

Midwives' Perception of Their Professional Values: A Cross Sectional Survey in Maternity Hospitals

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Keywords: midwife, professional values, competence, autonomy, Lithuania.

Summary. The aim was to clarify the perception of professional values among midwives working in maternity hospitals in the second largest city of Lithuania.

Methods. A cross-sectional survey was conducted. In total, 147 midwives working in Kaunas (Lithuania) maternity hospitals responded to the questionnaire. The Lithuanian Bioethics Center issued the permission to conduct the study (No. BEC-82(M)-190).

Results. The study found that for more than a half of midwives it is very important to follow professional values in their professional activities. The dominant values of midwives were sympathy, individual and professional competence, precision and accuracy in care, and responsibility. The professional values of autonomy in decision making and responsibility were more important for younger midwives.

Conclusions. Sympathy, individual and professional competence, precision and accuracy in care, and responsibility were the most important professional values for midwives working in maternity hospitals. Values that midwives emphasize as important in their professional practice varied in accordance with their age and length of work experience.

Introduction

Assistance to a woman and her family while planning to have a baby during pregnancy and delivery is one of the most important means of health care (1). Midwives' professional values are directly related to their work satisfaction and realization of patients' expectations and needs (2, 3).

A midwife, in accordance with his or her professional competence, must provide high-quality, safe, and effective health care to maintain the prestige of midwifery profession through emphasizing societal norms, habits, and values (4, 5).

Professional values are often defined as standards and principles of conduct that are considered desirable and acceptable in a particular work environment (6). At the same time, it is recognized that the value scales and instruments are very broad and abstract, depending individually on a person (7).

There is evidence on the patients' satisfaction with health care and their experiences in care facilities (8, 9). Patients' expectations regarding health, care and health promotion have also been investigated (10–12) alongside with the patients' values in the provision of health care services (13–15).

No studies revealing the professional values of Lithuanian midwives have been found. The aim of this study was to clarify the perception of professional values among midwives working in maternity hospitals in the second largest city of Lithuania.

Methods

Study Design. A cross-sectional survey was conducted in Kaunas city maternity hospitals from March 1st, 2019, till February 28th, 2020.

Participants. The sample size was calculated in regard of the statistical data from Kaunas city maternity hospitals on the number of working midwives in each institution. According to the statistics of Kaunas city maternity hospitals (February 1st, 2019), 162 midwives worked in those institutions. A total of 160 questionnaires were distributed and 147 were returned for the analysis (response rate was 91.8%).

Study Instrument. A questionnaire for the assessment of professional values of midwives was used with the permission of the author Abdulla Al-Banna (16). The questionnaire was back-forward translated into the Lithuanian language, and the pilot study performed. The professional values in the questionnaire are divided into nine value categories: human dignity, social justice, autonomy in decision making, precision and accuracy in caring, responsibility, human relationship, individual and professional competency, sympathy, and trust.

The total of twenty-four statements were rated by respondents on a Likert scale from 'strongly agree' to 'strongly disagree'. The rating was averaged for each section as it was recommended by the author of the original instrument. For the analysis, the responses were grouped as 'strongly agree / agree', 'depending on the situation', 'strongly disagree / disagree'. The Cronbach alpha coefficient for the instrument was 0.669.

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Ethical Considerations. The Lithuanian Bioethics Center issued the permission to conduct the study (No. BEC-82(M)-190).

Data Analysis. The data were analyzed using Microsoft Office Excel 2017 program and statistical data analysis package SPSS 22.0. The results are presented in terms of frequencies, percentage, and statistical criteria. The relationships between two independent variables were examined according to the chi square criterion. The level of statistical significance was 0.05.

Results

For more than a half of the midwives who participated in the study it was important to apply the following values in their professional activity: sympathy, individual and professional competence, precision and accuracy in care, and responsibility. From the midwives' perspective, social justice was the least important (Table 1).

The professional values of autonomy in decision making and responsibility were important for the midwives differently according to their age ($P < 0.05$). The youngest midwives were more in favor of the significance of these values in their professional practice than the older nurses (Table 2).

The professional value of autonomy in decision making was recognized as more important by midwives with shorter work experience (1–15 years). Professional value of trust was the least important for midwives with the longer work experience (31–44 years) (Table 3).

Discussion

In the last five years worldwide, researchers have been highlighting the problem of the establishment of relevant professional values in the documents regulating the work of health care professionals (17). In some cases, professional values are based not only on ethical factors but also on work experience, pa-

tient expectations and the satisfaction of physicians with midwives' work.

Reed et al. (2016) have found that midwives rely on principles and values of human dignity, trust and autonomy in decision-making only under certain circumstances (18). This means that, regardless of the knowledge on ethics and deontology, and the professional experience gained, midwives have developed acceptable values, which they implement in their professional activities according to the current situation, but not for all patients on equal terms and opportunities. Our study revealed that sympathy, individual and professional competence, precision and accuracy in care, and responsibility were the most important professional values for midwives working in maternity hospitals. Although further studies are necessary to examine how midwives apply those values in their everyday practice. The results of the recent study indicated that moderate to extreme level of depression, anxiety and stress symptoms were relevant for Lithuanian midwives (19). It would be important to investigate how the professional value system helps midwives to cope with burnout and negative emotions at their work.

Health care professionals under the age of 45 are more likely to rely on the professional values of autonomy and responsibility as paramount in the professional practice of medicine (20). Meanwhile, health care professionals over the age of 55 point out that the most important professional values for them are human dignity (21), empathy (22), and self-control (23). In our study, the autonomy in decision making and responsibility were more important for the youngest group of the midwives. In addition, professional value of autonomy in decision making was recognized as more important by the midwives with shorter work experience (1–15 years). This may be related to the new approaches of midwifery practice that have been introduced during the development of the health care system, mother and

Table 1. Midwives' perception of the importance of their professional values to be applied in clinical practice

Professional Value	Strongly Agree / Agree n (%)	Depends on the Situation n (%)	Disagree / Strongly Disagree n (%)
Human dignity	35 (23.8)	107 (72.8)	5 (3.4)
Social justice	3 (2.0)	16 (10.9)	128 (87.1)
Autonomy in decision making	40 (27.2)	81 (55.1)	26 (17.7)
Precision and accuracy in caring	88 (59.8)	57 (38.8)	2 (1.4)
Responsibility	84 (57.1)	22 (15.0)	41 (27.9)
Human relationship	11 (7.5)	66 (44.9)	70 (47.6)
Individual and professional competency	122 (83.0)	25 (17.0)	0 (0.0)
Sympathy	125 (85.0)	20 (13.6)	2 (1.4)
Trust	46 (31.3)	89 (60.5)	12 (8.2)

Table 2. The differences in the importance of professional values among midwives in accordance with their age

Professional Values		Age	21–35 y.	36–50 y.	51–67 y.	χ^2 df P
			n (%)	n (%)	n (%)	
Human dignity	Strongly agree / agree		16 (28.6)	16 (23.2)	3 (13.6)	4.506
	Depends on the situation		39 (69.6)	49 (71.0)	19 (86.4)	4
	Disagree / strongly disagree		1 (1.8)	4 (5.8)	0 (0.0)	0.129
Social justice	Strongly agree / agree		0 (0.0)	3 (4.3)	0 (0.0)	3.683
	Depends on the situation		7 (12.5)	7 (10.2)	2 (9.1)	4
	Disagree / strongly disagree		49 (87.5)	59 (85.5)	20 (90.9)	0.542
Autonomy in decision making	Strongly agree / agree		19 (33.9)	19 (27.5)	2 (9.1)	5.501
	Depends on the situation		29 (51.8)	38 (55.1)	14 (63.6)	4
	Disagree / strongly disagree		8 (14.3)	12 (17.4)	6 (27.3)	0.021
Precision and accuracy in caring	Strongly agree / agree		35 (62.5)	42 (60.9)	11 (50.0)	4.741
	Depends on the situation		19 (33.9)	27 (39.1)	11 (50.0)	4
	Disagree / strongly disagree		2 (3.6)	0 (0.0)	0 (0.0)	0.356
Responsibility	Strongly agree / agree		35 (62.5)	38 (55.1)	11 (50)	5.778
	Depends on the situation		11 (19.6)	9 (13.0)	2 (9.1)	4
	Disagree / strongly disagree		10 (17.9)	22 (31.9)	9 (40.9)	0.044
Human relationship	Strongly agree / agree		7 (12.5)	3 (4.3)	1 (4.5)	4.447
	Depends on the situation		21 (37.5)	35 (50.8)	10 (45.5)	4
	Disagree / strongly disagree		28 (50.0)	31 (44.9)	11 (50.0)	0.343
Individual and professional competency	Strongly agree / agree		49 (87.5)	57 (82.6)	16 (72.7)	2.456
	Depends on the situation		7 (12.5)	12 (17.4)	6 (27.3)	2
	Disagree / strongly disagree		0 (0.0)	0 (0.0)	0 (0.0)	0.088
Sympathy	Strongly agree / agree		50 (89.3)	59 (85.5)	16 (72.7)	6.343
	Depends on the situation		6 (10.7)	8 (11.6)	6 (27.3)	4
	Disagree / strongly disagree		0 (0.0)	2 (2.9)	0 (0.0)	0.070
Trust	Strongly agree / agree		16 (28.5)	24 (34.8)	6 (27.3)	8.621
	Depends on the situation		31 (55.4)	42 (60.9)	16 (72.7)	4
	Disagree / strongly disagree		9 (16.1)	3 (4.3)	0 (0.0)	0.097

childcare and academic education of midwives in Lithuania in the recent decades (24). Midwives of younger age who are at the beginning of their professional career strongly rely on new models of care and on their improved professional competence and autonomy. Midwives are taught to be equal members of a multidisciplinary team, take leadership and responsibility on their everyday practice, and constantly improve professional knowledge and skills.

In this study, more than 80% of the midwives pointed out that sympathy and individual/professional competence were the most important professional values in midwifery practice. These values ensure a respectful, holistic approach to other people, their health and life. To nurture these professional values and achieve personal and professional

goals, personal qualities of midwives are crucial and should be further investigated in future studies.

Conclusions

Sympathy, individual and professional competence, precision and accuracy in care, and responsibility were the most important professional values for midwives working in maternity hospitals. Values that midwives emphasized as important in their professional practice varied in accordance with their age and length of work experience. Further studies are necessary to assess the relationship between midwives' professional values and their personal characteristics, education level and models of care applied by them in practice.

Table 3. The differences in the importance of professional values among midwives in accordance with the duration of their work experience

Professional Values		Work Experience			χ^2 df P
		1–15 y. n (%)	16–30 y. n (%)	31–44 y. n (%)	
Human dignity	Strongly agree / agree	17 (27.9)	16 (23.9)	2 (10.5)	3.576
	Depends on the situation	42 (68.9)	48 (71.6)	17 (89.5)	4
	Disagree / strongly disagree	2 (3.2)	3 (4.5)	0 (0.0)	0.162
Social justice	Strongly agree / agree	1 (1.6)	2 (3.0)	0 (0.0)	5.221
	Depends on the situation	8 (13.2)	6 (9.0)	2 (10.5)	4
	Disagree / strongly disagree	52 (85.2)	59 (88.0)	17 (89.5)	0.018
Autonomy in decision making	Strongly agree / agree	22 (36.1)	15 (22.4)	3 (15.8)	5.221
	Depends on the situation	31 (50.8)	39 (58.2)	11 (57.9)	4
	Disagree / strongly disagree	8 (13.1)	13 (19.4)	5 (26.3)	0.018
Precision and accuracy in caring	Strongly agree / agree	38 (62.3)	40 (59.7)	10 (52.6)	3.746
	Depends on the situation	21 (34.4)	27 (40.3)	9 (47.4)	4
	Disagree / strongly disagree	2 (3.3)	0 (0.0)	0 (0.0)	0.413
Responsibility	Strongly agree / agree	38 (62.3)	35 (52.3)	11 (57.9)	4.756
	Depends on the situation	11 (18.0)	10 (14.9)	1 (5.3)	4
	Disagree / strongly disagree	12 (19.7)	22 (32.8)	7 (36.8)	0.102
Human relationship	Strongly agree / agree	7 (11.5)	3 (4.4)	1 (5.2)	2.590
	Depends on the situation	25 (41.0)	32 (47.8)	9 (47.4)	4
	Disagree / strongly disagree	29 (47.5)	32 (47.8)	9 (47.4)	0.326
Individual and professional competency	Strongly agree / agree	54 (88.5)	54 (80.6)	14 (73.7)	2.761
	Depends on the situation	7 (11.5)	13 (19.4)	5 (26.3)	2
	Disagree / strongly disagree	0 (0.0)	0 (0.0)	0 (0.0)	0.069
Sympathy	Strongly agree / agree	54 (88.5)	57 (85.1)	14 (73.7)	5.359
	Depends on the situation	7 (11.5)	8 (11.9)	5 (26.3)	4
	Disagree / strongly disagree	0 (0.0)	2 (3.0)	0 (0.0)	0.099
Trust	Strongly agree / agree	17 (27.9)	26 (38.8)	3 (15.8)	10.829
	Depends on the situation	35 (57.3)	38 (56.7)	16 (84.2)	4
	Disagree / strongly disagree	9 (14.8)	3 (4.5)	0 (0.0)	0.029

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References

- Kadivar M, Manookian A, Asghari F, Niknafs N, Okazi A, Zarvani A. Ethical and legal aspects of patient's safety: a clinical case report. *Journal of Medical Ethics and History of Medicine* 2017;10.
- Kebede S, Gebremeskel B, Yekoye A, Menlkalew Z, Asrat M, Medhanyie AA. Medical professionalism: Perspectives of medical students and residents at Ayder Comprehensive and Specialized Hospital, Mekelle, Ethiopia – a cross-sectional study. *Advances in Medical Education and Practice* 2018;9.
- Currey J, Allen J, Jones D. Critical care clinician perceptions of factors leading to Medical Emergency Team review. *Australian Critical Care* 2018;31(2):87–92.
- Suswati, E. Entrepreneurial leadership: Midwife competence and performance. *International Journal of Entrepreneurship* 2020;24(1):1–9.
- Lestari TS, Wekadigunawan CSP, Ruswanti, E. The influence of competence, service performance through a service quality over midwife units in Banten Hospital. *Journal of Multidisciplinary Academic* 2020;4:229–233.

Statement of Conflict of Interest

The authors state no conflict of interest.

6. Shafakhah M, Molazem Z, Khademi M, Sharif F. Facilitators and inhibitors in developing professional values in nursing students. *Nursing Ethics* 2018;25(2):153-164.
7. Comer DR, Vega G. The relationship between the personal ethical threshold and workplace spirituality. *Journal of Management, Spirituality & Religion* 2011;8(1):23-40.
8. Teno M, Gozalo PL, Lee IC, Kuo S, Spence C, Connor SR, Casarett DJ. Does hospice improve quality of care for persons dying from dementia? *Journal of the American Geriatrics Society* 2011;59(8):1531-1536.
9. Sebo P, Herrmann FR, Haller DM. How do GPs in Switzerland perceive their patients' satisfaction and expectations? An observational study. *BMJ Open* 2015;5(6):e007085.
10. Janssen PA, Dennis CL, Reime B. Development and psychometric testing of The Care in Obstetrics: Measure for Testing Satisfaction (COMFORTS) scale. *Res Nurs Health*. 2006 Feb;29(1):51-60.
11. Larsson G, Wilde-Larsson B. Quality of care and patient satisfaction: a new theoretical and methodological approach. *Int J Health Care Qual Assur*. 2010;23(2):228-47.
12. Dancet EA, Ameye L, Sermeus W, Welkenhuysen M, Nelen WL, Tully L, De Bie B, Veit J, Vedsted-Hansen H, Zondervan KT, De Cicco C, Kremer JA, Timmerman D, D'Hooghe TM. The ENDOCARE questionnaire (ECQ): a valid and reliable instrument to measure the patient-centeredness of endometriosis care in Europe. *Hum Reprod*. 2011;26(11):2988-99.
13. Poorchangizi B, Farokhzadian J, Abbaszadeh A, Mirzaee M, Borhani F. The importance of professional values from clinical nurses' perspective in hospitals of a medical university in Iran. *BMC Medical Ethics* 2017;18(1):1-7.
14. Gaudine AP, Beaton MR. Employed to go against one's values: nurse managers' accounts of ethical conflict with their organizations. *Canadian Journal of Nursing Research Archive* 2002;34(2):17-34.
15. Skela-Savič B, Kiger A. Self-assessment of clinical nurse mentors as dimensions of professional development and the capability of developing ethical values at nursing students: A correlational research study. *Nurse Education Today* 2015;35(10):1044-1051.
16. Al-Banna D. Core professional and personal values of nurses about nursing in Erbil City Hospitals: A profession, not just career. *Nursing & Care Open Access Journal* 2017;2(6).
17. Callwood A, Cooke D, Allan H. Value-based recruitment in midwifery: do the values align with what women say is important to them? *Journal of Advanced Nursing* 2016;72(10):2358-2368.
18. Reed R, Rowe J, Barnes M. Midwifery practice during birth: ritual companionship. *Women and Birth* 2016;29(3):269-278.
19. Vaičienė V, Blaževičienė A, Macijauskiene J, Sidebotham M. The prevalence of burnout, depression, anxiety and stress in the Lithuanian midwifery workforce and correlation with sociodemographic factors [published online ahead of print, 2021 Jun 10]. *Nurs Open* 2021;10.1002/nop2.948. doi:10.1002/nop2.948
20. Yang H, Lee H. Effect of professional self – concept and professional autonomy on nursing performance. *Advanced Science and Technology Letters* 2015;88:141-144.
21. Perdok H, Cronie D, van der Speld C, van Dillen J, de Jonge A, Rijnders M, Verhoeven CJ. Experienced job autonomy among maternity care professionals in The Netherlands. *Midwifery* 2017;54:67-72.
22. Hildingsson I, Gamble J, Sidebotham M, Creedy DK, Guilleland K, Dixon L, Fenwick J. Midwifery empowerment: National surveys of midwives from Australia, New Zealand, and Sweden. *Midwifery* 2016;40:62-69.
23. Goodarzi B, Holten L, van El C, de Vries R, Franx A, Houwaart E. Risk and the politics of boundary work: preserving autonomous midwifery in the Netherlands. *Health, Risk & Society* 2018;20(7-8):379-407.
24. Riklikienė O, Strička M, Starkienė L, Matulevičiūtė L, Macijauskienė J. Midwifery in Lithuania: Addressing the barriers to realization of midwives' competence in midwifery care. *NERP* 2012;3:96-103.

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