

# Effect of workshop training on midwives' communication skills and maternal satisfaction in maternity block

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## Abstract

**Context:** Communication skills have an important role in people satisfactions. Mothers' satisfactions with midwives' communication skills can make an appropriate setting in order to achieve psychological and physical health of mothers.

**Aims:** The aim of this study was to determine the effect of training workshop on midwives' communication skills and mothers' satisfaction in maternity unit.

**Setting and Design:** This semi-experimental study was done with participation of 40 midwives in maternity unit and 100 mothers in postnatal delivery ward in Mahdiah Hospital, Tehran, Iran, in 2016.

**Materials and Methods:** Sampling was done by census method for midwives and by available method for mothers. Two sessions of communication skills workshop were performed for mothers in two consecutive days. Midwives' communication skills were assessed by Jerabek questionnaire and mothers' satisfaction was measured by satisfaction with communication questionnaire before intervention and 4 weeks later.

**Statistical Analysis Used:** Kolmogorov–Smirnov test, frequency, mean, standard deviation, pair and independent *t*-test, and Pearson correlation coefficient and regression were used for data analysis.

**Results:** Before intervention, mean and standard deviation for midwives' communication skills was  $99.44 \pm 9.19$  and for mothers' satisfaction was  $61.88 \pm 17.8$ . After communication skills training workshop, midwives' communication skill raised to  $139.62 \pm 7.13$  ( $P = 0.002$ ) and mothers' satisfaction increased to  $88.68 \pm 12.79$  ( $P = 0.003$ ).

**Conclusion:** Communication skill training to midwives may have a positive effect on mothers' satisfaction. Thus, integrating communication skills training in continuing midwifery education program is suggested.

**Keywords:** Communication skill, Midwife, Pregnant mothers, Satisfaction

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## INTRODUCTION

The efforts and transformations of human communities to promote and provide health, as well as national development and promote people's standard of living would not be feasible unless focusing on the quality of medical and health care provision. With respect to this matter that today, the maternal and child health is not only considered as a health indicator, but it is also viewed as one of the development indices, and of the millennium development goals, it is particularly significant to provide health-medical service to this group.<sup>[1]</sup> Although labor is a physiological process, due to severe pain and feeling uncertain, the woman feels helpless and vulnerable.<sup>[2]</sup> Considering the effects of labor on the delivering woman's morale and feelings before, during and after childbirth, the necessity behind taking it important is tangible. Maternal supports during labor, which is being addressed today in the modern midwifery, signifies the constant nonmedical care of a woman who is delivering and includes the preparation of physical relaxation and emotional support.<sup>[3]</sup> One of the critical goals of maternal health promotion is to support and care during labor through improving the relationship between the delivering mother and midwife who helps the delivering mother during labor process.<sup>[2]</sup> Thus, having appropriate and purposive communication in order to help the delivering mother in the labor process is of the main tasks of the medical-health personnel.<sup>[3]</sup>

Communication described as the focus of all clinical actions and the basis of medical activity is so critical that it is considered as the foundation of the individual injuries and human progresses.<sup>[4,5]</sup> Effective communication is the combination of the art of communication, training, anthropology, behavioral skills, and many other sciences.<sup>[6]</sup> Many of the authorities have viewed the potential to correctly communicate as the most important tasks of the medical-health staff.<sup>[7]</sup> Generally speaking, communication skill increases the knowledge about the clients' problems, improves decision-making on discharging and transferring them, provides appropriate solutions to improve their quality of care, and increases the sense of participation and cooperation in the treatment team, and this way, ultimately, promotes the quality of cares and reduces medical errors, drops the client's stay duration in the hospital and lowers medical costs.<sup>[1]</sup>

If we believe in humans' rights and appreciate the client as a human being, then we will understand the necessity to meet the client's satisfaction with the provided supports.<sup>[7]</sup> The client's satisfaction in modern medicine is highly important so that it's a critical index in determining the quality of health

care.<sup>[8]</sup> Furthermore, it is possible to achieve the client's mental assessment of health care through their satisfaction level. Compared with the dissatisfied clients, the satisfied clients respond differently against the received service and care.<sup>[5]</sup> Overall, the clients who are satisfied with the service continue enjoying it, accept the recommended treatment and follow it. Such individuals often call other ones to use such service. Thus, a contented client not only discontinues using the service, but they also cause it to develop day by day.<sup>[9]</sup> The studies suggest that effective communication is one of the methods to increase the patients' satisfaction with the medical-health service;<sup>[10-12]</sup> although, in some studies, training communication skills to the staff did not bring about the patients' contentment raise.<sup>[13]</sup> It seems that training content and method can influence the outcomes. As a review concluded most of educational methods were effective on promotion of midwives' communication skills, but role-playing was more effective. This study suggested because of heterogeneity between studies; more investigations are needed.<sup>[14]</sup> A mixed-methods systematic review also showed lack of evidence about the effect of interventions for effective communication between maternity staffs and mothers during labor and childbirth. Hence, it concluded there is need to more studies to determine characteristics of necessary interventions for effective communication in maternity units as well as consideration mothers' priorities, local culture, and context of childbirth in planning interventions.<sup>[15]</sup>

Concerning the significance of the care during labor and the special mental conditions of the mothers in this phase of pregnancy, it seems more important than before to provide a program to create, maintain, and promote the mothers' satisfaction sense. Of the main reasons behind the generation of a challenge between the clinical staff and the patients is lack of identifying the clients' psychosocial needs and not being able to communicate with them correctly.<sup>[1]</sup> Then, the communication manner of the staff such as the midwife with the pregnant mother is highly critical. Given the above issues and that the effect of employing various methods for training communication skills to the midwives on the mothers' satisfaction has not been investigated adequately, the researchers have decided to outline the effect of workshop training on midwives' communication skills and maternal satisfaction in labor block.

## MATERIALS AND METHODS

The current research is a semi-experimental one approved by the Ethics Committee of the Medical Sciences University of Mazandaran, holding the code IR.MAZUMS.REC.95.2188. This study has been done on the midwives

and the mothers delivering in Mahdie Hospital in Tehran. All midwives working in the labor block (the midwifery emergency, labor room, and postpartum ward), as 40 ones were included in the study by census method. To measure the maternal satisfaction with the communication skills (verbal and nonverbal) of the midwives based on the previous study,<sup>[10]</sup> considering  $X_1 = 86.2 \pm 10.3$  and  $X_2 = 81.5 \pm 9.58$ , error = 5% and the power of 95%, the mothers' sample size in each phase of the study (pre- and posttraining) has been calculated as 95.93, considering the probability of sample drop, it has increased to 100 individuals for each study phase (pre and post). The mothers have been selected by convenient method.

The study inclusion criteria for the midwives in the maternity block covered being satisfied to participate in the study and not receiving communication skills training over the last year, and the exclusion criteria encompassed not regularly participating in the workshop sessions. The inclusion criteria for the mothers were: The mothers having delivered, being conscious and able to answer the questions and passing up to 24 h after their delivery, and exclusion criteria covered unwilling to participate in the study and high-risk mothers (multiple pregnancy, preeclampsia, and pre- and postpartum bleeding).

The demographics, communication skills, and maternal satisfaction with the midwives' communication skills questionnaires were used to collect the data. The demographics questionnaire included two parts of the midwives' demographics (age, educational degree, work background, and workplace) and the mothers' demographics (age, education, and the number of delivery). The communication skills questionnaire consisted of 34 items from the revised version of Jerabek standard questionnaire. Its content includes five subscales of the ability to perceive or understand verbal and nonverbal messages, organizing the emotions, listening skill, the insight into communication process, and communication decisiveness. Answering is done based on 5-point Likert scale and each option is given the scores 1–5. Out of the score sum, the overall score is calculated. Thus, the scores range from 34 to 170. Also for each of the subscales, a separate score is calculated. If the score sum ranges 34–68, it indicates the individual's communication skill as low, score 69–136 as moderate, and 137–170 as high.<sup>[11]</sup> This questionnaire's validity has been verified by Yousefi<sup>[12]</sup> and its reliability has been found as 0.71 by Alpha-Cronbach.

Maternal Satisfaction with Midwives' Communication Skills Questionnaire was developed with a comprehensive

overview on the subject relevant studies and polls from the midwifery, reproductive health, and psychiatry experts. This questionnaire is made up of 20 items organized based on 5-point Likert scale. The max satisfaction level is given score 4 and the min score zero. Thus, the total score ranges 0–100. As mathematical logic signifies, satisfaction is classified at three levels as weak (0–32), moderate (66–33), and good (67–100). This questionnaire's face and content validity have been approved by a survey of 10 experts of midwifery and nursing and gaining Content Validity Index = 0.90 and Content Validity Ratio <62.0. Moreover, the reliability has been obtained as 0.85 using Alpha-Cronbach and the correlation coefficient as 0.74 by the test–retest method.

To perform the present research, with the introduction letter from the competent authorities and the hospitals' officials' consent, the researcher referred to the midwives and mothers admitted to the postpartum ward and having explained the goals and the study phases orally and in written, she acquired their written consent to take part in the study. The demographics and satisfaction questionnaire has been completed for 100 mothers. Then, the midwives have been divided into two 20-person groups and asked to participate in the training workshop. At the beginning of the workshop, after completing the demographics questionnaire for the midwives, the communication skills questionnaire has been given to them in anonymous envelopes, and they have been required to put it in the box provided for this purpose after completing it. After running the workshop, the communication skills questionnaire has been completed by the midwives again. The communication skills workshop has been run with 6 lecturers attending two consecutive days for 6 h per day. The training content of the workshop has been supplied collaborating with the masters of Mazandaran University of Medical Sciences and Shahid Beheshti University and congruent with the topics of Jerabek questionnaire. The workshop program has been summarized in Framework 1.

Because when the workshop got over, the mothers participating in the first phase were discharged, the satisfaction questionnaire was filled in by 100 other mothers being hospitalized after that. The data analysis was done by SPSS version 24.0. released 2016 IBM SPSS Statistics for Windows, IBM Corp., Armonk, NY and Kolmogorov–Smirnov test; descriptive statistics including frequency, mean, and standard deviation; and analytical tests including Chi-square, independent, and pairwise *t*-test and regression. The significance level has been considered <0.05.

**Framework 1: Workshop program on communication skills training for midwives**

The first day
Getting familiar and initial introduction, the goals statement
Tips on communication styles, the due skills on effective communication
Preparing, starting, and concluding a reliable communication, barriers to effective therapy communication
Nonverbal language and its interpretation, physical features, and environmental factors in nonverbal communication, defective nonverbal communication, and practical work (problem sample presentation and group activity for its analysis)
Verbal language and its interpretation, physical features and environmental factors in verbal communication, defective nonverbal communication, and practical work (problem sample presentation and group activity for its analysis)
Emotion organizing skill and its necessity when exposed to crisis
Summing up, questioning, and answering
The second day
Basics of active listening skill, practical work (running a scenario)
Basics of empathy skill and its necessity in midwifery (running a scenario)
Basics of communication decisiveness skill and the necessity to use it in relation with the client and midwife-gynecologist diagnosis
Staff communicating with each other and with the patients requiring special needs
Initiating the interviews and information gathering, structuring the interviews, practical work through role play
Summing up, questioning, and answering

**RESULTS**

In the current study, 40 midwives and 200 mothers have been surveyed. Kolmogorov–Smirnov test indicated the data normalization. The midwives' demographics have been reported in Table 1. The demographic characteristics of the two mother groups before and after the workshop have been reported in Table 2. Comparing the midwives' communication skills has been illustrated in Table 3, displaying the significant improvement of communication skills and all its key components after the training. The mothers' satisfaction with midwifery communication skills before and after the workshop has been reported in Table 4. As it shows, there is a significant statistical difference in mothers' satisfaction ( $P = 0.003$ ).

Considering the significant difference of age between two mother groups, regression test was used to assess the correlation between age and satisfaction. It showed that there was not a correlation between these two variables ( $P = 0.13$ ).

**DISCUSSION**

The current research has been done pursuing the goal to analyze the role of training communication skills to the midwives in the maternity blocks hospitalized mothers' satisfaction.

Surveying the mothers' demographics role in satisfaction, the results suggested that age is of the predictive

**Table 1: Midwives' demographic characteristics in Madieh hospital (Tehran)**

Demographic characteristics	n (%)
Age (years)	
22-30	8 (20.0)
31-40	19 (47.5)
41-50	9 (22.5)
51-60	4 (10.0)
Educational degree	
Bachelor	35 (87.5)
Master	5 (12.5)
Work background (years)	
1-10	24 (60.0)
11-20	11 (27.5)
>20	5 (12.5)
Work place	
Delivery room	35 (87.5)
Postpartum	4 (10.0)
Obstetrics urgency	1 (2.5)

**Table 2: Mothers' demographic characteristics before and after performing of workshop**

Demographic characteristics	Before intervention	After intervention	P
Age (year), mean±SD	27.48±7.99	30.83±7.51	0.003
Parity, mean±SD	1.57±0.75	1.63±0.59	0.53
Educational level, n (%)			
Elementary and high school	23 (23.0)	39 (39.0)	0.26
Diploma	15 (15.0)	20 (20.0)	
University	62 (62.0)	41 (41.0)	

SD: Standard deviation

**Table 3: Comparison of midwives' communication skills and its components before and after performing of workshop**

Communication skills and its components	Mean±SD		P
	Before intervention	After intervention	
Message understanding	36.51±3.05	67.25±3.29	0.001
Emotion regulation	24.92±2.70	33.01±3.16	0.001
Listening	21.65±3.03	28.10±2.40	0.001
Insight	14.12±2.67	20.37±2.03	0.001
Assertiveness	13.08±3.63	21.38±1.64	0.001
Total score	99.44±9.19	139.62±7.13	0.002

SD: Standard deviation

**Table 4: Comparison of mothers' satisfaction with midwives' communication skills before and after performing of workshop**

	Mean±SD		P
	Before intervention	After intervention	
Mothers' satisfaction	61.88±17.88	88.68±12.79	0.003

SD: Standard deviation

factor in the mothers' satisfaction with the midwives' communication skills in the maternity ward. This finding is consistent with another study done in Iran.<sup>[13]</sup> Furthermore, another study in Nepal showed mothers' age was not effective on their satisfaction.<sup>[16]</sup> Since the labor condition and the environment are identical for all women, if the conditions are not favorable, then age doesn't seem to exert any impact on the mothers' contentment.



Besides, in this study, the total mean score of the preworkshop test participating midwives' communication skills has been measured as 99.44 and as moderate. This finding is congruent with other researchers' findings in Iran.<sup>[17]</sup> In a study conducted in Iran, applying verbal and nonverbal communication skills among the midwives has been estimated as 56%.<sup>[18]</sup> In Birjand located educational hospitals also, the midwives' communication skill from the maternity ward clients' perspective has been evaluated as moderate.<sup>[19]</sup> Moreover, in various studies done with different tools and scoring system, the mean communication skill of different medical-health groups has been reported from 58.5 to 116.14, consistent with our study findings before the intervention.<sup>[20,21]</sup>

The results denoted that holding communication skill workshop has led to increasing the midwives' communication skill score. These findings are in agreement with those of some other studies.<sup>[22,23]</sup> The study on the nurses also indicates the effect of training on their communication skill enhancement.<sup>[24]</sup> While one of the studies revealed the individuals' reduced clinical performance after the communication skill training,<sup>[25]</sup> which is inconsistent with the present study derived findings. Various factors may influence the findings, such as deficient training duration, inadequate educational method and content, and low motivation of the personnel.

The mothers' satisfaction with the midwives was moderate before the intervention, promoted to decent level after training the communication skills. In another study in Iran, the mothers' satisfaction with the midwifery service performance has been reported as 48% classified as unfavorable.<sup>[18]</sup> Besides, a study in Nepal indicates the effective role of the health personnel's communication skills with the clients for receiving health care service.<sup>[26]</sup> Another research also suggested that the posttraining communication skill score of the nurses paying attention to the patient's pain increased from 25.4 to 27.2, resulting in the patients' satisfaction rise.<sup>[24]</sup> Moreover, the findings by the Turkish researchers indicated the effect of communication skill training to the hospital emergency ward nurses on the patients' satisfaction level so that the score of the medical personnel intimacy with the patients increased from  $63 \pm 2$  to  $7 \pm 25$  and the patients' complaint against the nurses dropped by 66%, which signifies the positive effect of training on the patients' satisfaction.<sup>[27]</sup> As the present study, some studies used workshop education to improve communication skills of health care staffs.<sup>[28-30]</sup> Researchers reported enhancement of midwifery students' communication skills via performing a 2 days' workshop.<sup>[28]</sup> In a comparative study, 9 sessions of 2 h workshop during

3 months led to increase of patients' satisfaction of nurses. There was a significant relationship between nurse-patient's communication and patients' satisfaction.<sup>[29]</sup> In the present study, a context of training was running a scenario. A study in the UK reported in scenario of postpartum hemorrhage, training with patient-actor was more effective than using manikins in improvement of communication.<sup>[31]</sup> A study showed training nurses based on the BASNEF model in three sessions of 45 min, including lecture and group discussion, caused to improvement of knowledge, behavioral intent, and behavior.<sup>[30]</sup> Satisfaction is related to interpersonal communications.<sup>[16]</sup> Thus, it seems such interventions affect patients' satisfaction with change in caregivers' behaviors. On the one hand, these findings are not in line with those of another research since despite the personnel stating that training changed their communication skill level, this did not lead to varying the clients' satisfaction level.<sup>[32]</sup> Furthermore, training resident doctors in a maternity unit did not leads to higher satisfaction.<sup>[33]</sup> This discrepancy can be justified this manner that though the personnel's communication skills increased from their own mind, training could not promote the personnel's communication skill to that level being highly able to treat and communicate with the patients and satisfy them. It was probable that the training was not at high and sufficient level. On the one hand, in this case, the barriers to effective communication can be stressed. There are some differences in prioritizing the communication barriers between the perspective of the personnel and that of the patient. Lacking similar languages and identical cultures can be mentioned as such obstacles.<sup>[34]</sup> Part of these factors related to the midwife might improve through training. But in order to remove the mother and the environment related barriers, it is required to adopt other strategies.

The limitations of this research include the sample group being confined to one hospital, which limits the results' generalizability. Due to the presence of midwifery student and gynecology resident, implementing the project in educational hospital has made the midwifery personnel's explanation and separation difficult for the mother and also not having the chance to repoll the mothers examined prior to the intervention. It is suggested to compare the effectiveness of various communication skill training approaches in the future studies. In addition, it is recommended to analyze the strategies to remove the patient-environment-related communication barriers.

## CONCLUSION

The general findings' evaluation on midwifery communication skills in this study suggests the midwives'

communication skill at moderate level, which can be promoted to higher levels through training and following which, the mothers' satisfaction can be raised. Among the health care ward personnel, the midwife has a very important role in consulting and training the mothers. Of the critical factors that parturient need for a positive labor experience is the support from the midwives. Thus, the midwives' communication skill preserves the safety and promotes the parturient health and following the induction of a sense of empowerment to tolerate pain and normal labor and making their delivery process pleasant can increase normal labor percentage. Moreover, effective communication with their fellows facilitates the sharing of knowledge and information and more participation in decision-making about the treatment process, professional development, and increased job satisfaction among midwives.

### Conflicts of interest

There are no conflicts of interest.

### Authors' contribution

All authors contributed to this research.

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