategies. The subtheme under inadequate resources includes a shortage of drugs, inadequate resuscitation equipment, and inadequate and inappropriate beds. The subtheme under coping strategies includes: coping with drug shortages, inadequate resuscitation equipment, and inadequate and inappropriate beds

In 2021, the leading cause of maternal deaths in Bicol Region was Eclampsia with 37 registered maternal deaths or about 23.1%. Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium were the second leading cause of maternal deaths with 23 or 14.4%. Complications of the puerperium, not elsewhere classified was listed as the third leading cause of maternal deaths with 17 or 10.6% registered deaths. Other causes that significantly attributed to maternal deaths in Bicol Region were Pre-eclampsia (15 or 9.4%), Postpartum haemorrhage (14 or 8.8%), Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium (12 or 7.5%), Abnormalities of forces of labour (7 or 4.4%), and Obstetric embolism, Ectopic pregnancy, and Maternal care for other known or suspected fetal problems all recorded 5 or about 3.1 % registered maternal deaths. (Phillipine Vital Statistics 2023)

In the pursuit of a better world, the United Nations has laid out 17 Sustainable Development Goals (SDGs). These goals aim to address a wide range of global challenges and improve the quality of life for all. Among them, many of the SDGs stand out as crucial pillars of global development. But what might not be immediately evident is how investment in surgical care plays a pivotal role in advancing these goals. In my study I choose the SGD 3 the Good Health and Well-being specifically maternal mortality and health financing and workforce. Maternal mortality because my study focus on the eclampsia and if this condition will not treat immediately it will lead to maternal death, also health financing and workforce because my informants is midwife, man of my inofrmants are suffering from many challenges they need to have more training on how they will took care of their patients.

With all the related study and literature that I have read it is really evident that there is huge problem of being a midwife, in staffing, support from the leaders, their compemsation and a lot more. With my experience being a midwife I encounter many challenges at my workplace in caring with patients with eclampsia, I encounter that sometimes there is no available drugs use to give with the patients, mistreatment from the watcher if their patients are toxic, extending my duty due to shortage of manpower, this are some struggles that I have experience, with this experience I want to explore my curiosity what are the experience also of my colleagues in their respective hospital, that is why conducted this study.

Statement of the Problem

The study aims to explore the lived experiences of midwife in caring for patient with eclampsia. In order to have a comprehensive, accurate definitions of the phenomena being investigated from the experiences of the informants, specific questions were created which was the basis and pattern for the formulation of the questions during the interview process.

Specifically, this study will answer the following questions.

- What are the psychological and emotional experiences of midwives during the acute management of an eclamptic seizure?
- What systemic, environmental, or resource-based challenges do midwives encounter when providing care to eclamptic patients?
- How do midwives process and cope with traumatic or near-miss outcomes associated with eclampsia?
- How do midwives perceive the adequacy of their training and institutional protocols when facing eclampsia?

METHODOLOGY

Research Design

This research used a qualitative study to determine the experiences of midwife in caring for patient with eclampsia and facing their daily challenges in line with their profession and families, because it focuses on understanding the informants' insights, perceptions, views, or experiences in relation to the phenomenon under study. Qualitative research involves the creation of an in-depth description of individuals or events, as well as the collection of data through semi-structured interviews and informants observation. Tenny S. (2022)

Phenomenological research design is a powerful way to understand personal experiences. It provides insights into individual actions and motivations by examining long-held assumptions. New theories, policies and responses can be developed on this basis. (Nair, 2021)

Research Setting

This study was conducted in selected hospitals in San Carlos City, Pangasinan, namely Virgen Milagrosa Medical Center (VMMC), Elguira General Hospital (EGH), Blessed Family Doctors General Hospital (BFDGH), and Pangasinan Provincial Hospital (PPH). These hospitals were selected because they provide obstetric services and have a High-Risk Pregnancy Unit where patients with eclampsia may be admitted and managed. The inclusion of both public and private hospitals provided an appropriate setting for exploring the lived experiences of midwives caring for patients with eclampsia in different hospital environments.

Population and Sampling

The participants of this study were registered midwives who had experience caring for patients with eclampsia in selected hospitals in San Carlos City, Pangasinan. The study used purposive sampling, a non-probability sampling technique in which participants are deliberately selected based on predetermined characteristics relevant to the research problem. This approach was appropriate because the study required participants who had direct experience in caring for patients with eclampsia and could provide meaningful descriptions of their experiences.

The researcher specifically used a **homogeneous purposive sampling approach** because the participants shared common characteristics relevant to the study. All participants were registered midwives, had experience caring for patients with eclampsia, and were currently practicing in either a public or private hospital. This sampling approach allowed the researcher to focus on a specific group with similar professional characteristics and experiences related to the phenomenon being investigated.

The participants were selected based on the following inclusion criteria:

- A registered midwife, regardless of sex;
- Has experience caring for patients with eclampsia;
- Currently working in a public or private hospital in Pangasinan;
- Has at least six months of professional experience as a midwife; and
- Willing to participate voluntarily in the study.

Data were collected through individual interviews with qualified midwives. The researcher used **data saturation** as the basis for determining the number of participants. In qualitative research, saturation is reached when continued interviews no longer generate substantial new information, ideas, or experiences relevant to the research questions. During the data collection process, the researcher continued conducting interviews until the responses became repetitive and no significant new information emerged.

There was no predetermined fixed number of participants because the final sample size depended on the achievement of data saturation. The researcher therefore continued recruiting and interviewing qualified midwives who met the inclusion criteria until sufficient information had been obtained to answer the research questions and adequately describe the lived experiences of midwives caring for patients with eclampsia.

Data Collection

Data were collected through individual, in-depth, semi-structured interviews with registered midwives who had experience caring for patients with eclampsia. The researchers used a semi-structured interview guide consisting primarily of open-ended questions. The interview questions focused on the midwives' lived experiences in caring for patients with eclampsia, including the challenges they encountered, their responsibilities during the care of patients with eclampsia, their emotional and professional experiences, ways of responding to difficult situations, support received from colleagues and the healthcare team, and lessons and realizations gained from their experiences.

The semi-structured format allowed the researchers to maintain consistency in the topics discussed while giving participants sufficient opportunity to describe their experiences in their own words. Probing and follow-up questions were asked when clarification, additional details, or deeper descriptions of an experience were needed. The researchers avoided leading questions and allowed the participants to freely express their thoughts, feelings, and experiences.

Before each interview, the researchers explained the purpose and procedures of the study and obtained the participants' informed consent. Each interview lasted approximately 30 to 60 minutes. The interviews were conducted in a private and comfortable area within the participants' workplace, such as a designated office or other appropriate private area, depending on the availability of the participant and the hospital. Interviews were scheduled at a time that was convenient for the participants and did not interfere with their work responsibilities.

With the participants' permission, the interviews were audio-recorded to ensure accurate documentation of their responses. The researchers also maintained field notes to record relevant observations, the context of the interview, notable statements, and reflections that could assist in understanding the participants' narratives. The recordings and field notes were treated as confidential research materials.

Language and Translation Procedures

Participants were allowed to communicate in the language with which they were most comfortable and could best express their experiences, including English, Filipino, Pangasinan, and/or Ilocano. Allowing participants

to use their preferred language helped them describe their experiences, emotions, and perceptions more naturally and accurately.

For interviews conducted in a language other than English, the audio recordings were first transcribed as accurately as possible in the original language. The transcripts were then translated into English for analysis and presentation of the findings. During translation, the researchers carefully compared the original statements with the English translations to preserve the intended meaning of the participants' responses.

Particular attention was given to local expressions, culturally specific terms, and statements for which a direct translation might change or reduce the intended meaning. When necessary, the researchers reviewed the original recording and transcript to ensure that the translated statements remained consistent with the participants' intended meaning.

Data Saturation and Sample Adequacy

The study did not establish a fixed number of participants solely on numerical grounds. Instead, the adequacy of the participants was determined based on the richness, depth, and repetition of the information obtained during the interviews.

Data collection continued until data saturation was reached. In this study, data saturation referred to the point at which succeeding interviews no longer produced substantially new experiences, meanings, or information relevant to the research questions. The researchers continuously reviewed and compared the information obtained from each interview with the previous interviews to determine whether new insights were still emerging.

Once the participants' responses began to demonstrate substantial repetition and no significant new dimensions of the phenomenon were identified, the researchers determined that sufficient information had been obtained. Thus, the final number of participants was based on the achievement of data saturation rather than on a predetermined numerical requirement.

Data Analysis

The interview data were analyzed using the **Giorgi descriptive phenomenological method**. This method was appropriate because the study aimed to describe and understand the lived experiences of midwives caring for patients with eclampsia based on the participants' own accounts.

Data collection and analysis were conducted concurrently. After each interview, the researchers reviewed the interview data to become familiar with the participants' experiences and to identify emerging meanings. The analysis followed the major steps of the Giorgi descriptive phenomenological approach.

Stage 1: Establishing a Sense of the Whole

The researchers first read each interview transcript repeatedly and in its entirety to gain an overall understanding of the participant's experience. At this stage, the researchers focused on the complete narrative rather than immediately dividing the data into categories or themes.

The researchers considered the overall context of the midwives' experiences, including their responsibilities in caring for patients with eclampsia, difficulties encountered during patient care, emotional responses, interactions with patients and families, teamwork, coping strategies, and professional realizations.

Stage 2: Identifying Meaning Units

After gaining an overall understanding of each transcript, the researchers carefully examined the narratives and identified meaning units. Meaning units were portions of the participants' statements that expressed a distinct experience or meaning related to caring for patients with eclampsia.

Statements related to emergency situations, patient monitoring, workload, fear and anxiety, emotional stress, communication with patients and families, coordination with physicians and other healthcare workers, support from colleagues, coping strategies, professional commitment, and personal learning were examined and grouped according to their experiential significance.

Stage 3: Transforming Meaning Units

The researchers then examined the identified meaning units and transformed the participants' everyday descriptions into research-relevant statements while maintaining the original meaning of their experiences.

The researchers remained closely grounded in the participants' narratives and avoided adding interpretations that were not supported by the data. For example, statements describing the difficulty of managing patients with eclampsia were examined in terms of how midwives experienced the demands, responsibilities, emotional pressure, and decision-making involved in providing care.

Stage 4: Synthesizing the Transformed Meanings

The transformed meaning units were compared across the participants to identify similarities, differences, and recurring patterns. Related meanings were clustered together to develop categories and preliminary themes.

The researchers repeatedly returned to the original transcripts to ensure that the categories and themes remained grounded in the participants' actual experiences. Differences among participants were retained when they provided meaningful descriptions of the phenomenon.

Stage 5: Developing the General Structure of the Experience

The final stage involved synthesizing the essential meanings from the participants' narratives into a coherent description of the lived experiences of midwives caring for patients with eclampsia.

The researchers examined the relationships among the categories and themes and identified the central dimensions of the participants' experiences. The resulting themes represented the common and significant experiences of the midwives while recognizing individual differences in how they encountered and responded to patients with eclampsia.

Reflexivity

The researchers recognized that their professional knowledge, experiences, assumptions, and perspectives could influence the collection and interpretation of qualitative data. Therefore, reflexivity was practiced throughout the research process.

Before and during data collection and analysis, the researchers reflected on their assumptions regarding eclampsia, maternal care, emergency situations, midwifery responsibilities, workload, and patient outcomes. Reflexive notes were maintained to help distinguish the participants' descriptions from the researchers' personal interpretations.

During the analysis, the researchers repeatedly returned to the original transcripts and participants' statements to ensure that the emerging meanings and themes were based on the data rather than on preconceived expectations. The researchers also remained aware of their interaction with the participants during interviews and avoided leading questions that could influence their responses.

Trustworthiness of the Study

The trustworthiness of the study was established using the four criteria of qualitative research: credibility, transferability, dependability, and confirmability.

Credibility

Credibility refers to the extent to which the findings accurately represent the experiences described by the participants. Credibility was strengthened through individual in-depth interviews, the use of open-ended questions, appropriate probing and follow-up questions, repeated reading of transcripts, and continuous comparison of emerging findings with the original narratives.

The researchers also maintained close engagement with the interview data throughout the analysis to ensure that the identified themes accurately reflected the experiences of midwives caring for patients with eclampsia.

Transferability

Transferability was addressed by providing a detailed description of the research setting, including the selected hospitals in San Carlos City, Pangasinan, the characteristics of the participants, the inclusion criteria, the sampling approach, and the data collection procedures.

The description of the research context allows readers and future researchers to determine whether the findings may be applicable to other hospital settings or groups of midwives who have similar experiences in caring for patients with eclampsia.

Dependability

Dependability was established through systematic documentation of the research process. The researchers maintained records of participant selection, interview procedures, transcription, translation when applicable, data analysis, development of categories and themes, and methodological decisions.

The researchers also maintained an audit trail documenting important steps and decisions made throughout the study. This documentation helped ensure that the research process was systematic, consistent, and traceable.

Confirmability

Confirmability was established by ensuring that the findings were grounded in the actual narratives of the participants rather than solely in the researchers' personal assumptions or preferences.

The researchers retained the interview recordings, transcripts, field notes, coding records, and documentation of the development of themes. Reflexive notes were also maintained to identify and manage potential researcher biases. Representative quotations from the participants were used in the presentation of findings, when appropriate, to demonstrate the connection between the identified themes and the original interview data.

Ethical Considerations

Ethical principles were observed throughout the conduct of the study. Before data collection, the participants were informed about the purpose of the study, the procedures involved, the expected duration of the interview, the voluntary nature of participation, possible risks and benefits, confidentiality measures, and their rights as research participants. Written informed consent was obtained from each participant before the interview. Participants were informed that participation was voluntary and that they could refuse to answer any question or withdraw from the study at any time without penalty or negative consequences.

To protect confidentiality, the participants' names and other identifying information were not included in the transcripts or research report. Participant codes were used instead of names. Information that could directly identify the participants or their specific workplaces was handled carefully to protect their privacy.

The audio recordings, transcripts, field notes, and other research materials were stored securely and were accessible only to the researchers and authorized research personnel. The collected information was used solely for academic and research purposes.

The researchers also ensured that the interviews were conducted in a manner that respected the participants' professional responsibilities and did not unnecessarily interfere with their work. Care was taken when discussing emotionally difficult experiences related to caring for patients with eclampsia. Participants were treated with respect throughout the research process, and they were given the opportunity to pause or discontinue the interview if they became uncomfortable.

RESULTS AND DISCUSSION

Difficulties as Professional Health Worker

Life is full of maze, all of us experience challenges in life, and to be able to succeed, a person needs to face different kinds of hardships in life. Life is a journey with problems to solve, lessons to learn, but most of all, experience to treasure.

Professional Experiences

Midwife E: Being a Midwife is not easy because it is our responsibility to make sure that pregnant women as well as the newborn babies are safe and healthy, even though our own health is in danger

Midwife G: It is so stressful to be a midwife. Sometimes i want to quit this job but all i think is to help the patients even though the salary is not enough.

Midwife F: There are times that I'm questioning myself if it is right being a midiwfe sometimes when I got home my workmate will call me if I already started the medicine so instead of resting I can't rest. This work really stressing me out. Almost all of our time is focus on the patient’s condition. So if you are a midwives you must have a limitless patience

Personal Experiences

Midwife A: Being midwife is hard, because you need to give your best care with your patient with eclampsia because if not two lives will be lost.

Midwife B: For me being a midwife is not easy because you need to give the medication of your patient and you need to monitor them.

Midwife C: Being a midwife is stressful and tiring job, because you need to give on the time their medication and you need to monitor your patient with eclampsia.

Midwife D: As an midwife, I have encountered different kinds of diseases/illnesses or comlication in pregnancy

Obstacles as Midwife

Midwives are experiencing many challenges like they suffer inappropriate treatment from their co-workers and patient’s relatives, also they experience long hours of duty, understaff and lack of medication, in terms of their compensation they are not satisfied.

Unjust Treatment

Midwives encounter inappropriate treatment coming from their patients, watcher and from their co-workers, but still they continue their profession for the welfare of their patients.

Midwife A: In all workplaces, you cannot please everybody. However, you behave properly, if a certain colleague feels uncomfortable with you, he/she will not stop at maligning or demonizing you. In such cases, i try to ignore it.

Midwife B: In my experience, when you are a neophyte, sometimes you will hear something bizarre from your seniors. But i try to keep my patience dutifully doing my job. But it is sort of hypocrisy to say i don't get hurt especially when i am the subject of a malicicious talk.

Midwife C: When it comes to threats, sometimes you can't control to talk back at them, especially when they trying to step on your whole being. There are watcher that still puts the blame on you even how much you did your best for their patient, that's why we're doing our best also to explain to them what we are doing to prevent any chaos.

Midwife D: Uhm for me, the family of my patient have different kinds of attitude. If you are the kind that respect the midwife, guaranteed that we will also respect you, but if you are a disrespectful watcher, we will treat you the same. There are times that the watcher of the patient shouts at you and even threatened you. That's why sometimes you also need to defend yourself especially when your dignity is being stepped on. But we're still nurses and we need to show them even that's how they treat us, we can still manage and understand them.

Midwife E: In a work place we can't avoid issue, for me as long I am doing my task to give the best care with patient its okay with me, I just ignore them.

Midwife F: Watchers are sometimes demanding. While they know that your hands are full, they still have the gall to command something not covered by your job description. You just have to give in.

Midwife G: In regards to socializing with the relatives of the patient, I would say that socializing with them will test your patience due individual disparity. There may be times that they will vent out their anger towards us because of the stress and circumstances that they are in but it's part of our job to understand and explain to them all of the procedures and drugs that the patients will be taking.

Lack of Medication

Midwife A: Not all the time medication for eclampsia is also available, for instances we don't have available medication watchers need go outside hospital to buy the medication.

Midwife B: It's hard to get a medication for eclampsia because its requiring a S2 number of doctors before we can get a magnesium sulphate.

Midwife C: In our hospital we have a medication but not all the time it is available sometimes we need to remind the pharmacy department to stock a medication for eclampsia.

Midwife D: in our hospital we don't have stock of medication for eclampsia so relatives of patient need to buy the medication outside.

Midwife E: Oftentimes we have but sometimes also we have a stock of medication, so watcher of the patient got angry with us because why they need to go outside the hospital to buy the medication

Midwife F: In our area we have our stock of medication for eclampsia, because we do not depend on the pharmacy so what we do is we requested our own stock in the admin so we can have our own medication.

Midwife G: Uhmmm this is one of the problem in our area sometimes we have stock sometimes we don't have, one time we have a patient with high blood pressure and need to receive the medication due to the lack of suplly patient need to undergone caesarean section, because the heartbeat of the baby is increasing also.

Lack of Manpower

Midwife A: One of the hardest part of being midwife is the staffing, why if you are a nurse you will be handling more than thirty patient and you are only two nurses to duty for that number of patients

Midwife B: It's been a long problem here in the Philippines the issue of under staff to all hospital, but for me I always thinking that even we are lack of staff I need to do my best to give the quality care for my patient

Midwife C: One of the saddest part of being midwife in the Philippines, is that when you go in your duty sometimes you didn't know what time can you go home, because the incoming duty will not attend his/her duty.

Midwife D: For the longest time this is one of the problem of all fronliners here in the Philippines, and this is one of the reason why many of the midwife leave our country due to overworked and fatigue, if you are in our situation you are only one nurse in your duty and you are handling a lot of patient.

Midwife E: Understaff is one of the problem in our profession, but due to our love of our patient even it is hard for us, we are enduring everything because we believe that this our calling from God

Midwife F: Until now one of the biggest problem in our country is lack of midiwfe, because most of midiwfe are going abroad for the reason that, the salary is high and there is a lot of benefits

Midwife G: All of hospital in pangasinan are suffering from under staff, that's why if affects the staffing ratio, sometimes you need to handle one area by yourself only

Extension of Duty

The necessity for midwife to extend their duties is one of their issues. Regular midwife and other healthcare workers typically work eight hours a day, however, because of shortage of midwives, they occasionally have to work for twelve hours or more.

Midwife A: For me when you become a healthcare worker you don't have a fix schedule, because when your area need a help you need to extend your duty to help your area.

Midwife B: In terms of my schedule of my work, sometimes I have 8 hours of duty, but due to lack of midwife I have to extend my duty for 16 hours a total of 24 hours of duty a day, that is one of the hardest part of our schedule

Midwife C: When I started my job as midiwfe my schedule is only 8 hours, but now due to lack of midwife my schedule of duty is 12 hours

Midwife D: We cannot avoid to extend the duty of our staff midwife, because due to the demand of admitted patient, sometimes you need to accomplish all the things you need to endorse to the incoming nurse so they need to extend their duty for how many hours.

Midwife E: Sometimes my duty hours is 16 hours, if the incoming duty will not attend his/her duty my duty will extend for 24 hours, that's the hard part of being a midwife.
Midwife F: Sometimes due to the shortage of midiwfe, we cannot avoid that our nurses and midiwfe are need to extend their duty, especially if the incoming duty midwife will not attend their duty, in this matter the nurse on will that extend their duty will not give the quality care because they are tired already.

MidwifeG: If you are going to base the numbers of hours for work, it should be 8 hours per day and 5 days of work per week, but if you are midwife this policy will not imposed for us.

Low Salary

Midwife A: Compensation is the huge problem of healthcare worker for a long time, but cannot compensate their everyday life.

Midwife B: One of the sad realities of being a midwife is the salary. Your work is so difficult, you are getting tired without having enough sleep in taking care of the patients but with minimum wage. You overworked but unpaid

Midwife C: " To be honest if you're working in a private hospital you're wage is very low. Your salary doesn't justify how hard your work is.

Midwife D: To be honest, being a midwife we have a very low compensation, even you have extra paper work to do, and additional workload your salary is still same and there is no additional.

Midwife E: " During pandemic being midwife is really hard, especially there is no transportation so the rate of fare is so high, and imagine in a week we need to have 5 days duty, in this situation our salary is not good for the work that we rendering.

Midwife F: " it's been a huge of problem being a midwife is our compensation, when I am staff midwife my salary is low, even when they appoint me as chief nurse still my salary is not okay, but I just contented to what I have and I just telling myself that I am doing this for my patients.

Midwife G: One of the sad realities of being a midwife is the salary. Your work is so difficult, you are getting tired without having enough sleep in taking care of the patients but with minimum wage. You overworked but unpaid.

Conquering the Challenges and Surviving

To succeed means to defy challenge. It's our ability to deal with challenges and not their absence that give true glory, comfort and happiness. Accepting and enduring all the challenges is a perfect avenue to learn and acquire experience. Yes, challenges are hard to dare. It will take a strong perseverance, determination and motivation. That's why believing in yourself and those people around you are the weapons against challenges that you might encounter.

Believing to God

Midwife B: One of the source of my strength to overcome the challenges of my work is God, I always pray for guidance whenever I go to work. Hoping that my duty will end well and be able give proper care to my patient.

Midwife C: What I usually do everytime I go to work or while I'm driving is to pray that God will guide me and hoping my patients will be out of any danger.

Midwife F: Of course we put God first in all things that we do, we need to have faith in Him. There's always solutions in all the challenges that He's giving us, and He will not give us challenges that we can't overcome.

Midwife E: What I'm doing before going to duty is pray, and I always ask for His guidance in dealing with my patient, and ask for prowess for me to do my job well.

Significant Others

Midwife A: One of the intervention to overcome problems is the help of family, and I am proud to my family for being always there supporting and helping me from all of my problems.

Midwife D: In terms of relationship with other people, I can say that my family have a big part why i can overcome all the problems during this pandemic. They are always there to guide, teach and motivate me sure.

Midwife G: I always tell myself, whatever circumstances that will come my way I will bear and overcome it. Because everything I do is for my family and for my dream. And every obstacle that I'm facing right now, will be passed and be worth it someday.

Love and Compassion to Work

Love, empathy, kindness, and compassion are parts of our basic nature. As humans, it is inherently natural for us to exhibit these feelings; it is just their discovery and maintenance that makes the difference.

Forbearance

Midwife D: What I've learned as a midwife is that you need to be patient, to be humble and to be strong enough in whatever you encounter, with patient or watcher. Also, here in the hospital there viruses, so you need to take care of yourself.

Midwife B: As a midwife, I've learned not to give up easily regarding our work. Also to be brave enough to face patient with terminal cases, also patient with eclampsia, and most importantly to have more patience in both patient and watcher.

Fulfilling My Mission

Midwife F: One of the things I learned as a midwives is to hang on in all the challenges of life. I believe that healthcare workers are an instrument of God to take care of all the sick.

Midwife C: For me, being a midwives is a call from God, so that I am but an instrument to help people in need, particularly patients and my fellow midwives.

Love and Dedication to Work

In the hardest moment that midwives, was the need to continue to attend TO their duties even when their health is at risk to acquire the virus. This attitude of midwife manifests that they are dedicated in their job and they love their patients, because they are willing to sacrifice themselves for other people.

Midwife G: No matter what or whatever trials I shall go through as a midwives, I will carry on with my responsibility. This is what I learned as a midwife which is not to give up and face all the challenges in life.

Midwife A: As a midwives, I have learned that if you love your work, however huge the challenges come your way, you will ultimately overcome it.

CONCLUSIONS

This study aimed to explore the experience of midwives in caring for patients with eclampsia after completing the whole process, it was concluded that being a midwife have a lot of struggles and challenges. Midwife having diffciultry in caring with their patient, having problems in their co-worker and patients relatives, financial problems is also one of the problem of the midwives because the salary that they are receiving is not enough to support their needs. Psychologically, midwives suffer from stress and frustration due to toxic duty, lack of manpower and medication, and most especially to the compensation that they are receiving.

To surpass their struggle and challenges in life midwives must use the different coping mechanisms. Faith in God is important, because with God all things are possible. Also significant others help them, for the reason that this is where the midwife gets his or her strength.

The following are the main themes and sub-themes. First theme was difficulties as professional health workers and my sub-themes was professional and personal experience s. Second theme is Obstacles as Midwife, with sub-themes unjust treatment, lack of medication, lack of manpower, extension of duty, low salary. Third theme

is conquering the challenges and surviving, with sub-themes Believing to God and significant others. Last theme is love and compassion to work, with a sub-themes of love and dedication to work, fulfilling my mission and forbearance.

Recommendations

In the light of the findings and conclusions, the following measures are offered.

- Midwives must continue to be patient, and they must treat patients professionally, they need to be open minded and understanding to patients.
- The hospital administrators of Pangasinan should focus on providing competitive compensations and better benefit packages, additional incentives and cash bonuses to their midwives.
- The hospital Directors and Human Resource Managers should have monthly meeting with their midwives staff to know the challenges of their midwives.
- Midwives need to keep their faith in God and do not lose hope because with God all things are possible and they must keep in mind that God will never abandon them. They must also continue to trust themselves because if they put trust in themselves they can attain their goal in life.

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