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Investigation of Midwives' Satisfaction with Supportive Personnel Assigned to Vaginal Birth and Their Practice: Mixed Method Research

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Abstract

The objective of this study is to evaluate the satisfaction of midwives with the level of support provided by the personnel assigned to vaginal births. The population of the research will be midwives working in the hospital to provide medical care. Given that the research is a focus group interview, it was decided that 12 participants would be appropriate. The following questions were posed: "Does the supportive staff communicate correctly with the hospital staff and the pregnant woman?", "Did the supportive staff pay attention to the guidance of the delivery room midwives in the selection of the pregnant woman?", and "Are you satisfied with this practice?" In terms of the communication skills of the supportive staff, 53.85% of the participants rated them as very good, while 46.15% rated them as good. In regard to the attention paid by the supportive staff to the guidance provided by midwives in the selection of pregnant women, 66.67% of the participants responded that it was very good, while 33.33% indicated that it was good. With regard to their satisfaction with the practice, eight participants answered "very good," three answered "good," and one answered "bad." The majority of participants expressed satisfaction with the practice and the conduct of the supportive staff. Qualitative analysis revealed that some support staff were perceived to disregard working hours and provide inadequate assistance to pregnant women. This reduces the midwife's workload, aligning with the anticipated outcomes. However, the research also illuminated the underlying issues.

Keywords: Personal Satisfaction, Midwifery, Qualitative Research

1. Introduction

The provision of continuous support throughout the process of labour has been demonstrated to have a positive impact on the outcomes for both the mother and the infant. These include an increased incidence of spontaneous vaginal birth, a shorter duration of labour and caesarean section, instrumental vaginal delivery, the use of any analgesia, the use of regional analgesia, a lower five-minute Apgar score and negative feelings about the birth experience. It is recommended that healthcare organisations integrate the provision of continuous support during labour into their policies and guidelines [1]. In-service training on supportive interventions was provided to volunteer midwives employed by the Konya Provincial Health Directorate. Those who completed this training were subsequently assigned to provide supportive care in addition to medical care. In order to achieve their goals and to retain invested employees, businesses must continuously invest in human resources [2]. It is therefore important to conduct research into employee satisfaction in the health sector [3]. Nevertheless, research has tended to concentrate on patient satisfaction, and the number of studies examining employee satisfaction is limited [4]. Furthermore, in contrast to this standard procedure, it would be advantageous to interpret the planned dissemination of the aforementioned supportive care directly by the relevant personnel.

The objective of this study was to assess the satisfaction of midwives with the personnel responsible for providing supportive care during vaginal births.

2. Materials and Methods

Volunteer midwives working in Konya Provincial Health Directorate were given in-service training on supportive interventions and the midwives who completed this training were assigned to Konya Training and Research Hospital, Dr. Ali Kemal Berivanlı Obstetrics and Gynaecology Hospital for supportive care in addition to medical care. Midwives working in the relevant hospital to provide medical care constituted the population of the study. Since the research was a focus group interview, it was decided to take 12 participants [5]. Participant Selection

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and Information: Participants were selected on the basis of volunteerism and demographic diversity. Each participant was given detailed information about the purpose, scope and process of the research and their written consent was obtained.

Data Collection Methods

An independent researcher from Konya Provincial Directorate of Health met face-to-face with the participants to inform them about the research. The research was conducted with semi-structured interview techniques using a qualitative approach. Individual interviews with each participant were conducted at their convenience and in an environment where they would feel comfortable. One-to-one interviews with the participants were planned and a combination of selected questions and open-ended questions were used to gain an in-depth understanding of the participants' experiences. Participants were asked to answer the questions 'Do the supportive staff communicate correctly with the hospital staff and the pregnant woman?', 'Did the supportive staff pay attention to the guidance of the midwives in the delivery room in the selection of the pregnant woman?', 'Are you satisfied with this practice?' in three options as very good, good and bad. In addition, an open-ended question was asked as 'What are your opinions and suggestions about this practice?' and 'What are your opinions and suggestions about the supportive staff?'. During these interviews, in-depth conversations about the participants' experiences were encouraged. The interview lasting approximately 15 minutes to a half hour. With the permission of the participants, all interviews were recorded through audio recorders. This ensured accurate transcription of the data for later analysis. Protecting the identity of the participants was a top priority and names and identifying information were anonymised. Audio recordings and transcripts were stored in encrypted files accessible only by the research team and securely destroyed after analysis.

Data Preparation and Organisation

The audio recordings were transcribed and converted into written texts. These texts will be organised and coded to be used in the analysis process. The data were analysed using thematic analysis method. This method is a qualitative form of analysis used to reveal the main themes, patterns and meanings in the data set. Initially, open coding was used, i.e. the data were carefully examined and the important parts were labelled and coded. These codes were then combined to form broader themes. As a result of analysing and comparing the codes, similar codes were grouped under themes and these themes represented the findings of the study.

Data Analysis

The themes were interpreted and evaluated in relation to the purpose of the research and the literature. In this process, main themes and patterns were extracted from participant responses and a comparative analysis was conducted [6]. This process aimed to answer the research questions and provide an in-depth understanding of participant experiences. To ensure the accuracy of the findings, feedback from participants was taken into account throughout the analysis process and the findings were adjusted to accurately reflect the participants' experiences.

Reporting and Presentation

The results of the analyses were reported and presented in accordance with the aims and hypotheses of the study. The findings were presented in accordance with scientific ethics and research standards and the confidentiality of the participants was protected.

Ethical Considerations

Ethical approval for the research was obtained from Çankırı Karatekin University Ethics Committee (unique decision code: 687d967ba1fa4fb0). Participants gave written informed consent. They were informed about the purpose of the study, their rights and the voluntary nature of their participation. Confidentiality and anonymity were maintained throughout the study by removing identifying information from transcripts and replacing it with unique participant codes.

3. Results

In this study, the satisfaction status of midwives working in the hospital to provide medical care from the practice of assignment to support women who give vaginal birth was examined. In this study, all of the participants were midwives with a bachelor's degree. All of the participants were women. The satisfaction of the participants was analysed quantitatively with a multiple-choice question in the form of 'Are you satisfied with this practice?' and very good, good, bad. To the related question, 8 (66.67%) participants answered very good, 3 (25%) participants answered good, and 1 (8.33%) participant answered bad. In the questions examining the opinions of the

participants about the supportive staff, 53.85% of the participants answered very good and 46.15% answered good for the communication skills of the supportive staff. Regarding the attention of the supportive staff to the guidance of midwives in pregnancy selection, 8 (66.67%) of the participants answered very good and 4 (33.33%) answered good.

1. What are your opinions and suggestions about this application?

Thematic Analysis of the Practice

Sample Answer: 'I often had to take care of the birth of more than one pregnant woman and this made me feel that I was not doing my job well enough. Thanks to this application, I feel comfortable taking care of other pregnant women'

Themes:

Satisfaction with the practice: In general, it was determined that midwives were satisfied with this practice.

2. What are your opinions and suggestions about the supportive staff?

Sample Answers: 'I like our friend's pregnancy support very much. She follows her work carefully and devotedly to the end. '

'Opening up to the pregnant woman and postnatal practices are good, but some support staff could spend more time with the pregnant woman. '

'Careful care is given to the pregnant woman, but the staff did not inform the midwives of the labour ward about the rest period, which created a negative observation. '

Themes:

Supportive staff behaviours: It was determined that the supportive staff did not always work in harmony with the medical midwife during rest breaks and working hours.

4. Discussion

In this study, the satisfaction of the midwives working in the hospital for medical intervention with the practices and behaviours of the midwives assigned to support the woman in vaginal birth was examined. Most of the practices and attitudes were mostly satisfied and a few negative feedbacks were received, such as determining the break times. Research has focused on the satisfaction of women who have given birth in larger numbers. And high satisfaction levels were reported in these studies [7,8]. The reason for satisfaction was determined as the presence of a doula and a family member in the room during labour and the practices performed before and during labour [7].

In a study examining the satisfaction level of midwives working in Greece, only 45.5% of midwives reported that they were satisfied with their jobs [9] prioritising the satisfaction of a professional group in which about half of them are not satisfied with their work will increase their work efficiency. In a study examining the satisfaction of midwives, the physical structure of the delivery room was examined [10]. Vaginal birth is an important process in which midwives play the most important role for both maternal and neonatal health. The findings of this study are important because all kinds of applications to be made in this process will affect not only the women in labour but also the work efficiency of midwives.

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