

The Effect of Socio-Demographic Factors on Quality of Midwifery Performance as Perceived by Midwives

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ABSTRACT

Background: Midwives play a vital role in the provision of maternal health care globally. Quality of midwifery performance is essential to strengthen mother and child health care. A successful maternal health care services must have a strong midwifery performance in providing ante natal, basic intra partum and post-partum care. Therefore, it was important to identify the socio-demographic factors influencing quality of midwifery performance. The study aimed to determine socio-demographic factors that influence quality of midwifery performance from the perspective of the midwives in governmental hospitals in Gaza Strip.

Methods: A cross sectional study utilized representative census sampling of 212 midwives and nurses who work in maternity departments of governmental hospital in Gaza Strip. A questionnaire was developed with a response rate of 91.9%. The questionnaire was validated by experts, and reliability was obtained by Cronbach's alpha coefficient. Data were analyzed using SPSS.

Results: The results of the study revealed that presence of the highest socio-demographic factor that positively influences the quality of midwifery performance (high level of salary and availability of transportation). On other hand, the results indicated lowest socio-demographic factor that positively influences the quality of midwifery performance (marriage and advancement in age with more experience). In addition, it was found that there is a significant difference in the quality of midwifery performance in the governmental hospitals between different job titles (nurses, midwives, head nurses, supervisors) of the participants ($p < 0.05$) in favor of midwives.

Conclusion: There was a positive correlation between quality of midwifery performance and job titles in favor of midwives. Therefore, it is recommended that the managers should ensure adequate number of professional midwives at all times and shifts in maternity departments at the governmental hospitals in Gaza Strip.

Keywords: Factors; Midwife; Nurse; Performance; Quality

INTRODUCTION

Mother and child health is one of the most important developments and global health priorities to decrease the maternal and neonatal mortality rate. In the light of the previous statement, reducing maternal mortality rate (MMR) considered one of the objectives of Millennium Development Goals (MDGs) [1]. According to Palestinian Ministry of Health (MOH) [2], the MMR was 8.6 per 100,000 live births in Gaza Strip (GS). This indicator remains high despite the efforts of the

Ministry of Health and other organizations to improve maternal and childcare. Moreover, the monitoring of indicators can lead to better understanding of how maternity health care services function and better identification of areas requiring improvement [3].

In addition to previous statement, it could be concluded that the reduction of these indicators can be achieved when the quality of maternity care is increased. Furthermore, the quality of maternity care improvement is essential to strengthen health

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care. A successful maternal health system services must have a standardized midwifery performance in providing ante natal, basic intra partum and post-partum care [4,5]. Mother and child organizations have tried to improve the quality and access of healthcare services in developing countries by providing special training to health care providers.

In addition, midwifery performance can influence maternal health as well as infant survival. According to Awases et al. [2], according to MOH report in 2018 [6], the total number of midwives and nurses who work in maternity departments in the main four hospitals in 2017 were 413 midwives and nurses. This number of midwives and nurses are responsible for providing care to 35,991 normal delivery cases and for patients in maternity departments that consist of 296 beds. According to above MOH statistical reports and numbers, it seems that the proportion between number of midwives and work tasks are not equal which may affect their performance in all childbirth cycles. Hence, it was important to identify the socio-demographic factors that influencing the performance of professional midwives.

Therefore, this present study was conducted to assess the quality of midwifery performance in maternity departments at the governmental hospitals in the Gaza Strip and to identify socio-demographic factors that influence quality of performance for midwives whom working in four governmental hospitals.

METHODOLOGY

Descriptive, cross-sectional design was used. Representative census sample used to choose the midwives and nurses as participants. The data was collected from 212 participant of midwives and nurses who work in maternity departments in four governmental hospitals. The maternity department included (antenatal, delivery room, and post-natal departments). The sample classified to three level of learned midwives and nurses: (master degree, Bachelorette, diploma). From the total of 212 participants, only 195 participants participated in the study with response rate 91.9%, for the following reasons: incomplete data filling refuse to participate, missing). The inclusion criteria was all midwives and nurses who work in maternity departments in governmental hospitals as formal employees, but the Exclusion criteria was the midwives who work in maternity departments in governmental hospitals as student intern ship, volunteer, and employment contract. A pilot study of 30 case was done to develop and test adequacy of the research questionnaire and checked the feasibility of the study, and it involved in study sample [7-16].

Data analysis: The researcher used simple advanced statistics including frequencies, means and percentages, also independent sample t test, and One-way ANOVA.

RESULTS

Socio-demographic characteristics of the study sample

The results in Table 1 showed that (40.5%) of the study participants are working in Shifa medical Complex the biggest

hospital in the Gaza, (28.2%) in Nasser medical complex, (15.9%) in Emaraty Hospital, and (15.4%) in Aqsa Hospital.

Table 1: Sample distribution according to socio-demographic characteristics (n=195).

Socio-demographic variable	Number	%
Hospital		
Shifa Medical Complex	79	40.5
Nasser Medical Complex	55	28.2
Emaraty Hospital	31	15.9
Aqsa Hospital	30	15.4
Level of Income		
≤ 1500 Shekel	140	71.8
>15 Shekel	55	28.2
Age groups		
≤ 30 years	73	37.4
31 – 39 years	78	40
≥ 40 years	44	22.6
Marital status		
Married	157	80.5
Single	38	19.5
Family members		
<4 Members	89	45.6
4-6 Members	54	27.7
>6 Members	52	26.7
Job title		
Nurse	41	21
Midwife	112	57.4
Head nurse	30	15.4
Nursing supervisor	12	6.2
Annual appraisal		
90-100	72	36.9
80-89	108	55.4
70-79	15	7.7

Quality of Midwifery Performance		
Aqsa Hospital	30	80.2
Emaraty Hospital	31	80
Nasser Medical Complex	55	80.06
Shifa Medical Complex	79	78.47
Total	195	100

The table also showed that the majority (71.8%) of the study participants have average income of 1500 Shekel (500\$) and below. The result showed that (40.0%) of the participants their age between 31 and 39 years with the majority (80.5%) of them are married. The result revealed that (45.6%) of the study participants are living with less than 4 members, (27.7%) are living with 4 to 6 family members, while (26.7%) are living with more than 6 members. Number of midwives showed more than half of participants (57.4%) nurses number was (21.0%), while only (21.6%) are supervisors and head nurses.

The Table 2 showed that the highest mean percentage score of the quality of midwifery performance in the item number one which stated that, “Midwife provide evidence-based nursing care practice” with score of 3.26 and a mean percentage 81.5%, followed by item number two in the statement, “Midwife provide care on time without any delay” with a score 3.23 and mean percentage 80.75%. The lowest score is present in the item seven in the statement “Midwife provide care with equality regardless of personal issues” with score 3.23 and mean percentage is 77.50%.

Table 2: Quality of midwifery performance in the governmental hospitals.

Quality item	Maximum Mean score	Mean	¹
Midwife provide evidence-based nursing care practice	4	3.26	81.5
Midwife provide care on time without any delay	4	3.23	80.75
Midwife provide care based on patients’ needs	4	3.17	79.25
Midwife provides the maximum efficient practice	4	3.15	78.75
Midwife provide education and support to the patient	4	3.15	78.75
Midwife provides the maximum quality of care	4	3.14	78.5

Midwife provide care with equality regardless of personal issues	4	3.1	77.5
Total mean% score	28	22.15	79.1

Table 3 showed that the highest socio-demographic factor which positively influences the quality of midwifery performance based on the participant's point of view is the getting high level of salary with a mean percentage 87.75%, followed by “Availability of transportation” with a mean percentage 85.25, being single midwife” with a mean percentage 69.5%, followed by being marriage midwife with a mean percentage 54.75%.

Table 3: Socio-demographic factors influencing the quality of midwifery performance.

Variable	N	Mean (SD)	F (df)	p value *
Quality of Midwifery Performance and age groups				
≤ 30 years	73	22.13[1] (4.31)	0.379 (2, 192)	0.685
31 – 39 years	78	22.00 (4.42)		
≥ 40 years	44	22.68 (3.74)		
Quality of Midwifery Performance and Level of Income				
≤ 1500 Shekel	140	22.32 (4.05)	0.212 (2, 192)	0.809
1501 – 2000 Shekel	28	21.92 (5.59)		
<2000 Shekel	27	21.85 (3.53)		
Quality of Midwifery Performance and their Working Area				
Shifa Medical Complex	79	21.78 (4.21)	0.443 (3, 191)	0.723
Nasser Medical Complex	55	22.54 (4.92)		
Emaraty Hospital	31	22.38 (3.25)		
Aqsa Hospital	30	22.50 (3.85)		

Table 4 showed that there is no statistically significant difference in the quality of midwifery performance in the governmental hospitals and the following variables, different age groups of the midwives, level of income of the midwives and working hospitals area.

Table 4: Differences in the quality of midwifery performance with different age groups.

Variable	N	Mean (SD)	F (df)	p value *
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Quality of Midwifery Performance and age groups					
≤ 30 years	73	22.13[1] (4.31)	0.379 (2, 192)	0.685	
31 - 39 years	78	22.00 (4.42)			
≥ 40 years	44	22.68 (3.74)			
Quality of Midwifery Performance and Level of Income					
≤ 1500 Shekel	140	22.32 (4.05)	0.212 (2, 192)	0.809	
1501 - 2000 Shekel	28	21.92 (5.59)			
<2000 Shekel	27	21.85 (3.53)			
Quality of Midwifery Performance and their Working Area					
Shifa Complex	Medical 79	21.78 (4.21)	0.443 (3, 191)	0.723	
Nasser Complex	Medical 55	22.54 (4.92)			
Emaraty Hospital	31	22.38 (3.25)			
Aqsa Hospital	30	22.50 (3.85)			

Table 5 results showed that there is a significant difference in the quality of midwifery performance in the governmental hospitals between different job titles of the participants ($p < 0.05$). Post hoc analysis was done using least significant difference test and shows that the difference is between the nurses and midwives in favor of midwives ($P < 0.05$).

Table 5: Differences in the quality of midwifery performance between different job title, educational qualifications, and their years of experience (*: One way ANOVA).

Variable	N	Mean (SD)	F (df)	p value*
Quality of Midwifery Performance and Job Title				
Nurse	41	20.87 (5.06)	4.620 (2, 192)	0.004
Midwife	112	23.14 (3.56)		
Head Nurse	30	21.16 (4.11)		
Nursing Supervisor	12	20.58 (5.28)		
Quality of Midwifery Performance and Educational Qualifications				
Diploma	67	22.80 (4.05)	2.574 (2, 192)	0.079
Bachelor	111	22.14 (4.05)		
Master	17	20.23 (5.49)		
Quality of Midwifery Performance and Years of Experience				

<10 years	89	22.33 (4.37)	0.177 (2, 192)	0.838
10-15 years	67	21.95 (4.33)		
>15 years	39	22.33 (3.75)		

In addition, there is no significant difference in the quality of midwifery performance between different education qualification or years of experience of the midwives.

Table 6 showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between different marital status of the midwives, number of family members and annual appraisal.

Table 6: Differences in the quality of midwifery performance between different marital statuses, their number of family members, and annual appraisal (*: One way ANOVA).

Variable	N	Mean (SD)	F (df)	p value*
Quality of Midwifery Performance and Marital Status				
Married	157	22.29 (4.06)	0.224 (2, 192)	0.8
Single	31	21.74 (5.18)		
Divorced/Widowed	7	22.14 (3.53)		
Quality of Midwifery Performance and Number of Family Members				
<4 Members	89	22.52 (4.18)	0.593 (2, 192)	0.554
4 - 6 Members	54	22.12 (3.26)		
>6 Members	52	21.73 (5.12)		
Quality of Midwifery Performance and Annual Appraisal				
90 - 100	72	22.37 (4.10)	0.153 (2, 192)	0.858
80 - 89	108	22.05 (4.17)		
70 - 79	15	22.46 (5.31)		

Discussion

The results of our study indicated that the highest mean percentage score of the quality of midwifery performance item is midwife provide evidence-based nursing care practice, followed by midwife provide care on time without any delay. These results are also congruent with the results of Yigzaw et al. [15] which revealed that most midwives are competent in giving routine, emergency intra-partum care, and providing optimal quality care. Oliaee et al. [12], described the issue according to the five dimensions of service quality (tangibles, reliability, responding, assurance, and empathy), and the quality performance of midwifery staff still have a negative gap existed that result in

negative patients satisfaction toward the provided care. On the other hand, the results of Yigzaw et al. [15] reported that 72.4% of midwives were competent in their intra-partum care and only 16.5% of midwives were incompetent and 11.1% were outstanding in providing routine intra-partum care. These consistency and inconsistency in the previous study results could be attributed to the differences in the geographical areas, types of patients and the nature of the study itself.

The study results revealed that the highest demographic factor which positively influences the quality of midwifery performance based on the participants' point of view is the high level of salary, followed by availability of transportation. There is no significant differences in the quality of midwifery care with regard to the marital status of the study participants, based on the researcher's point of view, marriage has no effect on the performance, since it is considered as extrinsic factor, so the work should be separated from any social status of the midwives.

The present study results showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between different age groups of the midwives, different level of income and different working area. As a justification this in significant relation could be attributed to the rapprochement of the mean of the quality of midwifery performance for the most of groups, rapprochement of the mean lead to the decrease opportunity in the significance difference. These results are consistent with other studies which revealed that there were no differences in the quality of performance of the nurses between different age groups and the type of hospital.

The present study revealed is no significant difference in the quality of midwifery performance between different education qualification of the midwives, the years of experience of the midwives, number of family members and different annual appraisal. These results are consistent with the results of Almalki et al. [1] which showed that the nurses' marital status and depend children did not have an effect on the quality of nurses work. Also, these results are consistent with the results of Oliaee et al. [12] which showed that there is no significant difference in the quality of midwifery services between different marital statuses of the midwives.

CONCLUSION

The study concluded that, the socio-demographic factor that positively influences the quality of midwifery performance was high level of salary. The perfect quality of midwifery performance concentrated on providing evidence-based nursing care practice in the hospital field.

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