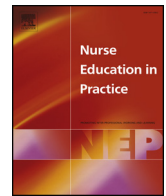




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Midwifery Education in Practice

Proactive behavior in midwifery: A qualitative overview from midwifery student's perspective

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A B S T R A C T

In the process of continuing developments and contemporary working conditions, this study provides an in depth exploration of proactive behavior in midwifery. Exploring 55 midwifery students' perceptions on facilitators and/or barriers of proactive behavior in midwifery practice, this study uncovers additional insights of proactive behavior in midwifery and aims to confirm and/or supplement previous results. Four key themes were identified: 1) Nature-nurture, supported by good communication and lifelong learning. 2) Willingness, regulated by the midwife's norms and values and the organizational culture of the midwifery team. 3) The impact of awareness and feedback on the reflective tendencies to strengthen the midwife's beliefs and convictions to behave proactively. 4) Time was identified as something gained in the presence of proactive behavior as well as a barrier if time was limited. Providing midwives with knowledge of the key factors required to successfully effect proactive behavior in midwifery, this study has merit for future midwifery education, policy and practice. Strengthening intrinsic motivation of midwives integrated into midwifery education, focus on feedback as part of the daily routine of the midwife and the gaining of time as an effect of proactive behavior, needs clear attention in midwifery practice.

1. Introduction

Considering the constant developments and contemporary working conditions in the scope of midwifery practice, researchers of this study focus on proactive behavior in midwifery (Mestdagh et al., 2016). Midwives behaving proactively see changes in midwifery practice as an opportunity, anticipate possible future barriers to practice, continuously focus on the identification and improvement of poor practice and are in search for viable alternatives to carry out the work as efficiently and effectively as possible. Proactive midwives maintain a constant focus on quality improvement, work-efficiency and coping attitudes to increase stress resistance (Griffin et al., 2007; Parker and Sprigg, 1999).

Midwives are expected to adapt quickly to keep up with the continuous state of change due to savings, restructuring and centralization of care (Carman et al., 2010; Lemieux-Charles and McGuire, 2006). These organizational changes might cause changed job conditions and

job uncertainty (Watkins et al., 2017). For the health and wellbeing of midwives, both objective and perceived working conditions are important. Recent studies highlight predictive work related factors, such as awareness of the emotional well-being of the midwife (Dixon et al., 2017) and an increased level of working autonomy (Yoshida and Sandall, 2013), as important strategies in maintaining a healthy midwifery workforce.

Crant (2000) and Frese and Fay (2001) identified proactive behavior as a possible determining factor of organizational success, as it leads to increased job satisfaction, commitment and work-efficiency in the midwife's team. Also, in a qualitative study by Seefat-van Teeffelen et al. (2011), pregnant women require proactive support from their midwife. From this societal point of view, the researchers of this study identified that proactive behavior of the midwife might add significant value to their role to support the challenges of continuous adaption in midwifery care.

In order to successfully integrate the appropriate professional

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competences (Bharj et al., 2016) and professional behavior (Goldie, 2012), midwifery education has a key role. The educational context could integrate awareness of proactive behavior into the basic education towards a future qualified midwife. Properly informed and educated students and midwives are associated with improved outcomes in midwifery and could be most effective when integrated at the accurate time in the ideal place in the healthcare system (Kloek-Wielenga, 2012; Renfrew et al., 2014).

A cross-sectional study by Mestdagh et al. (2018) indicated the association between midwifery students' individual and contextual antecedents and their proactive behavior. A follow-on study (*under review*) including a sample of qualified midwives revealed that there are still unknown reasons, which were not explored in the questionnaire being used in the study, that affect whether midwives behave proactive. Therefore, this qualitative study aimed to look for possible unknown or unexplored stimulators and barriers associated with proactive behavior in midwifery practice to possibly add or verify the existing knowledge. Student midwives observe many midwives during their internships in different clinical and ambulatory settings, and in their role as future maternity care providers, their experiences can contribute to the theoretical understanding and theory building of the influences on professional behavior. Without narrowing the researched concept to a single variable or descriptor, a qualitative research method has been chosen, guided by the research question "how do midwifery students experience proactive behavior in midwifery practice?" The aim is to develop a contemporary theoretical interpretation based on the data. A direct translation of a behavioral theory to the applied practice, in this case midwifery, can create clear and usable insights and could be a first step in broadening the awareness of the consequences of proactive behavior in midwifery.

2. Methods

2.1. Design

In order to summarize experiences in a comprehensive way, a qualitative descriptive approach was applied to focus on proactive behavior in midwifery from a midwifery-student perspective. Individual semi-structured interviews were conducted to explore students' perspectives of proactive behavior in midwifery.

Ensuring adherence to qualitative reporting standards, the 32-item consolidated criteria for reporting qualitative studies (COREQ) checklist was followed (Tong et al., 2007).

2.2. Settings and participants

Purposive sampling was used to select midwifery students enrolled in the bachelor in midwifery education at the Artesis Plantijn University College in Antwerp, Belgium. Respondents sharing similar characteristics, with a minimum of 270 h of recent-student-midwifery internships and with the potential to provide relevant, diverse and rich data related to the research question, were selected. The participants were recruited by use of personal contact, email-contact and/or social media. Interviews were conducted at the University College.

A total of 55 midwifery students participated in this study (Table 1). All students were female and their mean age was 22 years. On average, they had completed 2.5 years of the 3-year study program. All students were Dutch speaking. One student was Belgian, 22 were Dutch and the nationality of the remaining 32 was not registered in the transcripts.

2.3. Ethical considerations

The management team and the research director of the midwifery education at Artesis Plantijn University College approved the research method and design. Furthermore, an informed consent form with information about the aim and design of the study was given to the

Table 1
Students' personal characteristics.

Personal characteristics	n	%
Age	19	5
	20	9
	21	13
	22	7
	23	9
	24	5
	25	3
	26	4
	Nationality	Belgian
Dutch		11
Unknown		43
Year of the educational program	1	3
	2	24
	3	28
Gender	Female	55
	Male	0

respondents. All participants (n = 55) gave written consent. Anonymity and confidentiality were guaranteed. As one of the researchers is the head of the midwifery department, the participant information sheet explicitly stated that comments made in the interviews will only be used for this study and would not be referenced in any other educational-based interaction.

2.4. Data collection

All face-to-face interviews were conducted between September 2016 and December 2016 by well-trained last year midwifery student research teams. All student-interviewers participated in a 16-h scientific training in conducting semi-structured interviews. As part of their education to become a qualified midwife, the knowledge and skills of performing practice-oriented research is an important competence that, by performing this, is trained. None of the student interviewers was part of the surveyed population. To ensure consistency of terminology and in understanding the concept, students explained the focus and design of the study - based on the concept analysis of proactive behavior in midwifery made by Mestdagh et al. (2016) - by means of clear and applicable practice examples. Thereafter at least four open-ended questions, based on the topic list (Table 2) were asked. Due to the semi-structured design, participants and researchers could deviate from the topic list and ask questions as required.

A total of 55 one-to-one interviews, which lasted between 32 and 55 min, were audio-recorded by use of smartphones, laptops and/or digital recorders. The student research teams regularly met the primary researcher of this study to examine the interview data, to monitor the accuracy of the research and to further train each step of the interview and research process.

During their one-to-one contact, it was checked if the participants understood the informed consent, whether they met the selection

Table 2
Topic list.

Topic list
<i>First, the concept of proactive behavior in midwifery is elaborated and the understanding of the concept and of the difference with indicative concepts such as entrepreneurship, job crafting ... is checked. Use the concept analysis of Mestdagh et al. (2016) as a guideline. Ask per topic:</i>
1. The description of moments during their internships(s) in which they saw midwives (not) showing proactive behavior?
2. The indication of what they think are the pre-requisites to show proactive behavior?
3. The indication of what they think are possible barriers to show proactive behavior?
4. Thoughts on if proactive behavior can be learned?

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