



## Friendliness, functionality and freedom: Design characteristics that support midwifery practice in the hospital setting



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### ABSTRACT

**Objective:** to identify and describe the design characteristics of hospital birth rooms that support midwives and their practice.

**Design:** this study used a qualitative exploratory descriptive methodology underpinned by the theoretical approach of critical realism. Data was collected through 21 in-depth, face-to-face photo-elicitation interviews and a thematic analysis guided by study objectives and the aims of exploratory research was undertaken.

**Setting:** the study was set at a recently renovated tertiary hospital in a large Australian city.

**Participants:** participants were 16 registered midwives working in a tertiary hospital; seven in delivery suite and nine in birth centre settings. Experience as a midwife ranged from three to 39 years and the sample included midwives in diverse roles such as educator, student support and unit manager.

**Findings:** three design characteristics were identified that supported midwifery practice. They were friendliness, functionality and freedom. Friendly rooms reduced stress and increased midwives' feelings of safety. Functional rooms enabled choice and provided options to better meet the needs of labouring women. And freedom allowed for flexible, spontaneous and responsive midwifery practice.

**Conclusion:** hospital birth rooms that possess the characteristics of friendliness, functionality and freedom offer enhanced support for midwives and may therefore increase effective care provision.

**Implications for practice:** new and existing birth rooms can be designed or adapted to better support the wellbeing and effectiveness of midwives and may thereby enhance the quality of midwifery care delivered in the hospital. Quality midwifery care is associated with positive outcomes and experiences for labouring women. Further research is required to investigate the benefit that may be transmitted to women by implementing design intended to support and enhance midwifery practice.

### Introduction

In Australia, maternity care is organised in a way that locates midwives as the primary professionals providing hands-on care during labour and birth in the public hospital system. The majority of Australian midwives practice in the hospital setting and previous research has shown that they are impacted upon by the design of hospital birth units (Symon et al. 2008; Watson, 2009; Foureur et al., 2010; Hammond et al., 2014a, 2014b). Midwives require a supportive environment to enable the provision of effective care (Carolan-Olah et al., 2015) but little is known about the role of design and aesthetics in the development of a supportive working environment for midwives in the hospital.

Workplace design can influence staff across multiple domains

including the physical, functional, psychological and social (Vischer, 2008; Ruohomäki et al., 2015). Supportive design has been shown to have positive effects on staff in offices, factories and healthcare settings including hospitals (Roelofsen, 2002; Ulrich et al., 2008; Cesario, 2009; Parker et al., 2012; Isobel et al., 2015). Design that is physically and functionally supportive has been shown to increase productivity and effectiveness whilst design that is psychosocially supportive reduces anxiety and promotes positive emotions (Chan et al., 2007; Vischer 2008; Dilani 2009; Clements-Croome 2015).

The influence of workplace design extends beyond task-related functionality and encompasses human health and wellbeing (Bluyssen, 2010). Therefore, it has been suggested that a salutogenic approach - based on the work of Antonovsky (1987) - may be applicable to the design of workplaces (Dilani 2009; Ruohomäki et al., 2015).

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Antonovsky conceived salutogenesis as a framework to enable exploration of the factors that support and promote health and wellbeing (Lindstrom and Eriksson, 2006). However at present, the majority of research investigating the influence of workplace design on staff is focused on negative outcomes such as sick leave, risk, accidents or problems (Bluyssen, 2014).

Available research suggests that midwives are generally dissatisfied with the physical work environment and have specifically nominated lack of natural light, lack of privacy and lack of appropriate spaces for respite as negatively impacting upon them (Paul, 2005). Midwives have also reported that the hospital is a challenging setting in which to provide care and that the physical environment is not socially appropriate for, or functionally supportive of, midwifery practice (O'Connell and Downe, 2009; Watson, 2009; Davis and Walker 2010b; Davis, 2010; Hammond et al., 2014a). However, some Australian researchers have suggested that the physical environment has little or no influence on midwives' experience of practice in the hospital setting (Seibold et al., 2010).

The aim of this study was to explore midwives' perceptions and beliefs about hospital birth rooms - the area of the birth unit where direct labour and birth care is most likely to take place - in order to identify design characteristics that support midwifery practice in the hospital setting. The study responded to an explicit call for research that takes a positive approach to workplace design in order to better support the productivity, health and wellbeing of staff (Ruohomäki et al., 2015).

## Design and methods

The study utilised a qualitative exploratory descriptive design as described by Reiter (2013) and Sandelowski (2010). As such, our findings are intended to increase knowledge of little known phenomena, raise questions and identify issues for further research. Ethical approval for this study was granted by the Human Research Ethics Committee of the University of Technology Sydney, and by the State Health Directorate governing the study site.

### Theoretical approach

The theoretical approach of critical realism was chosen to underpin this study. Critical realism suggests that every person sees the world from a unique viewpoint, making it an ideal approach for research that explores individual experiences and perceptions of reality (Maxwell, 2012). Critical realism positions physical and non-physical structures and mechanisms as equally real. That is, thoughts, feelings, memories and social structures are just as real as objects, places or things. This is evidenced by the fact that both physical and non-physical phenomena can influence events that take place in the world (Bhaskar, 1975). Therefore, critical realism provided a theoretical framework that facilitated exploration of both workplace design (physical phenomena) and midwives' thoughts and beliefs about workplace design (non-physical phenomena).

### Setting

The study took place at a major metropolitan tertiary hospital in a large Australian city. The hospital was undergoing substantial renovation including the demolition and rebuilding of the maternity unit. This provided opportunity to interview midwives with recent experience of working in multiple differently designed birth rooms. These included old, transition (temporary) and new spaces.

### Sample and recruitment

The participants were registered midwives working at the study site. Sixteen participants were recruited using snowball sampling, chosen to

counteract challenges associated with high workloads, unpredictable rosters and on-call work. Starting with one key informant, each participant nominated another colleague who verbally consented to be contacted by researchers. All nominated participants agreed to take part after receiving written and verbal information about the study. Written consent was obtained from each participant.

Seven of the midwives worked in delivery suite and nine worked in birth centre but all midwives were familiar with both settings. Experience as a midwife ranged from three to 39 years and the sample included midwives in diverse roles such as educator, student support and unit manager.

### Data collection

Data were collected using face-to-face photo-elicitation interviews. A total of 21 interviews were conducted with the sample of 16 midwives. Five of the midwives were interviewed twice in order to collect data regarding their experiences working in old, transition and new spaces. The first three interviews were conducted in midwives' workplaces and the remaining 18 in midwives' homes. All interviews were audio recorded, de-identified and transcribed verbatim for analysis purposes. Pseudonyms were allocated by the researchers and used throughout.

Photo-elicitation interviews (PEI) use photographic images to promote discussion and elicit information. Developed by Collier (1957), PEI are premised on the concept that photographs encourage more detailed recollection and reflective responses than verbal techniques alone. Although more common in social sciences and education, PEI has previously been used with midwives to explore views on labour and birth (Copeland et al., 2014; Regan and Liaschenko, 2007). In our interviews, midwives were given photos of their own workplaces as well as a series of photos showing differently designed hospital birth rooms. These were purposively selected to showcase a wide variety of aesthetic and design features.

### Analysis

A thematic analysis of qualitative data was undertaken using techniques described by Bazely (2013). Reading, reflection and note taking were followed by emergent coding to describe and organise data. Second level coding explored connectivity and relational patterns in the data and resulted in development of themes including 'a place to do the work of birth', 'developing a relationship with the room' and 'allowing labour to unfold'.

Development of higher-level themes was driven by our objective of identifying design characteristics that supported midwifery practice. Aligning project objectives with analysis is a legitimate approach to ensure that thematic analysis actually addresses the questions it is intended to answer (Bazely, 2013). Using a specific objective increased the likelihood of the authors approaching analysis with similar conceptual frameworks and thus remaining 'on the same page' when interpreting the significance of data.

Although some expectation exists that coding should be replicable to demonstrate reliability, we have adopted the perspective of Morse (1997) who argues that where one researcher was responsible for collecting data – as is the case in this study - they should maintain primary responsibility for analysis. The first author took primary responsibility for analysis and themes were checked for consistency, clarity and appropriateness by the two other authors. Consensus between all authors was reached regarding the higher-level themes, which were expressed as three supportive design characteristics.

## Findings

Three design characteristics were identified that supported midwifery practice. They were friendliness, functionality and freedom.

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