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An explorative study of factors contributing to the job satisfaction of primary care midwives

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ABSTRACT

Objective: the main objectives of our study was to gain an understanding of how primary care midwives in the Netherlands feel about their work and to identify factors associated with primary care midwives' job satisfaction and areas for improvement.

Design: a qualitative analysis was used, based on the constructivist/interpretative paradigm. Three open-ended questions in written or online questionnaire, analysed to identify factors that are linked with job satisfaction, were as follows: 'What are you very satisfied with, in your work as a midwife?', 'What would you most like to change about your work as a midwife?' and 'What could be improved in your work?'

Setting: 20 of the 519 primary care practices in the Netherlands in May 2010 were included.

Participants: at these participating practices 99 of 108 midwives returned a written or online questionnaire.

Findings: in general, most of the participating primary care midwives were satisfied with their job. The factors positively associated with their job satisfaction were their direct contact with clients, the supportive co-operation and teamwork with immediate colleagues, the organisation of and innovation within their practice group and the independence, autonomy, freedom, variety and opportunities that they experienced in their work. Regarding improvements, the midwives desired a reduction in non-client-related activities, such as paperwork and meetings. They wanted a lower level of work pressure, and a reduced case-load in order to have more time to devote to individual clients' needs. Participants identified that co-operation with other partners in the health care system could also be improved.

Key conclusions: our knowledge, our study is the first explorative study on factors associated with job satisfaction of primary care midwives. While there are several studies on job satisfaction in health care; little is known about the working conditions of midwives in primary care settings. Although the participating primary care midwives in the Netherlands were satisfied with their job, areas for improvement were identified. The results of our study can be relevant for countries that have a comparable obstetric system as in the Netherlands, or are implementing or scaling up midwifery-led care.

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Introduction

In the Netherlands, the primary care midwife is an independent medical professional, comparable to a general practitioner (GP),

whose autonomy is authorised in the 'Individual Health Care Profession Act' (in Dutch: Wet op de Beroepen in de Individuele Gezondheidszorg; de Wet BIG) (Ministry of Health, Welfare and Sport, 2013). Primary care midwives provide care to healthy women with uncomplicated pregnancies throughout their pregnancy, labour and six-weeks post partum. In cases where increased risk, complications or interventions during pregnancy or labour and birth (as defined by national guidelines) arise, women are referred to an obstetrician. In 2012, 84.9% of all pregnant women in the Netherlands received care in early pregnancy

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by a primary care midwife, 52.4% started labour under supervision of a primary care midwife, and 30.4% of all births ($n=173,099$) were supervised by a primary care midwives at home or in a homelike setting in a hospital or birth centre (The Netherlands Perinatal Registry, 2013). At the time of our study, in 2010, 73.8% of 2568 practicing midwives worked in a primary care setting across 519 midwifery practices, as a self-employed practitioner, employee or locum (Hingstman and Kenens, 2013; van Hassel and Wiegers, 2014). Most of the midwives (98.4%) are female (Hingstman and Kenens, 2013).

The primary care midwives in the Netherlands are working in a profession with many factors affecting the demand, supply and content of professional practice. In the last decades, many midwifery practices merged to become larger with more midwives per practice (Hingstman and Kenens, 2013). According to the Royal Dutch Association of Midwives (KNOV) the social and organisational context in which midwives are working, is becoming increasingly complex (KNOV, 2010). A current debate focuses on ways to reduce the perinatal death rate by improving the quality of care (Stuurgroep, 2009). For that reason, all midwifery practices are expected to participate in a local maternity care consultation and co-operation group (in Dutch: Verloskundig Samenwerkings Verband or VSV) with the local hospital and work with protocols and guidelines. Different models of organisation of midwifery care are envisioned in the Netherlands, for instance a system of integrated midwifery care (de Vries et al., 2013).

Job satisfaction is known to play an important part in any decision to leave the job. Diminished job satisfaction is important to turnover intentions of allied health care professionals, such as (hospital) nurses (Coomber and Barriball, 2007; Lee and Cummings, 2008; Lu et al., 2012; Homburg, et al., 2013), and medical professionals, such as GPs and physicians (McComb, 2008; Zhang and Feng, 2011). High levels of job satisfaction are protective against stress, have a positive impact on self-esteem, and may be involved in increasing motivation for self-development (d'Archard van Enscht, 2012). Individual levels of work engagement of midwives in maternity hospitals were linked with the midwives' health and self-reports of the quality of care (Freeney and Fellenz, 2013). Job satisfaction has also been associated with the practitioner's health, as well as health and safety of their patients in a study of women physicians (Rizvi et al., 2012).

Among caregivers in the Netherlands some studies on job satisfaction have been done (van der Hulst, 1993; Van Ham et al., 2006; Wiegers and Janssen, 2006; Maurtis et al., 2012). Nurses and social workers who are less satisfied with their jobs, often feel less able to work until pension age than caregivers who are more satisfied with their jobs (Maurtis et al., 2012). Factors related to increased job satisfaction among GPs in the Netherlands included diversity of work, relations and contact with colleagues, and being involved in teaching medical students. Factors related to decreased job satisfaction among GPs were (relatively) low income, too many working hours, administrative burdens, heavy workload, lack of time, and lack of recognition (van Ham et al., 2006).

Job satisfaction among midwives in the Netherlands has also been assessed in a number of studies. van der Hulst (1993) concluded that job satisfaction of midwives was higher with home births than with births supervised in hospitals. The overall job satisfaction of primary care midwives in the Netherlands, measured on the 5-point scale by Boumans et al. (1989) was relatively high and has increased from 4.03 in 2001, to 4.07 in 2002–2003 and 4.12 in 2004 (Wiegers and Janssen, 2006). However, little is known about which factors are associated with job satisfaction among primary care midwives in the Netherlands and areas that midwives identify for improvement or change. If factors – favourably or adversely – affecting job satisfaction for primary care midwives are extrinsic, these may be modifiable.

Furthermore, within the shifts in the Dutch midwifery system toward an 'integrated model of care' (de Vries et al., 2013), job satisfaction among midwives is important to inform future policy regarding integrated model of care.

The aim of this exploratory study was to gain an understanding of how primary care midwives feel about their work and investigate factors associated with job satisfaction of primary care midwives in the Netherlands. The research questions of this study were:

1. What are primary care midwives very satisfied with, in their work as a midwife?
2. What would primary care midwives most like to change or improve in their work as a midwife?
3. Is there a difference between midwives who stated to be satisfied compared to midwives who stated to be less satisfied?

Methods

Study design

This study used data on midwifery practices from the DELIVER study (Manniën et al., 2012). The DELIVER study was a multicentre prospective dynamic cohort study aimed at evaluating primary midwifery care in the Netherlands with a focus on quality, organisation and accessibility of care.

Recruitment and enrolment of study participants

Purposive sampling was used in the DELIVER-study to recruit 20 of the 519 primary care practices in the Netherlands. Three stratification criteria were used in practice selection: practice type (dual or group practice), level of urbanisation (urban or rural area) and region (north, centre, and south). Fourteen practices declined participation mostly because of time constraints. For each a replacement was found taking region, urbanisation and practice type into account. Each participating practice signed a contract through which they gave consent to co-operate with all parts of the study. The initial sample consisted of 108 midwives, working in the 20 participating midwifery practices.

Data collection

In order to explore baseline information, personal and work related characteristics and job satisfaction, in May 2010 written or online questionnaires were distributed among the midwives ($N=108$) at the participating practices. The DELIVER research team asked the practices to give a reminder to midwives who did not complete and return the questionnaire within two weeks.

The following baseline information was collected: gender, job-type (self-employed practitioners, employees or locum), practice type (group or dual practice), country of midwifery education, work experience (in years), and age. A section of the questionnaire focused on the midwives' job satisfaction. The question 'To what extent are you satisfied with your work' measured job satisfaction on 4-point Likert scale. This variable 'satisfied with your work' was dichotomized in satisfied (score 1 'very satisfied' and 2 'satisfied') and less satisfied (score 3 'varying satisfied' and 4 'not satisfied'). Three open-ended questions were used to identify factors associated with job satisfaction and what midwives would like to see changed in their work, as follows: 'What are you very satisfied with, in your work as a midwife?', 'What would you most like to change about your work as a midwife?' and 'What could be improved in your work?'.

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