The Professional Behavior of Midwives with respect to Their Responsibilities

ORIGINAL ARTICLE

The Professional Behavior of Midwives with respect to Their Responsibilities in Labor Units in Sari in solar year 1930

Background: High quality midwifery care for patients in the labor unit is of great importance in the promotion of women's wellbeing and pregnancy health. The aim of the present study was to evaluate the professional behavior of midwives with respect to their responsibilities and the service they provide in labor units in the university, governmental and private hospitals in Sari in 1390.

Methods: Forty midwifery working in labor departments of university, governmental, and private hospitals in Sari were recruited using random sampling and their professional behavior was assessed from four different aspects – i.e., midwives' self-assessment and their assessment by the labor unit chief, doctor, and patient. For data collection, four researcher-designed questionnaires (Q) regarding professional behavior were filled by the midwife (Q1), labor unit chief (Q2), gynecologist (Q3) and patient (Q4). The validity and reliability of the questionnaires were proven using the test-retest method. Descriptive and deductive data analysis was done using SPSS.

Results: Overall, the subjects received the highest scores (i.e., favorable) with regard to following orders and writing patient files and received the lowest scores (i.e., average) concerning the follow up of laboratory results and being on time. Regarding the follow up of laboratory results and consultations, there was a significant difference (p<0.05) between the labor unit chief's assessment of midwives and the assessment made by the gynecologists, with the highest and lowest scores given, respectively. However, there was no statistically significant difference (p>0.05) between the highest and lowest scores achieved, taking into account the place of origin or the marital or employment status of the midwives.

Conclusions: Given the findings, the professional behavior of midwives working in labor units in Sari was at a favorable level. Yet, in order to improve standards of care, it is recommended that informative and educational steps be taken regarding the improvement of those factors considered to be of average or below average study.

Keywords: professional behavior; midwives' responsibilities; labor unit

English Article:

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INTRODUCTION
The approach of today's world is getting back to logic and ethics. Human being is going to provide his material and spiritual needs through a logical and ethical after passing different periods of time. Therefore ethics can be considered as the center and focus of future world developments. This viewpoint mostly affects majors which are pioneers in giving services to people. Medical sciences majors are such fields which have been full of considerable and exemplary ethical aspects in the past, present, and future. Today world's developments include specifications which have caused the need to an ethical approach in medical professions to be an undeniable requirement (1).

If for reaching health improvement, professional qualification is considered as the main condition, therefore because of its being comprehensible, infrastructural and topic-based, all development pre-requirements and high quality service are also achieved (2). As the basis of ethics is identifying good from bad, professional qualification can be considered equal to be qualified to be a professional. It means that if the midwife achieves the qualification and skill to identify good from bad and make herself do advantageous jobs and prevent herself from doing disadvantageous ones, her deeds lead to the development of advantages in the health care field (3). Now, if we generalize this matter, it means to develop professional advantages through planning, midwifery will do health care well and nothing is done badly which will lead to qualification development or what the society expects us to do (4).

Although ethic priority has been very much emphasized, what is considered in practice at the moment is uncertainty about professional qualifications, midwives' qualifications, abilities, and skills are repeatedly criticized. These criticisms originate from inside and outside of health system (5), this developing and dynamic system needs a personnel with professional qualifications that can take ethical and favorable care. This requires the personnel to besides having appropriate functional skills, be very much efficient in critical thinking, clinical decision making, clinical judgment, ethical reasoning, and effective relationship with the patient (6).

Giving favorable and high quality midwifery care to adopted patients in labor unit plays an important role in improving women's health and fertility hygiene. This study has been conducted with the purpose of studying the professional behavior of midwives working in educational governmental, treatment governmental, and private hospitals of Sari in giving services and doing their burdened tasks in winter of 1390.

METHODS
The present study is descriptive cross-sectional which has been conducted sectionally in 1390. Participants included 40 midwives working in educational governmental hospital (Imam Khomeini hospital), treatment governmental hospital (Hekmat hospital), and private (Nimeh-Shaban and Shafa hospitals) of Sari who were selected through simple random sampling by using number table, sample size was chosen according to the results of previous studies and sample size formula with α=0.05. The applied questionnaire was planned based on international codes of medical ethics and after studying some previous studies. The general part included background specifications (demographic) and the special part included 13 questions which assessed four expected (7, 8) qualifications of the participants which are as follows:
1- Being responsible: punctuality and doing burdened responsibilities perfectly and respecting rules and regulations.
2- Communication skills: honesty and appropriate behavior and cooperation with the patient, his family, and colleagues.
3- Professionalism and respecting others: being committed to do professional responsibilities, faithfulness to ethics, and being sensitive to patients' problems.
4- Fair and system-centered function: taking the advantages of system and organization in to consideration, taking cost-effective treating steps. The study of midwife professionalism was assessed through four different aspects which were: self-assessment of the midwife, labor unit chief's assessment of midwife, physician's assessment of midwife, and patients' assessment of midwife. Data collection tools were four questionnaires about professionalism. Questionnaire number 1 was filled by the midwife herself, number 2 by labor unit's chief, number 3 by a gynecologist, and number 4 by patients. The score of each one of the choices was based on a Likert scale of 1 to 9; unfavorable 1 to 3, average 4 to 6, favorable 7 to 9. For the determination of the validity of data collection tool content validity was used, and therefore the questionnaires were distributed among some instructors and experts and with using their opinions and consultations, the questions were studied from the point of content and ambiguities were omitted so that its validity was confirmed. For calculating the reliability of the questionnaire different methods are used which are: test-rates method, parallel tests, Alpha Cronbach (9). According to the condition of the study Alpha-Cornbach was used for the determination of the reliability of the questionnaire, for this purpose the first questionnaire was distributed among some midwives before conducting the main step of the study and after collecting them, reliability was analyzed and measured by SPSS 16. Alpha Cronbach was achieved as 0.85 for the questionnaire with expressed appropriate reliability and validity. Data was analyzed by SPSS 16; distribution and central, ANOVA, and post hoc.

RESULTS
The average age of participants was 36.3±10.9. 4 midwives (10%) had a job record less than 5 years, 14 (35%) between 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years. 30 midwives (83.3%) were local, and 6 (16.7%) were not. 5 to 10 years, and 22 people (55%) more than 10 years.
midwives got the lowest score, (professionalism).
From the viewpoint of gynecologists, midwives got the lowest score in not caring about the appearance and covering themselves properly, 24.7±5 out of 36, and laboratory tests, consultations follow up and taking early diagnostic and treating actions (being responsible), 42.9±7.7 out of 54 and got the highest score in punctuality (system-centered function), 20.7±4.5 out of 27.

**DISCUSSION**
Finally the lowest achieved scores have been about average and it seems that professional behavior of midwives working in labor units of Sari hospitals is favorable. Sokhanvar in the study of awareness rate of nursing ethical principles in clinical decision making and its application from the viewpoint of nurses state that in nurses of Shiraz university of Medical Sciences opinion the rate of applying ethical principles in clinical decision making has not been favorable and nurses were not able to apply ethics in the real workplace (10).
Gaul expresses that in contrast with the availability of books, journals, and various sources in the case of professionalism, teaching of ethics is not in a way that the students comprehended ethical reasoning appropriately and are not qualified sufficiently in this filed (11). On the other hand, playing roles appropriately, doing their responsibilities besides taking technical actions, paying more attention to legal and ethical aspects of their job can be trained and suitable strategies for ethical function can be accessible and developed (12).
Homaee Rahimi for becoming aware of patients' viewpoints in the case of invasion of their privacy presented that 81.2% of patients were unsatisfied with invasion of their privacy and 78% were not satisfied with secret keeping, 75.4% with not getting enough attention and enough care. He said that one of the reasons of these problems was lack of knowledge and appropriate training in the case of respecting patients' rights and professional ethics (13).
History of midwifery as a holy profession which gives valuable services in hard conditions automatically conveys the sense of giving services and ethical commitment in this profession and it is expected that the given services are humanistic and ethical. Although in our study the midwives' professional behavior is favorable but in previous studies this was not favorable, therefore this profession as a system has to find a solution for this problem among which the firsts are the concentration focus and effecting status of educational centers.
The importance of ethical care is to an extent that it is sometimes more than technical aspects. This point is not just a deduction that originates from human's instinct and tendency to good-temperedness, but it is a logical matter because paying attention to ethics in taking care precedes the need to constant learning and doing appropriate tasks (13). Thus, investment in the case of ethical qualification of the staff of this field is a ways to improve the quality of services. Ethical responsibilities besides ethics improvement are performed better if they are initialized in it, therefore planning methods and ethics improvement structures seem necessary (14).
In Iran's course curriculum although ethical courses are somehow discussed, but a plan is need for ethics subjects and students' encounter with ethical problems. Also this should be taken in to consideration by people in change and programmers therefore appropriate conditions for the improvement of professional behavior qualification which is one of the important criteria for caring patients are provide (15). The results of Vahedian and Elhani's study also have shown that future studies have to focus on instructors, and clinical trains, personnel, and even nursing students as future professionals of this field and the effect of constant education on ethics should be taken in to consideration. Organizational factors and different fields related to ethical decision making training have to be studied and discussed in future (16).
According to the limited number of studies in the field of professionalism in Iran in comparison to other countries, the results of present studies and this study in contrast with the favorability of professional behavior of midwives understudy, indirectly expresses that In this field the ability of medical team specially nurses and midwives who are directly in contact with patients in the case of solving ethical matters and decision making more planned actions and studies are needed.

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