

Investigating The Professional Trust of Midwifery Clinical Practitioners in Shahroud and Its Related Factors

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Abstract

Trust is an important dimension of health care, and considering the importance of professional trust from the period of education to independent professional activity and the existence of evidence that suggests that the level of professional trust in clinical practitioners may not be appropriate, this study was conducted with the aim of investigating the level of professional trust of midwifery clinical practitioners in Shahroud. To collect data, a demographic questionnaire and a valid and reliable questionnaire on midwifery professional trust were used. Of the 53 participants in the study, 66 percent (35 people) had good professional trust and 34 percent (18 people) had average performance. A significant difference was seen in the average professional trust score between the two groups working in the clinic and the delivery room, such that professional trust was higher in the delivery room than in the clinic. The final modeling showed that the professional confidence score was positively related to interest and work experience. The results showed that individuals performed well, indicating that the training provided during their student years was effective and that individuals were able to more easily deal with the initial stress of their workplace after entering the workplace.

Keywords: Professional trust, midwifery, clinical practitioners, Shahroud

Introduction

Confidence is an important dimension of health care, which means freedom from doubt and belief in one's own abilities [1]. Professional confidence has also been defined as an internal feeling of self-assurance and comfort, as well as being reaffirmed by colleagues and patients. Professional trust can affect all aspects of health care, including relationships with providers, colleagues, and other members of the health care team, all of which ultimately impact patient care. Professional trust is a complex process and is influenced by both professional and personal factors [2]. Health care providers encounter patients and clients who are in pain, suffering socially, physically, or emotionally, and their care requires identification and problem-solving [3]. Since these individuals are responsible for helping patients who are in life-threatening situations, stress is a part of everyone's lives. Given the shortening of hospital stays and the shortage of human resources, these individuals need to make accurate and correct decisions about the patient's condition. Evaluating information and choosing the appropriate course of action to reach the right decision requires thinking skills [4], strong clinical reasoning, and mastery of clinical skills [2]. In fact, the interaction between the health care provider and the patient is at the center of the treatment process, and for an effective interaction, the professional trust of the care provider is essential [5].

Midwifery, as a medical profession, is also involved in clinical judgments that will have a direct impact on the health of the mother and fetus. As the first person in contact with the patient, the midwife must be able to diagnose and make decisions in emergency situations and, when emergencies arise, must be able to handle them with sufficient knowledge and skills [6]. The quality of midwifery education has a profound impact on the delivery of clinical midwifery skills; graduates should have acquired at least the clinical and professional skills to perform midwifery tasks [7]. If health care providers are confident, have the skills to assess the patient's condition, and make an accurate assessment of the patient's condition, the outcome of their assessment will be to improve the quality of the patient's condition [5].

Professional confidence has a positive impact on the skills of critical thinking and clinical reasoning, and does not have a specific starting and ending point. It is dynamic and context-dependent; This means that a student should have appropriate professional confidence as a student and, upon graduation, should also have appropriate professional confidence as a professional [8]. Ideally, professional confidence should be fostered through the curriculum and throughout professional life through clinical supervision, education, and peer support, and developed in the workplace after graduation [2].

Some of the problems in clinical education from the perspective of students and clinical instructors include the lack of clarity of the objectives of some practical trainings, poor coordination of practical and theoretical trainings, and limited use of evaluation methods [9, 10]. In Mirmolaei's study, the ability to think critically as an outcome of effective education was found to be equal in first- and final-year midwifery students [6]. Another study found that the quality of care provided by midwives was satisfactory in only 55.8% of cases [7]. In one study, the level of professional competence of 32.53% of midwives was reported to be weak or moderate [9]. This evidence suggests that there are gaps in the development of professional confidence from student years to years of professional activity, but this concept has not been directly and clearly examined.

Studies conducted on new nurses also indicate that they have experienced a kind of unpreparedness in the transition from student to professional roles [11, 12]. The stressful experiences of new nurses during this period have often been related to the lack of necessary skills in performing nursing tasks and the insufficient coordination of student training and the existing situation in the work environment [11]. Considering the importance of professional trust from the period of education to independent professional activity and the existence of evidence that suggests that the level of professional trust in students and clinical practitioners may not be appropriate, this study aimed to investigate the level of professional trust of clinical midwifery practitioners in Shahroud and its related factors in 2016.

Materials and Methods

This study was a cross-sectional descriptive study conducted in Shahroud in 2016. The population of this study was all midwifery clinical employees in teaching hospitals and clinics affiliated with Shahroud University of Medical Sciences and Shahroud Islamic Azad University.

The researcher will begin his research sampling after conducting library studies, obtaining the necessary preparation for conducting the research, and obtaining a letter of introduction from the Honorable Vice Chancellor for Research of Shahroud University of Medical Sciences, and by making the necessary coordination with the honorable officials of the research environments. In this study, all working midwives were included in the study as a census. The characteristics of the individuals entering the study in this study included the following:

- Individuals working as midwives in teaching hospitals and clinics affiliated with Shahroud University of Medical Sciences and Khatam Al-Anbia Hospital affiliated with Shahroud Islamic Azad University, - Interested in participating in the present study, and - At least six months of work experience.

After explaining the purpose of the study and obtaining the consent of the samples, the demographic characteristics questionnaire and the professional trust questionnaire were provided to the samples and were completed by the samples in a self-reported manner. Among the ethical principles observed in this study are: obtaining permission from the respected vice-chancellor of research at Shahroud University of Medical Sciences and also the respected officials of the research environment, providing necessary explanations for the samples participating in the present study and obtaining verbal and informed consent from them, observing the principle of confidentiality and confidentiality of

information, refraining from including the names of the participants in the study in all questionnaires and research reports, and the right to withdraw from any part of the study was reserved for the participants without any restrictions. The data collection tool consisted of two parts:

* Demographic questionnaire: which included age, marital status, work experience, type of university attended, employment status, work experience, place of service, and level of interest in the field of midwifery.

* Professional confidence questionnaire: This questionnaire was designed by Hosseinpour et al. at Mashhad University of Medical Sciences. The items in this questionnaire have six options and are scored using the Likert method (never = 1, rarely = 2, sometimes = 3, most of the time = 4, almost always = 5, and always = 6), where participants reported their professional confidence by selecting one of the options from "always" to "never". The minimum score for midwives is 23 and the maximum score is 138, and is divided into 23-46 (poor), 47-92 (average), and 93-138 (good). The validity of the questionnaire was confirmed by Hosseinpour et al. using the Content Validity Index (CVI) method and was confirmed by 15 specialists and teachers from the Teacher Training University, Tehran, and the Mashhad University of Medical Sciences. In the review and examination phase, items with a content validity index between 0.70 and 0.80 were included. The revision and questions that had a validity index of less than 0.70 were deleted, and factor analysis was also used to examine the construct validity. All questions in the questionnaire had a correlation of more than 0.4 with the instrument, and no questions were deleted from the questionnaire. To confirm its reliability, the internal consistency method and Cronbach's alpha calculation were used, and its reliability was confirmed with a Cronbach's alpha coefficient of 0.89 [13]. The data obtained from the questionnaires were analyzed using SPSS v.23 software and descriptive statistical tests, chi-square, t-test, analysis of variance, and Pearson correlation coefficient. Also, the significance level in all tests was considered to be 0.05.

Findings

53 people were included in the study, all 53 of whom completed the questionnaires. The mean age of the midwives was 35.17 with a standard deviation of 6.62. Of the 53 midwives, 22 of them work in the delivery room.

The mean experience of the people under study was 13.28 years with a standard deviation of 7.58. Also, the mean interest of the people was 7.39 out of ten with a standard deviation of 1.65.

Of the 53 people who participated in the study, 66 percent (35 people) had good professional confidence and 34 percent (18 people) had average performance. Among them, no one had poor performance.

In comparing the mean professional confidence score between the two groups working in the clinic and the delivery room, a significant difference was seen, such that professional confidence in the delivery room was higher than in the clinic (Table 1).

Table 1. Comparison of the average professional trust score of clinic and delivery room employees

Place of service	N	Mean	SD	P-value
Delivery room	22	108.40	19.09	0.014
Clinic	31	95.77	16.95	

In univariate analysis, all variables were first measured using the enter method, and variables with a p-value less than 0.20 were entered into the model. Then, they were measured using the forward method. The final modeling, considering a p-value less than 0.05, showed that the professional trust score was positively related to interest and work experience, so that professional trust is equal to: Professional trust = 30.55 + 8.66 (interest) + 0.48 (experience).

Discussion

Of the 53 participants in the study, 66 percent had good professional confidence and 34 percent had average performance. Among them, no one had poor performance. The results indicate that the training provided in the basic courses and principles and techniques course has been able to bring these practitioners to an acceptable level of professional confidence. Clinical practitioners take on more responsibility in patient care with increasing years of experience. In the Del Aram study, students' skills in the principles and techniques of nursing and midwifery were reported to be high in more than half of the cases, indicating the effect of repetition and practice of these skills on increasing their ability [14].

In a study conducted to investigate and compare the level of professional confidence of midwifery undergraduate students and clinical practitioners in this field at Mashhad University of Medical Sciences, it was shown that the average professional confidence score of third-year midwifery students was higher than that of second- and fourth-year students; also, the average professional confidence score of midwifery clinical practitioners was higher than that of midwifery students, and there was a statistically significant difference between the average professional confidence score of midwifery clinical practitioners and fourth-year students, and of midwifery clinical practitioners and second-year students [13], which indicates the effect of background on individuals' professional confidence, which is consistent with the findings of our study.

In the study by Mirzakhani et al., 72% of midwifery clinical workers who had graduated less than three years ago had sufficient skills in managing high-risk situations and 86% in low-risk situations for the mother and child [7]. Also, in the study by Mohammadi Razi, 64.47% of midwives had good and excellent job skills [9].

Akbari attributed the low professional trust in people with low experience to the lack of coordination between existing authority and expectations in terms of job descriptions and not achieving the expected social status and stress factors of the midwifery profession [10].

Delivery room workers performed better than clinic workers, which could be due to the fact that workers spend most of their time in the delivery room. This prevents reality shock upon graduation [15], which, if not resolved, can lead to tension and stress from the situation, job dissatisfaction, job abandonment or job change, and decreased motivation and clinical performance [15, 16]. These tensions can be reduced by using targeted training that has an atmosphere similar to that of the clinical environment [17].

Since individual motivation and interest are important and influential factors in professional confidence, the educational and learning atmosphere should be such that it increases the interest and motivation of the working individual. The results of various studies show that the clinical learning atmosphere is more unsupportive. Problems such as lack of facilities and environmental factors, the attitude of hospital and health center personnel, reduce students' motivation to learn in the clinic and negatively affect clinical learning, ultimately reducing the performance of the working person and reducing professional confidence [17, 18].

Professional confidence begins to form during university studies and continues throughout the individual's professional life and grows and flourishes [1].

Professional confidence should be cultivated during education through the curriculum and throughout professional life through clinical supervision, training, and peer support. This process should continue in the workplace after graduation to further develop professional confidence [2]. As an individual begins to work as a professional and with increased professional independence compared to the student period, professional trust will also be affected and will be promoted to a higher level than during the student period [13].

Conclusion

In general, the results of this study showed that the professional trust of individuals is excellent and good and none of the individuals had weak professional trust, which indicates effective training during the student period. Considering that midwifery students have been dealing with a real clinical environment and are present in the obstetrics room since the beginning of their education, after entering the workplace, they can more easily face the initial stress of their workplace and go through this sensitive period of the beginning of their service. With increasing years of service, support, as well as professional relationships based on mutual respect and acceptance of the clinical environment, increase the professional trust of employees. To improve these relationships, organizational strategies should be implemented; Based on effective participation and communication, a clinical and educational environment was provided so that professional trust could be increased to an acceptable level in an appropriate context.

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