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# Experienced job autonomy among maternity care professionals in The Netherlands

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## ARTICLE INFO

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## ABSTRACT

*Objective:* High levels of experienced job autonomy are found to be beneficial for healthcare professionals and for the relationship with their patients. The aim of this study was to assess how maternity care professionals in the Netherlands perceive their job autonomy in the Dutch maternity care system and whether they expect a new system of integrated maternity care to affect their experienced job autonomy.
*Design:* A cross-sectional survey. The Leiden Quality of Work Life Questionnaire was used to assess experienced job autonomy among maternity care professionals.
*Setting:* Data were collected in the Netherlands in 2015.
*Participants:* 799 professionals participated of whom 362 were primary care midwives, 240 obstetricians, 93 clinical midwives and 104 obstetric nurses.
*Findings:* The mean score for experienced job autonomy was highest for primary care midwives, followed by obstetricians, clinical midwives and obstetric nurses. Primary care midwives scored highest in expecting to lose their job autonomy in an integrated care system.
*Key conclusions:* There are significant differences in experienced job autonomy between maternity care professionals.
*Implications for practice:* When changing the maternity care system it will be a challenge to maintain a high level of experienced job autonomy for professionals. A decrease in job autonomy could lead to a reduction in job related wellbeing and in satisfaction with care among pregnant women.

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## Introduction

Job related wellbeing and satisfaction is of importance both for maternity care professionals and for the women they take care of. Job autonomy, defined as the degree of control a worker has over his or her own immediate scheduling and tasks (Liu et al., 2005), is one of the conditions that influence job related wellbeing and satisfaction (Katerndahl et al., 2009). In various professional groups a linear relationship was found between experienced job autonomy and job satisfaction (Busis et al., 2017; Jerkovic-Cosic et al., 2012; Katerndahl et al., 2009; Scheurer et al., 2009). Job autonomy is of high importance as it protects healthcare professionals against somatic complaints, psychological distress in their work, and burnout (de Jonge, 1998).

Besides the positive effects for the maternity care professional, a high level of job autonomy is shown to have a positive effect on the empowerment of women and has a positive influence on the professional-patient relationship (Walsh and Devane, 2012). This can be clarified by the correlation between job-autonomy, job related stress and satisfaction of professionals, with patient satisfaction and quality of care (Forster et al., 2016).

Maternity care services are shifting the focus of care from the professional and organisational interests to the interests of women and their family (Watkins et al., 2017). Organisational changes and job uncertainty can influence job conditions such as job autonomy (Hodnett et al., 2013). As the Netherlands is in the process of changing the maternity care system, this may influence the level of experienced job autonomy of professionals. Shifting towards a system of integrated care provided by professionals from multiple disciplines, will result in professionals working together in taking care of women. This might possibly influence autonomous decision making of both midwives and obstetricians in the Netherlands.

Similar to midwifery care in countries such as Canada (Canadian Association of Midwives, 2010) and New Zealand (Grigg and Tracy, 2013), the current maternity care system in the Netherlands is characterised by risk-selection. However, in contrast to these countries, in the Netherlands different professionals provide segmented perinatal maternity care. Primary care midwives in the Netherlands are independent practitioners with a legally defined sphere of practice and work in a community setting (Amelink-Verburg and Buitendijk, 2010). Primary care midwives are responsible for risk selection and autonomously provide care to women at low risk for complications during pregnancy, labour and in the post-partum period. Women at low risk for complications can choose to give birth either at home, in a hospital or in a birth centre. At the onset of antenatal care 86% of all women in the Netherlands receive midwife-led care (College Perinatale Zorg, 2016; Utrecht: Perined, 2016). During pregnancy and labour, women at increased risk or with a complication are referred to secondary, obstetrician-led care in a hospital setting. In this setting women are assisted by obstetricians, residents, clinical midwives (midwives who work in a hospital setting) and obstetric nurses. At the onset of labour 51% of all women are in midwife-led care and approximately 29% of all births eventually take place in primary midwife-led care (Utrecht: Perined, 2016).

Due to supposed relatively high perinatal mortality rates in the Netherlands (Mohangoo et al., 2008) the Dutch maternity care system has become the subject of debate. It has been suggested that closer collaboration between primary and secondary care would lead to better quality of care and fewer perinatal deaths (Advies Stuurgroep zwangerschap en geboorte, 2009). Some argued that reorganising maternity care and combining primary and secondary care into one system might result in better outcomes (Evers et al., 2010; Posthumus et al., 2013). Others have pleaded for experimenting with different types of organisation of care and evaluating these experiments before changing the system (Prins et al., 2014). However, although professional organisations of both obstetricians and midwives are positive regarding the integration of maternity care, and a guideline for integrated care has been published (College Perinatale Zorg, 2016), opinions differ with regard to the optimal organisational structure (Perdok et al., 2016b). A complicating factor is that historically there have been tensions between midwives and obstetricians in the Netherlands due to a power imbalance, which still plays a role now. According to van der Lee et al., the establishment of professional boundaries has undermined effective teamwork and inter-professional collaboration (van der Lee et al., 2014). This has led, in some cases to midwives and obstetricians not perceiving themselves as equals within the team (Lee, 2014).

Integrated care is expected to lead to a shift in professionals' tasks and responsibilities and more professionals taking care of women, which could affect experienced job autonomy (Posthumus et al., 2013). For a successful implementation of integrated maternity care, it is of importance that the autonomy of different professionals within the team is maintained (Perdok et al., 2016a). To evaluate the effect of new models in the maternity care system it is vital to measure experienced job autonomy in the current system. The findings are also relevant to other countries that are in the process of changing their maternity care system.

The aims of this study were to assess how maternity care professionals in the Netherlands perceive their job autonomy and whether professionals expect to lose job autonomy in a system of integrated maternity care.

## Methods

Data were used from a broad survey among professionals in maternity care including midwives, obstetricians, obstetric nurses, maternity care assistants and paediatricians.

For this study we used data from obstetricians, midwives and obstetric nurses in the Netherlands. We focused on these groups because we expect a shift in these professionals' tasks and responsibilities.

Data were collected using a self-administered online questionnaire (Survey Monkey, Palo, Alto, CA, USA), from February 2015 till May 2015.

The questionnaire contained 126 questions on multiple aspects of maternity care. For the present study only the questions on demographic characteristics and perceived job autonomy were used.

In the Netherlands a total of 3150 midwives (Netherlands Institute for Health Services Research (NIVEL), 2016), 959 obstetricians and 2835 nurses are active in maternity care (Intelligence group, 2017). The majority of midwives, 2231 (71%), work in primary care and 919 (29%), work as clinical midwives (Netherlands Institute for Health Services Research (NIVEL), 2016). The majority of Dutch obstetricians provide obstetric care but 298 are member of the Dutch Society for Obstetrics and Gynaecology (NVOG) working group perinatology and maternal diseases and presumably have obstetrics as their main field of practice.

In order to reach an appropriate sample of primary care midwives for this study, invitations were sent by e-mail (where the e-mail address could be obtained from their website) to 452 midwifery practices from a total of 532 practices (Netherlands Institute for Health Services Research (NIVEL), 2016) in the Netherlands in 2015.

To reach obstetricians, clinical midwives and obstetric nurses an e-mail was sent to a contact person of all 91 Dutch hospitals with an obstetric department. The e-mail contained information on the study and a link to the survey. Addressees in midwifery practices and obstetric departments were asked to distribute the invitation e-mail among colleagues.

In addition to this, the Royal Dutch Organisation of Midwives (KNOV) of whom 84% of all midwives are a member, placed a notification on their website asking midwives to participate in this study. There was no restriction on the number of participants per hospital or practice.

All midwifery practices and obstetric departments received a