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Factors Influencing Quality of Midwifery Performance in Governmental Hospitals, Gaza Strip

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Dedication

This thesis is dedicated to:

The sake of Allah, my Creator and my Master,

My great teacher and messenger, Mohammed (May Allah bless and grant him), who taught us the purpose of learning & life,

My homeland Palestine, the warmest womb;

The great martyrs and prisoners, the symbol of sacrifice;

My love & dearest husband Mr. Ahmed Abu Al Roos, who encouraged me to study hard and sacrificed the little resources he had in order to provide for my education.

To my beloved children, Yosef, Alla, Rahaf, Mahmoodʿ and Mohammed, thank you for being such wonderful children. In spite of missing motherly care and love, you gave me unconditional support, encouragement and love that actually motivated me to continue and complete my study.

To my lovely parents, my brothers, my sisters, my family, and my husband's family.

To all Palestinian midwives, all my friends, and people in my life who touch my heart, I dedicate this study.

Diaa Abed Al Raheem Ezat Abu Kweik

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research and study, except where otherwise acknowledged and that this present study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

Diaa Abed Al Raheem Ezat Abu Kweik

20/12/2018

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Abstract

Background: midwives play a vital role in the provision of maternal health care globally. Quality of midwifery performance is essential to strengthen mother and child health care. A successful maternal health care services must have a strong midwifery performance in providing ante natal, basic intra partum and post-partum care. Therefore, it was important to identify factors influencing quality of midwifery performance. **Aim of the Study**: The study aimed to determine factors that influence quality of midwifery performance from the perspective of the midwives in governmental hospitals in Gaza Strip. **Subjects and methods**: A cross sectional study utilized representative census sampling of 212 midwives & nurses who work in maternity departments of governmental hospital in Gaza Strip. A questionnaire was developed with a response rate of 91.9%. The questionnaire was validated by experts, and reliability was obtained by Cronbach's alpha coefficient. Data were analyzed using SPSS. **Results**: the results of the study revealed that presence of the highest factor that positively influences the quality of midwifery performance (high level of salary, interesting in performance improvement, motivators, & application of quality standards). On other hand, the results indicated lowest factor that positively influences the quality of midwifery performance (marriage, midwife job performance is same as nurse, work pressure, & absence of job description). In addition, it was found that there is a significant difference in the quality of midwifery performance in the governmental hospitals between different job titles (nurses, midwives, head nurses, supervisors) of the participants ($p<0.05$) in favor of midwives. **Conclusion**: There was a positive correlation between quality of midwifery performance and job titles in favor of midwives. Therefore, it is recommended that the managers should ensure adequate number of professional midwives at all times and shifts in maternity departments at the governmental hospitals in Gaza Strip.

Keywords: factors, midwife, nurse, performance, quality.

Table of contents

List of Tables

List of Figures

List of Annexes

List of Abbreviations

GS	Gaza Strip
HIQA	Health Information and Quality Authority
IOM	Institute of Medicine
ICM	International Confederation of Midwives
MMR	Maternal Mortality Rate
MDGs	Millennium Development Goals
MOH	Ministry of Health
MCH	Mother & Child Health
OSCE	Objective Structured Clinical Examination
PPH	Postpartum Hemorrhage
PHC	Primary Health Care
QOC	Quality of Care
UNRWA	United Nations Relief and Work Agency for Palestine Refugees in the Near East
WHO	World Health Organization

Chapter One

Introduction

1.1 Background

Mother and child health is one of the most important developments and global health priorities to decrease the maternal and neonatal mortality rate. In the light of the previous statement, reducing maternal mortality (MMR) by 75 percent between 1990 and 2015 considered one of the objectives of Millennium Development Goals (MDGs) (Filippi et al., 2016).

According to Palestinian Ministry of Health (MOH) in 2017, the maternal mortality rate (MMR) was 8.6 per 100,000 live births in Gaza Strip (GS). This indicator remains high despite the efforts of the Ministry of Health and other organizations to improve maternal and childcare. Moreover, monitoring of indicators can lead to better understanding of how maternity health care services function and better identification of areas requiring improvement (Umoe et al., 2015).

In addition to previous statement, it could be concluded that the reduction of these indicators can be achieved when the quality of maternity care is increased. Quality of care is defined as the degree to which maternal health services for individuals and populations increase the likelihood of timely and appropriate treatment for the purpose of achieving desired outcomes that are both consistent with current professional knowledge and uphold basic reproductive rights (Broek et al., 2009).

Furthermore, the quality of maternity care improvement is essential to strengthen health care. A successful maternal health system services must have a standardized midwifery performance in providing ante natal, basic intra partum and post-partum care (Falconer, 2010). Mother and child organizations have tried to improve the quality and access of healthcare services in developing countries by providing special training to health care providers. Moreover, The International Confederation of Midwives (ICM) supports represents and works to strengthen professional associations of midwives throughout the world. The ICM works with midwives and midwifery associations globally to access to midwifery care before, during and after childbirth and secure women's right (Borrelli, 2013).

In addition, midwifery performance can influence maternal health as well as infant survival. According to Awases et al (2013), they clarify the meaning of the word perform as ‘‘to carry out, accomplish or fulfil an action or task. Performance of health care organizations depends on the knowledge, skills and motivation of health care providers. Managers should provide working conditions that support the performance of their employees.

Any workplace that exposed to stressful situations, would affect the health care providers performance and outcome of the care (Mohammadirizi et al., 2013). According to MOH report in (2018), the total number of midwives and nurses who work in maternity departments in the main four hospitals (Shifa, Nasser, Aqsa, Emaraty) in 2017 were 413 midwives & nurses. This number of midwives & nurses are responsible for providing care to 35,991 normal delivery cases and for patients in maternity departments that consist of 296 beds.

According to above MOH statistical reports and numbers, it seems that the proportion between number of midwives and work tasks are not equal which may affect their performance in all childbirth cycles. Hence, it was important to identify the factors that influencing the performance of professional midwives who are crucial to the achievement of national and international goals and targets in reproductive, preconception, maternal, newborn, and child health.

Therefore, this present study was conducted to identify factors affecting quality of performance for midwives who working in four governmental hospitals.

1.2 Research problem

Reduction of child mortality and improving maternal health were the goals number four & five of MDGs. In order to achieve the above goals, it is necessary to work hardly in providing the required motivation and working skills for the midwives in their working area.

Globally, the statistics that published in England’s hospitals showed that there were 648,107 births in national health system’s hospitals during 2015. About 53% of those births were conducted by midwives, which mean that more than 50% of work performance were done by midwives (Stephenson, 2016).

In the same issue, it was mentioned that Columbia leads the country in highest percentage of midwifery births (22.4%). In addition, midwives supported 10.8% of the deliveries in Canada in 2017 (Canadian Association of Midwives, 2018). Furthermore, in United States, the certified nurse-midwives and certified midwives attended 12.1% of all vaginal deliveries, or 8.3% of total deliveries (Hamilton et al., 2015).

In Gaza Strip, according to MOH reports in first quarter of present year 2018 it was reported that about 56% of total deliveries were performed by midwives, this mean the midwives working load may be over in governmental hospitals. In addition, most of midwives workings in governmental hospitals have been found to suffer from midwifery shortage number so they worked extra hours, this mean that midwifery work overload, stuff shortage, stress and lack of job satisfaction may affect quality of midwifery performance and vice versa will put mother and child's life at risks (MOH Reports, 2017).

1.3 Study Justification

The quality of services provided to mothers and their child across the maternity pathway has a direct effect not only on women and their babies, but also on the life of the entire family (National Health Services Program, 2018). According to MOH (2017), the number of children who were born in the governmental hospital in Gaza Strip was 58,303 live births and this number represents about 42.8 % of Palestinian births. It was reported that about 36% of total deliveries were performed by midwives (MOH Reports, 2017). Therefore, this can may resulting in work overload, poor performance, and bad maternity outcomes (Hospitals Reports, 2018). The number of births that was reported during the year 2017 and those who was born in hospitals and in safe births centers approximately 99.9% (MOH, 2016). On the other hand, nurses at hospitals regularly receives criticism from the general public, negatively commenting on their lack of patient care, lack of professionalism and diminished quality of performance, practice and service (Public Health and Preventive Medicine Archive, 2014).

Despite this, there is no study has been conducted to determine factors that influence quality of performance from the perspective of the midwives in GS. In addition to that, there are little empirical researches exploring the relationships between the health worker performance and the performance factors, and even less in developing or newly independent countries.

Furthermore, there is a clear need for more and better scientific evidence on factors which influencing quality of midwifery performance.

It was necessary to highlight on midwifery performance to improve the mother and child's services. This study will give us main understanding about quality of midwifery performance and factors influencing their performance, suggest the recommendations to improve the quality of performance and looking for barriers about this performance, and generate information and knowledge through research.

1.4 The overall aim

To determine factors that influence quality of midwifery performance from the perspective of the midwives in maternity departments at the governmental hospitals in the Gaza Strip.

1.5 Objectives

- To assess the quality of midwifery performance in maternity departments at the governmental hospitals in the Gaza Strip.
- To assess the factors which affect significantly the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip.
- To determine the highest & lowest influencing factors (socio-demographic, organizational, professional, and personal) that affect quality of midwifery performance.
- To explore the differences in the quality of midwifery performance with regard to demographic characteristics of the study participants.
- To suggest the recommendations that could help to adopt strategies for increasing the quality of midwifery performance in governmental hospitals.

1.6 Research questions

- What is the level of the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip?
- What are the most influencing socio-demographic factors, which affect the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip?
- What are the socio-demographic factors which affect the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip?

- What are the personal factors which affect the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip?
- What are the organizational factors which affect the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip?
- What are the professional factors which affect the quality of midwifery performance in the maternity departments at the governmental hospitals in the Gaza Strip?
- Are there statistical significant differences in the quality of midwifery performance between different age groups of the study participants in the maternity departments at the governmental hospitals in the Gaza Strip?
- Are there statistical significant differences in the quality of midwifery performance between different marital statuses of the study participants in the maternity departments at the governmental hospitals in the Gaza Strip?
- Are there statistical significant differences in the quality of midwifery performance between different educational levels of the study participants in the maternity departments at the governmental hospitals in the Gaza Strip?

1.7 Context of study

1.7.1 Demographic context

The Palestine's territory is approximately 27,000 km^2. This area includes the Sea of Galilee and half of the Dead Sea area. The area of the West Bank, which includes the Dead Sea region, is approximately 5,842 km^2. The area of the Gaza Strip is 365 km^2.Palestine is located in the west of the continent of Asia, bordered to the north by Lebanon and Syria. To the north, it is bordered by Syria; the border between them is 70 km^2. The length of its border with Lebanon is 79 km^2. The length of the border between Palestine and Jordan is 360 km^2. Palestine overlooks the northern part of the Gulf of Aqaba. It has a coastline of 10.5 km^2 in the far south. It has a border with the Egyptian territory. It is connected specifically to Ras Tabah on the Gulf of Aqaba with Rafah. The estimated population of Palestine in the middle of 2017 is 5 million people, divided into 3 million in the West Bank and 2 million in the Gaza Strip (Palestinian Central Bureau of Statistics, 2017).

The Gaza Strip is located along the Mediterranean Sea in the northeast of the Sinai. The region is about 363 km^2, and is one of the densely populated areas. The population of the Gaza Strip is approximately 2 million. The majority of the population is Muslim, 98.0% to 99.0%, while Christians constitute less than 1.0% of the population. Gaza City is the administrative center and main city in the Gaza Strip. Beit Lahia & Beit hanoun in the north, and Rafah and Khan Yunis in the south (Palestinian Central Bureau of Statistics, 2017).

1.7.2 Socio economic situation in governmental hospital, Gaza Strip:

The health sector in Palestine has suffered a lot from the practices of the Israeli occupation forces, where the health sector suffered from alot of material losses. The Israeli occupation forces destroyed many ambulances and hospitals. Moreover, according to MOH Reports (2018), the health sector in the Gaza Strip is about to collapse almost completely with the decline in services in the majority of hospitals and facilities of the Ministry of Health in the sector due to lack of medicines and the depletion of fuel needed to operate generators. Furthermore, the electricity problem still exists for a very long hours, and unavailability of quantities of special ambulances to transfer patients and urgent cases.

The health sector in the Gaza Strip is suffering from a severe crisis, which has reached the end of the electrical generators in some hospitals and health centers. In addition, the cleaners have stopped working because they have not received their financial dues. This is

a major and huge health problem in the central hospitals, in addition to the entry of important drugs for labor, induction of labor, premature babies, cancer patients, thalassemia and dialysis patients and others, which requires the intensification of efforts and neutralize the patient's file of political strife (MOH, 2018).

1.7.3 Health system and maternity departments in governmental hospitals in Gaza Strip

The present study area was included the main governmental hospital (Shifa, Nasser, Aqsa, Emaraty). For more geographical explanation, Shifa Medical Complex is located in the central western region of Gaza city with bed capacity about 478 beds. This hospital was established in 1964. The most prominent services provided by Al Shifa Medical Complex are cardiac surgery, burns, plastic surgery, vascular surgery and other specialized surgery (MOH, 2016). Maternity hospital located in the west part of Al-Shifa hospital. It contains about 10 departments with 159 beds, special nursery, and 6 operation rooms. Delivery room located in the second floor at the east part of the hospital, this department contains 12 delivery beds prepared will for delivery process and it contains one isolated room prepared for the delivery of mothers with hepatitis B or C. There are about 16 midwives are working in delivery room. The number of deliveries in this department reach above 1000 delivers each month. Further, the beds occupancy rate was recorded 100 % in maternity department (MOH, 2017).

Nasser Medical Complex is located in the western area of Khan Younis, Al Bahr Street, it was established in 1958 and covers an area of 5000 m^2 with bed capacity about 270 beds. It serves the residents of the western province of Khan Younis and includes two hospitals: Nasser Hospital that specializes in surgery and medical sections, including Medical department, department of cardiology, department of intensive care, general surgery, urology, ear, Nose and throat surgery, plastic surgery, neurology, urology, orthopedics (MOH, 2016). Maternity departments located in the southt part of Nasser hospital. It consists of 3 departments with 52 beds, neonatal intensive care unit, and 2 operation rooms. Delivery room located in the first floor at the east part of the hospital,this department contains 13 delivery beds prepared well for delivery process. There are about 15 midwives are working in the delivery room. The number of deliveries in this department reach above 800 deliveries each month. Moreover, the beds occupancy rate was recorded 153.4 % in maternity department of Nasser Hospital that was the highest rate of beds occupancy in all hospitals (MOH, 2017).

The Al-Aqsa Martyrs Hospital is the only hospital in the central region that provides clinical treatment services, which provides the care and treatment to nearly 300 thousand people with bed capacity about 163 beds. In the same time it consider a public hospital that provide 10 specialties services in addition to the reception of emergency, which receives annually 95 thousand references section as the hospital follow-up of patients outpatient. This hospital was set up a hastily in 2001, after the outbreak of the Al-Aqsa Intifada. Moreover, MOH and the organizers of the hospital are working diligently Permanent hospital development in terms of construction and increase the number of specialized and distinct medical staff. The hospital are incurring many Arab and foreign delegations to carry out services need medical treatment abroad in addition to the transfer of these new experiences and skills to hospital doctors and strive for excellence and to provide better services (MOH, 2016).

Maternity departments located in the east part of Al-Aqsa hospital. It consists of 3 departments 52 beds, neonatal care unit, and 1 operation room. Delivery room located in the first floor at the east part of the hospital,this department contains 3 delivery beds prepared well for delivery process. There are about 16 midwives are working in the delivery room. The number of deliveries in this department reach above 600 delivers each month. Further, the beds occupancy rate was recorded 64.6 % in maternity departments (MOH, 2017).

Al Helal Emaraty Hospital is the only governmental hospital specializing in obstetrics and gynecology services in the Gaza Strip is located in the Tal al-Sultan neighborhood in the west of Rafah Governorate. It was established in 2005 on an area of 4000 m^2 and serves the population segment located in Rafah governorate with bed capacity about 46 beds. It consist of natural birth, the intensive neonate care unit, delivery room, Operations, reception and emergency, Laboratory, and Radiology departments (MOH, 2016).

Maternity departments in Emaraty hospital are consist of 3 departments with 46 patient beds, neonatal care unit, and 2 operation rooms. Delivery room located in the first floor at the east part of the hospital, this department contains 12 delivery beds prepared well for delivery process. There are about 10 midwives are working in the delivery departments. The number of deliveries in this department reach above 600 delivers each month. In addition, the beds occupancy rate was recorded 82.8 % in maternity department (MOH, 2017).

1.7.4 Characteristics of scope of practice for midwives:

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care, services and advice during pregnancy, labor and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal deliveries, the detection of complications in mother and their child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures (ICM, 2017).

In addition, the midwife has an important task in health counseling, education and increasing awareness, not only for the woman, but also within the family and the community. Antenatal education and preparation for parenthood are the most midwifery tasks and even these tasks may be extend to women's health, sexual, reproductive health and child care (ICM, 2017).

According to MOH (2018), the number of nurses and midwives who are working in MOH facilities in Gaza strip were 2,665 nurses and 259 midwives in year 2017.

Moreover, the total numbers of midwives and nurses who work in all maternity departments in four governmental hospital (Shifa, Nasser, Aqsa, Emaraty) was 413 midwives and nurses. They provide midwifery and nursing care that include antenatal, intra natal, postnatal, high risk, gynecological cases, obstetrical surgery, and outpatient clinic (Safe Birth Report, 2018).

Furthermore, according to annual report of primary health care (2017), the midwives who work in department of women's health in primary health care of the Ministry of Health in GS provide maternal and child health care that include: Pre conception care, antenatal care, postpartum care and referral system for high risk pregnancies, counseling on reproductive health, family planning, home visits, vaccinations, screening, and education and health promotion.

Further, the most important achievements and success of the Ministry of Health for midwives are breastfeeding and baby friendly hospital initiative programs, midwifery led model of care for natural birth program, early essential neonatal care programs, hospitals midwifery& maternity nursing team, safe birth committee, in-service education,

professional diploma in midwifery, upgrading from midwifery diploma to bachelors, and the first scientific midwifery day in 14 Mar. 2017 (Safe Birth Report, 2018).

1.7.5 Mother and child health care services in GS:

The Mother & Child Health services (MCH) have its roots in the early community health services that provided health care to pregnant women and their children. In addition, the MCH services is responsible for the development and coordination of the health services for women, and their children. Its broad scope encompasses all the divisions, facilities and arenas that help to ensure the health, safety and well-being of the maternal and child health population (Ministry of Health of Bahamas, 2011).

According to MOH Reports (2018), Health services are provided to the MCH population, which includes all women of reproductive age, all pregnant women, infants, children, and their families, via a network of healthcare hospitals, facilities, clinics, programs and home visits. The objectives of MCH services in MOH were to reduce illness and death among target groups of maternal, prenatal, neonatal infant and preschool populations, reduce illness, death and health risks in mothers and children, and establish a reproductive health and family planning program that facilitates the adoption of responsible sexual behavior, reproductive patterns and parenting.

According to Safe Birth Report at first quarter of MOH report of the year (2018), the MCH services in four main hospitals (Shifa, Nasser, Aqsa, Emaraty) included: total number of admission was 13838 mothers, total number of deliveries 9694 (spontaneous vaginal deliveries were 73% and cesarean section deliveries were 25% from the total number of deliveries), partogram filled in vaginal deliveries about 98%, risk assessments done by midwives were 98%, and mother examinations 4 check times after deliveries by midwives were 74% from total deliveries.

Further, the MCH services in four main hospitals (Shifa, Nasser, Aqsa, Emaraty) are offered on 40 delivery beds, 22 emergency obstetric beds, 256 patient beds, 10 obstetric operations beds, and 21out patient clinic beds (Safe Birth Report, 2018). Therefore, during 2017 these hospitals provided MCH services for total 49.190 pregnant women in outpatient clinic departments and 108.399 women in maternity emergency departments with beds occupancy rate about 103.0% (MOH, 2018).

Moreover, there are MCH services that provided by United Nations Relief and Works Agency for Palestine Refugees (UNRWA) in GS, they offer preventive and curative health services to sustain and promote the health of Palestinian refugees, from preconception, conception through pregnancy, childhood, adolescence and adulthood and active ageing. These services include family planning, pre conception care, antenatal care, postnatal follow-up, infant care (growth monitoring, medical check-ups and immunizations), school health, oral health, outpatient consultations, diagnostic or laboratory services and the management of chronic non-communicable diseases (United Nations Relief and Works Agency, 2012).

1.8 Operational definitions

1.8.1 Factors

One of several things that affects or influences a situation. In present study, it contains of sociodemographic, organizational, professional, and personal factors.

1.8.2 Midwife

A midwife is a person who has successfully completed a midwifery education program which is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; who demonstrates competency in the practice and performance of midwifery, and who is working in maternity department at the governmental hospitals in Gaza Strip .

1.8.3 Nurse

A nurse is a person formally educated and trained in providing care of the sick or infirm. They consist of every nurse who are working in maternity departments of four main governmental hospitals.

A person who cares for the sick or infirm specifically and have a licensed health-care professional who practices and performs independently or supervises by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health (Merriam Webster, 2018).

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups communities, and societies, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (WHO, 2016).

1.8.3 Performance:

Carry out, accomplish, or fulfil (function, an action, or task) (Oxford Concise Dictionary, 1999).

Job performance refers to the ability of a worker to practice what he/she knows using experiential and competence-based training methods to accomplish the tasks at hand (Uwaliraye et al., 2013).

1.8.4 Quality:

Quality of mother and child health care is component of the right to health, and the route to equity and dignity for women and children. In order to accomplish universal mother and child health coverage, it is essential to deliver health services that meet quality criteria.

Quality of care is the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be effective, efficient, safe, timely, equitable and people-centered (WHO, 2016).

The quality of care for women and newborns is the degree to which maternal and newborn health services increase the likelihood of timely, appropriate care for the purpose of achieving desired outcomes that are both consistent with evidence base practice, current professional knowledge and take into account the preferences and aspirations of individual women and their families (WHO, 2016).

1.8.5 Organization

The ‘‘organization’’ of health services is a critical determinant of the health system’s performance which, at present, had organizational factors that reforming health care systems such as work overload, staff shortage, & motivations in maternity departments of the four main governmental hospitals in Gaza Strip: Shifa Hospital, Al Tahreer Hospital, Al Aqsa Hospital, and Al Helal Emaraty Hospital.

1.8.6 Profession

Profession is any type of work that needs special training or a particular skill, often one that is respected because it involves a high level of training and education (Cambridge English Dictionary, 2018).

Chapter Tow

2. Literature review:

2.1 Conceptual framework

The study conceptual framework was based on the review of the available literatures. Conceptual framework is the map that guides the design and the implementation of the present study and its effect mechanism for illustration and summarizing the whole study variables.

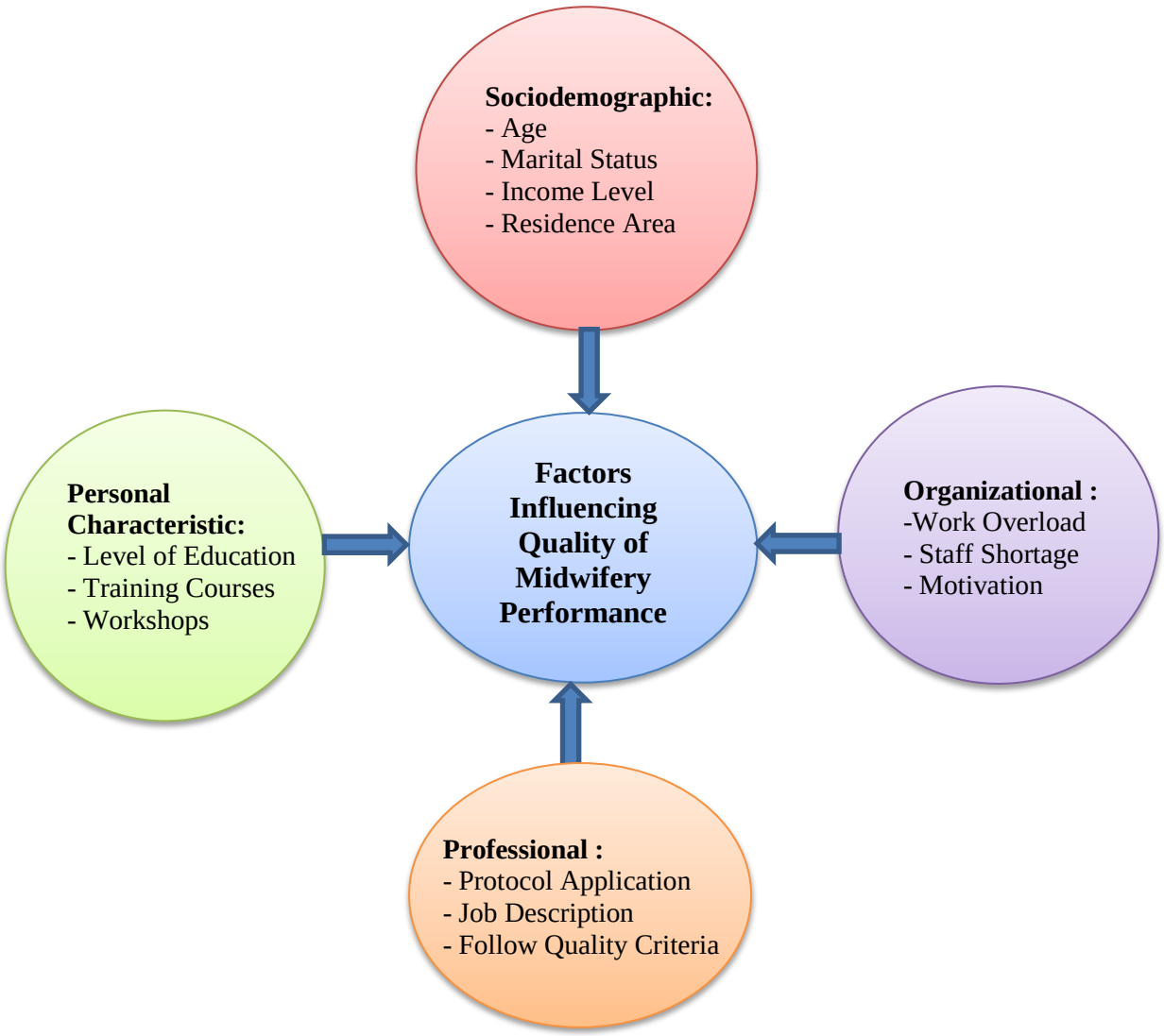

Figure (2.1): Diagram of conceptual framework

The diagram illustrated the four main factors influencing quality of midwifery performance in Gaza Governorate hospitals, which was investigated in present research study as following:

2.1.1 Socio-demographic Factors:

Socio-demographic factors were included the age, marital status, income level, & residency area of midwives who work in maternity department in ministry of health's hospitals (MOH).

2.1.2 Organizational Factors:

Organization factors are the second factors, which may effect on midwifery performance, which were included work over load, staff shortage, and motivation.

2.1.3 Personal Characteristic Factors:

This was the third factors that effect on midwifery performance including midwives level of education (Diploma, Bachelor, and Master), training courses and workshops.

2.1.4 Professional Factors:

Professional factors are the last factors which influencing midwifery performance, it included: Protocol application, job description, and follow quality criteria.

2.2 Literature review

2.2.1 Background

Quality involves meeting and exceeding an acceptable level of performance through the provision of a safe and effective care & service. It is a not simple direct concept which is neither simple to define nor measure but is nevertheless central to effective, modern, healthcare services. For this reason, improving quality has become complete component of effective healthcare delivery and is mandatory in some countries where there are obligations to comply and work with standards for healthcare (Health Information and Quality Authority, 2013).

Effective prevention and management of pregnancy, childbirth and the early newborn complications are likely to reduce the numbers of mortality and morbidity rate, antepartum and intrapartum-related stillbirths and early neonatal deaths significantly. Therefore, improvement of the quality of preventive and curative care during this critical period could have the greatest impact on maternal, fetal and newborn survival (WHO, 2016).

2.2.2 Quality

Defining quality involves setting and following standards for an acceptable level of performance. The most common and most widely accepted definition for quality in healthcare has been offered by the Institute of Medicine as the degree to which services for individuals and populations increase the likelihood of desired outcomes and are consistent with evidence base practice and current professional knowledge (HIQA, 2013). For mothers and newborns, the period around childbirth is the most critical for saving the maximum number of lives and preventing stillbirths. In this context, WHO has elaborated a global vision where ‘every pregnant woman and newborn receives quality care throughout preconception, pregnancy, childbirth and the postnatal period, this vision is in alignment with two complementary global action agendas conceptualized by WHO and partners, namely strategies toward ending preventable maternal mortality and the every newborn action plan (WHO, 2016).

In order to effectively monitor and manage the healthcare quality and safety, it is essential that aspects of healthcare delivery that should be measured (HIQA, 2013).

Dunagan et al., (2017), Institute of Medicine (IOM), (2005), and WHO, (2006) explain the six health care quality domains as following:

Effective: It is the evidence-based care that help to ensure optimal outcomes and avoid both underuse and misuse. Data analytics and technologies for population health management can help clinicians prescribe the most-effective treatments for patients, because these technologies assess the data saved in a patient's medical record and compare it to treatment plan results of patients with similar profiles.

Efficient: Delivering quality care requires reducing waste of equipment, ideas, supplies and energy. There are literally hundreds of technologies focused on decreasing waste to deploy in all areas of a hospital. In fact, handling paper is often a source of efficiency breakdown. Intelligent informations capture, automated workflow and document management technologies can reduce the costly creation, routing and retention of paper in all areas of the enterprise from accounts receivable to human resources to the health information management departments (Dunagan et al., 2017; IOM, 2005; WHO, 2006).

Patient-centered: Care delivery must respect and respond to individual patient preferences, values and needs. Furthermore, these values should guide all clinical decisions. To deliver true patient-centered care, it is essential that all clinical stakeholders have a comprehensive view into each patients' entire medical history. This includes discrete informations, clinical documentation and all medical images. An enterprise content management system and enterprise imaging solution that includes a vendor neutral archive and enterprise viewing components can help make all patient information accessible from core clinical platforms, and providing an informational foundation for patient-centered care (Dunagan et al., 2017; IOM, 2005; WHO, 2006).

Safety: Patients should not be harmed while receiving the care that is intended to help them. A wide system of technologies can help support this attitude & effort. For example, clinical decision support software can alert clinicians to potential adverse medication interactions or possible alternate patient diagnoses. Similarly, barcode-based closed-loop medication management systems can ensure the right patient receives the right medication in the right dose via the right route and at the right time. Even a basic and essential technology, such as a strong document management system, can alert key personnel to patient record deficiencies that can negatively affect regulatory compliance and the overall quality of care (Dunagan et al., 2017; IOM, 2005; WHO, 2006).

Equitable: Care should not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location and socioeconomic status. Modern technologies, such as telemedicine and remote patient monitoring, bring the highest levels of care to even the most rural locations. These tools are finally breaking down the physical challenges to care that often prevented true justice in the past. As you can see, while achieving healthcare quality is more important and challenging than it ever has been, several technologies can help providers manage this challenge & barriers. Make sure you are equipping your quality professionals with the tools they need to optimize their impact on the health system and its patients (Dunagan et al., 2017; IOM, 2005; WHO, 2006).

Timely: Reducing wait times and potentially harmful delays for both those who receive and give care has a large impact on quality and mother and child health. Technologies, such as tracking systems and automated workflow software that streamline patient traffic and clinical processes by automating manual tasks and accelerating cycle times, can help ensure and achieve timely delivery of care (Dunagan et al., 2017; IOM, 2005; WHO, 2006).

A quality health service provides the range of services that meet the most important health needs of the population (including preventative services) in a safe and effective way, without waste and within higher-level regulations. In other words, a quality healthcare service provides care based on the assessed needs of the population, using finite resources efficiently to attain optimum impacts, health improvement, and minimize the risks and complications associated with healthcare delivery (HIQA, 2013).

2.2.3 Importance of quality of performance

Quality of care is essential for further progress in reducing maternal and newborn deaths. The integration of educated, trained, regulated and licensed midwives and nurses into the health organizations is associated with improved quality of care, assured maternal health and sustained decreases in maternal and newborn mortality and morbidity (Hedayati & Pourmajidian, 2016). Improving quality of midwifery performance involves closing the gap between current and expected level of midwifery performance performance (Health Info rmation and Quality Authority, 2013).

Moreover, WHO (2016), defined priorities for improving the quality of maternal and newborn care for use by planners, managers and health care providers to: prepare evidence-based national and subnational standards of care to ensure high quality, effective

maternal and neonatal health services around the time of childbirth. In addition, to introduce the expected standards of care and delivery in order to identify the components of care that require improvement to ensure high-quality service. Moreover, to use available resources to achieve optimal health care outcomes and improve the use by and satisfaction of women, families and communities with maternal and neonatal health services. Furthermore, to monitor service improvements, show that high-quality maternal and newborn care or services are being provided and highlight areas for improvement. Finally, to provide a benchmark for national health facility audits, accreditation and rewards for provider performance.

According to Cho & Han (2018), they considered that perceiving quality of nursing performance produced unit-level nursing work environment and individual-level health-promoting performance. In addition, they suggested that hospitals should focus on helping nurses to maintain a healthy lifestyle, as well as on improving working situations, in order to improve the quality of nursing performance. In addition, they suggested that organizational efforts to provide sufficient staffing and resources, and to increase the development of personal resources among nurses and promote responsibility for their own health, that could be effective strategies for improving nursing performance quality and patient outcomes.

Further, nursing knowledge of the meaning of quality nursing performance for practicing nurses has potential to refine the discipline and facilitate practice changes, driving improvements in quality care and patient outcomes (Burhans & Alligood, 2010).

Horton & Astudillo (2014) emphasized that strengthening midwifery performance is a key to improving quality of care and achieving international efforts; yet implementation of educated, trained, regulated and licensed midwives remains inconsistent, resulting in a critical challenges and barriers to progress.

A descriptive-correlation study took all the nurses who were employed in hospitals affiliated to Isfahan University of Medical Sciences in Iran. Sample size was 120 of the mentioned nurses. Findings of that study showed that there were a direct and significant relationship between job performance and quality of working life in all the aspects. According to above research findings, it was important to consider the workplace and quality of working life of the nurses for improving productivity and performance of the nurses. The researcher concluded that institution and nursing managers should use

programs that can improve quality of working life of the nurses in hospitals (Rastegari et al.,2010).

So, WHO, (2016) concluded that managers should be adopted and streamlined within national quality of care strategies and frameworks for the delivery of maternal and newborn health services to ensure that the services provided are of high quality, and implementation will be supported by step-by-step country guidance which describes key processes and actions for building both organizational and individual capabilities to organize, prepare, implement, monitor and scale up quality improvement interventions to achieve optimal standards of mothers and newborn care.

2.2.4 Midwifery performance

A registered midwife who assesses plans, evaluates midwifery work, and guides its implementation leads the midwifery team. Registered midwives are primarily responsible for direct patients care, and should ensure that this priority is reflected in the work, which they undertake. The priority of the midwifery and nursing professions is the provision of high quality midwifery and nursing to people in any setting (Australian Nursing and Midwifery Federation Guideline, 2015)

According to Sehhatie et al., (2014) midwives are responsible to provide care and support for delivery of mothers in non-complicated deliveries. Quality and the way of providing midwifery cares are among the factors affecting childbirth outcome. Midwife's functions and actions during these critical phases of woman life may lead to different outcomes ranging from life to death and from health to physical injuries, with significant & critical effects on the mental and emotional health of mother and child.

Work performance can affect quality of life; therefore, Almalki et al., (2012) assessed the quality of work life among primary health care nurses in the Jazan region, Saudi Arabia. It revealed that the nurses were dissatisfied with their work life. The major influencing factors were unsuitable working hours, lack of facilities for nurses, inability to balance work with family needs, inadequacy of vacation time for their nurses and families, poor staffing, management and supervision practices, lack of professional development opportunities and an inappropriate working environment in terms of the level of security, patient care supplies and equipment, and recreation facilities (break area).

In Iran, a study was performed on 90 midwives, to measure the quality of care and midwifery job performance. The result showed that there was a positive correlation between job satisfaction and job performance of midwives. Therefore, it is recommended that health care managers provide organizational supports for the midwives to improve their professional performance (Talasaz et al., 2014).

It was reported that the nurses and health care providers in the public hospital with higher levels of occupational stress have a lower levels of job performance (Nabirye et al, 2011).

2.2.5 Socio-demographic Factors and quality of performance

It is important to understand midwives' perceptions about their jobs and factors that influence their performance. Therefore, identifying the effect of socio-demographic factors on midwifery performance is of great important for improving quality of midwifery performance. Socio-demographic factors are important background information about the population of interest, such as age, sex, race, income, educational status, and geographic location (A dictionary terms, 2016).

2.2.5.1 Midwife's age and performance

Age of the nursing workforce is a topic of international importance. However, rather than a problem to be rectified or resolved, the demographic changes that are driving the current mature nursing and midwifery labour profile provide an opportunity to develop a balanced and more sustainable workforce process (Avictorian Government Initiative, 2010). In term, locally in GS statistics, it was reported that the mean age of midwives was 30-45 years, this constitutes 70% from other age groups (MOH, 2018). However, global trends may be affecting the participation patterns of older nurses and midwives, over a seven-year period, the proportion of 40–60 year old nurses increased from 30 % in 2001 and 2004 to over 60 % in 2007 (Eley et al., 2010).

Moreover, a study carried out by Mollarta et al., (2011) investigated the relationship between the midwifery performance and age experiences, it concluded that midwives who have spent the longest time in the profession (21 years or more) experienced the most exhilaration and provide better care as compared with other groups. In addition, Almalki et al., (2012) found that quality of work life among the nurses were not different in terms of gender, age, marital status, and dependent children.

Another study carried out by Ojokuku and Salami (2011) indicated that age and management-staff relationship positively influenced the performance of the workers, while years of experience have negative relationships with performance. In addition, another study aimed to determine the differences in health, productivity and quality of care in younger and older nurses. In terms of quality of care, it reported that the performance of young nurses is same as old nurses because, there were no differences in the number of medication errors made between younger and older nurses (Letvak, et al., 2013).

2.2.5.2 Midwife's marital status and performance

It is known that marital status refers to the condition of being married or unmarried. Research on marital status has found that women are perceived to be less suitable for employment after marriage, while men are perceived as more suitable for employment after marriage (Jordan & Zitek., 2012). In addition, employees who are married are treated less suitable for the employment especially the female employees when compared to male employees, but in general both male and female employees faces difference in their performance even they are married, unmarried , and divorced (Padmanabhan & Magesh, 2016). Furthermore, following marriage, the performance of female employees is expected to decline and affect negatively, but not for men (Jordan & Zitek., 2012).

A quantitative study carried out in Nigeria by Umoe et al., (2015) investigated the influence of marital status on the midwives' attitude towards objective structured clinical examination (OSCE) as a method of evaluation for the midwifery program, and how this affects their performance in the examination. The results showed that marital status significantly influences midwives' perception of OSCE. However, there is no significant influence of marital status on midwives' attitude towards OSCE. Another study conducted in Palestine to determine factors affecting nurses' performance. Study sample was 181 nurses working in Hebron district Hospitals in the West Bank, it concluded that there is no significant correlation between marital status and nurses' performance (Qteat & Sayej, 2014). Moreover, Nabirye et al., (2011) reported that midwive's.job performance are affected by number of their children.

2.2.5.3 Midwife's income level and performance

A nurse midwife salary can vary based on employer, education and area of specialty, but generally, the salary range is excellent. Like many jobs in the medical profession, nurse midwifery can earn you a pretty decent paycheck. According to the United States bureau of

labor statistics' current occupational outlook handbook, actual salaries may vary greatly based on specialization within the field, location, years of experience and a deference of other factors (All Nursing Schools Report, 2018). However, using a performance based pay strategy can provide a health worker with extra motivation to do his job to the very best of his ability (Woods, 2018).

A study carried out in Malawi found that insufficient financial remuneration had a negative impact on performance (Bradley & McAuliffe, 2009). Therefore, other study conducted in Ghana included 200 nurses showed that factors that could help retain nurses and improve their performance included increase in salaries, incentives, opportunity for performance improvement, and favorable working environment (Boateng, 2014).

Another study carried out in Iran by Hedayati & Pourmajidian, (2016) aimed to investigate and describe the main factors influencing job motivation among 44 midwives. The results provided a comprehensive view of motivation among midwives and indicated that low motivation and dissatisfaction were common, and can be attributed to salary and remuneration.

2.2.5.4 Midwife's residence area and performance

Success of mother and child services depends on several factors such as a well-developed health system, strong referral systems and linkages, availability of transport networks, residence area, and emergency services (Sarfraz & Hamid, 2014). Rural nurses practice in hospital and community settings outside of cities and major towns. These nurses use critical thinking and decision-making skills as in many small rural hospitals, there will only be one or two nurses rostered on each shift. During unexpected events, such as an emergency, other staff will be called in to assist (Nursing and Midwifery Office in Australia, 2018).

In Pakistan, a study carried out to assess challenges in delivery of skilled maternal care experiences of community midwives. Results of this study detected that the community midwives are struggling for survival in rural areas as maternal care providers as they are inadequately trained, lack sufficient resources to deliver services in their catchment region and lack facilitation for integration in district health system (Sarfraz & Hamid, 2014).

Moreover, Tarimo et al., (2018) reported that Tanzania is experiencing a severe shortage of human resources for health, which poses a serious threat and barriers to the quality of

health care services particularly in rural areas. The results highlighted performance and self-perceived competencies of enrolled nurse and midwives in struggling to meet mother and child & community health needs. Additionally, these results highlighted the health care system shortfalls in supporting and developing an adequate number of qualified health care professionals so that health care needs of all citizens, including those in rural areas, are met.

2.2.6 Organizational Factors and quality of performance

Health care organizations are one of the largest service providers to the community. Therefore, quality of organizations and work life is a process by which the organizations' employees, managers, and stakeholders learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously (Daubermann &Pamplona 2012; Heidari et al., 2010). Furthermore, nurses and midwives are the largest group of employees in health care organizations. Midwives play an important role in representing the organizations competence. Their attitudes and behaviour toward patients has a significant influence on perception of quality of service. Perceptions of successful patient hand off scan be influenced by perceptions of organizational factors such as teamwork, having hospital leadership demonstrate that safety is apriority, and sufficient staffing (Richter et al., 2014).

Furthermore, the organizational factors are linked to day to day environment where health workers carry on their performance and their level of nursing performance may be affected by the following but not limited to; organizational factors work load, night shift work, availability of resources, stuff shortage and manager support & motivation which ultimately affects patient's services, organizational vision and mission and the health care status in Palestine. Some of these factors are identified and selected for assessing their effect on nurses'performance. These factors were selected based on previous studies and literature review were found that more focus was on these factors in addition to the political situation in Palestine plays a large role in these factors, such as increasing the demand for health insurance and dependence on international aid (Thulth & Sayej, 2015).

Olumodeji & Oluwole (2015) reported that towards the end of the 20th century there had been global quest for quality of organizational care as one of the strategies for health reforms. This was with a view to ensuring effective and efficient health service provision. This quest led to the recognition of quality care as one of the major public health obstacles

in the 21st century. According to Boateng (2014), factors that could help retain nurses and improve their performance included increase in incentives, opportunity for career development, and favorable working environment.

In addition, creating an attractive workplace in hospitals for registered nurses by working independently, with colleagues from the same profession, integrated with learning, visible progress, and receiving feedback from the work itself, contributed to work motivation and improvement (Ahlstedt et al., 2018).

2.2.6.1 Overload and midwife's performance

Work overload is crucial issue of any organization now a day, it increases day by day that produce stress and work life conflict and decreases the morale of the employees, which ultimately decreases the performance and reduces the employee involvement in their work (Ali & Farooqi, 2014). In addition, acoording to Page (2004), the overload means the amount of work assigned to or expected from a nurse in a specified period, a common measure of workload is the number of patients that a nurse oversees, indexed as the ratio of nurse to patients.

Moreover, the concept of workload in nursing is considered an important issue that affects and is affected by environmental situations, management related factors and it shapes nurses characteristics. Suitable workload may lead to effective and efficient health services provided to attain quality of care, which represents a desirable goal for the management of health care services (Diab & Abu Hamad, 2015). In fact, study is underway to determine the impact of nursing workload on the nature of care provided and patient outcomes (Tubbs et al., 2014). For instance, a study conducted by Bhattacharya (2012) reported that overload could lead to excessive stress at the workplace and professional needed to delegate responsibility, manage time efficiently, plan work and strike a work-life balance.

In Australia, a study took all registered midwives (152) who working in two public hospital maternity units. That study concluded that the impact of years in the profession, shifts worked, workload were significantly affected how these midwives dealt with providing care for women (Mollart et al., 2011). Moreover, Kalyango et al., (2012) mentioned that a high workload was reported by community health workers, and this could result in lower performance. Another study carried out in Uganda by Nabirye et al., (2011) found that over 80% of the nurses and midwives working in public hospitals have been found to have work stress and only 17% to be satisfied on the job. According to Azizollah

et al., (2013) the results of the study showed there was a negative correlation between Job stress and performance.

2.2.6.2 Shortage of staff and midwife's performance

The shortage of staff makes the work very difficult to provide a high standard of work in hospitals (Bhaga, 2010). Furthermore, Human resources with the quality of desirable performance are the most important assets of the organization and increase the probability of success, survival, and progress of the organization. Midwives & nurses have a critical role in promoting the health of mothers and infants (Kheirkhah et al., 2018). Despite this, shortage of staff affect quality of nursing and midwifery care and puts patients' lives at risk. In GS, nurses are going without breaks, working 12-hour shifts and extra unpaid hours beyond what they are contracted to do. Patient care is affected by poor staffing levels to the extent that patients' very survival is threatened and the risk of complications and readmission to hospital increases (MOH, 2018). Therefore, key challenges in reproductive health included the quality and quantity of midwifes. The level of training is not considered high and staff lack refresher trainings and access to specialised training courses. Additionally there is not enough trained work force, often leading to nurses having to cover midwifery positions in primary health care, due to the high demand of mother and child health services (Health Cluster in the occupied Palestinian territory, 2014).

The European Commission has issued a warning about a 1 million projected shortfall in Europe's clinical workforce by 2020 with nursing shortages accounting for more than half the total. It looks at some policies that could help address the problem (Beishon, 2017). Moreover, the study carried out by Al-neami (2016) found that the major factors that affect the health practitioners' work performance is the shortage of staff in the work.

Critical shortages of skilled staff are major challenges in the provision of timely and quality obstetric care (Dogba & Fournier 2009), which has a significant impact on maternal and neonatal outcomes. According to Bradley et al., (2015) concerns about staff shortages and workload were key factors for over 40% of staff who stated their intention to leave their current post and for nearly two-thirds of the remaining health workers who were interviewed. The main themes emerging were too few staff, too many patients; lack of clinical officers/doctors; inadequate obstetric skills; undermining performance and professionalism; that made it impossible to deliver quality care.

A study conducted by Nabirye et al., (2014) demonstrated that midwives love their work but they need support to provide quality care. It concluded that continuous neglect of midwives' serious concerns would lead to more shortages as more dissatisfied midwives leave service. Other quantitative, descriptive survey carried out in Namibia included 180 nurses whose selected from six hospitals. The result showed that factors affecting the performance of nurses negatively were identified such as lack of recognition of employees who are performing well and poor working situations. (Awases et al, 2013).

2.2.6.3 Motivation and midwife's performance

Motivation is an important factor for midwife performance and preventing their exit from the workforce. Factors that provide motivation for midwives to enter and stay in the midwifery workforce can be financial (increase in salaries, allowances, income level etc.) or non-financial (working environment, working hours, availability of stuff, tools and supplies, supervision, career path, recognition, rewards, etc.) (Rosskam et al., 2011). Therefore, determining the level of job motivation of midwives or nurses and presenting the current situation is one of the important factors that will increase the quality of care and productivity in the health services (Pinar et al., 2017). When health professionals have high levels of job satisfaction and motivation, they can direct their skills towards organisational goals and their motivation, productivity, quality of service, institutional successes and their job satisfaction increase (Hampton and Peterson 2012; Sarwar and Khalid 2015; Talasaz et al. 2014). Moreovere, low job motivation and satisfaction results in frequent job changes, reduced performance, negative work environment, decrease in loyalty & fidelity to the profession and the organisation (Edoho et al. 2015; Hampton and Peterson 2012; Sarwar and Khalid 2015).

Astudy carried out in Iran, provided a comprehensive view of motivation among midwives, it mentioned that low motivation could be attributed to intensive job regulation, functional job description, in-service training, job opportunity, and performance appraisal mechanisms (Hedayati, et al, 2016). Moreover, according to Ojokuku and Salami (2011), poor workers' motivation can greatly affect health outcomes and patient safety. Their study mentioned that motivational system positively affect performance of health care workers. In addition, astudy in Malawi, reported that lack of performance related rewards and recognition were perceived to be particularly demotivating (Bradley & McAuliffe, 2009).

Furthermore, Dombrovskis et al., (2011) reported that job motivation is the motive for need satisfaction and orientation and the factor that drives interests, perseverance, and willingness to achieve organizational goals. Creating job motivation is one of the most important responsibilities of managers, which also indicates the importance of leadership in the health organizations.

Another study carried out in Malaysia by 402 staff nurses indicated that supervisor support was positively related to work engagement. It concluded that supervisory support is an important predictor of work engagement for nurses (Othman and Nasurdin, 2012).

2.2.7 Professional Factors and quality of performance

Midwifery as a caring profession has long been having the task of developing a scientific base for midwifery practice in order to improve the practice of its members so that the quality of the services provided to patients will have the greatest outcomes on mother and child health (Olumodeji & Oluwole, 2015). Therefore, the midwifery profession is aimed at meeting the needs of women and ensuring that good standard of care and best performances are provided by its members. It is important for midwives to develop their skills and take on more responsibilities in order to achieve the full performance expected of them (Homer et al., 2009). In addition, the professional practice ensures nurses and midwives maintain quality in their care delivery, constantly evidencing and evaluating their practice, it focusses on nursing and midwifery culture, policy, governance, leadership, regulation, and legislation (South Australians Health, 2017). Furthermore, nurses and midwives constitute the largest human resource element in healthcare institutions, and therefore have a great impact on quality of care and patient outcomes (Al Ahmadi, 2009). Professional factors have also been reported to affect performance of midwives in maternity department. It conclude protocol application, job description, and follow quality criteria.

2.2.7.1 Protocol application and midwife's performance

Obstetric Guidelines and Labor Ward Protocols are targeted and binding tools for workers in maternity departments that aim to increase the effectiveness of interventions, especially in cases of risk, ensure access to the desirable outcomes of treatment, reduce maternal mortality, and reduce complications in mothers and newborns (Palestinian obstetric protocol, 2016). Unified performance of the workers in the maternity departments regardless of the different of groups and medical schools they adopt (MOH, 2016).

According to Gutierrez et al (2012), a study conducted in United State of America, it applied the massive transfusion protocol for management of postpartum hemorrhage, the study revealed that the application of such protocol provided major advantages for management of postpartum hemorrhage and provided early access to desired outcomes for mothers. Stricter adherence to formulated protocols and guidelines is important to further improve maternity outcomes and workers performance (Sheikh et al, 2011).

Another study conducted by Priya (2014) evaluated the protocol's effect on hemorrhage outcomes at the hospital; it concluded that the hemorrhage protocol improved identification of severe postpartum hemorrhage cases. Furthermore, standardized management guidelines promoted aggressive resuscitation where transfusion was indicated.

2.2.7.2 Job description and midwife's performance

A job description is a written description of what the person holding a particular job is expected to do, how they must do it, and the rationale for required job procedures (Catano et al., 2010). In addition, accurate job descriptions are essential to the success of the emploees in their job because it help to ensure that the recruitment and selection process is executed effectively. Job descriptions are developed and improved by means of a job analysis, or the process of collecting and analyzing information about a job, including data on job duties, responsibilities, and context, as well as critical ingredients like required competencies and characteristics. Appropriate midwifery job descriptions are essential to the success of the midwifery job performance because it help to ensure mother and child services effectively (MOH reports, 2018).

Moreover, Hedayati (2016) indicated that the main motivators for the midwives had to do with functional job description.

2.2.7.3 Follow quality criteria and midwife's performance

The Institute of Medicine defines healthcare quality by the following six domains: here are a few ways the right technology can support and achieve these initiatives: (effectiveness, efficiency, safety, equity, patient centeredness, & timeliness) (The Hyland Blog, 2018).

Therefore, a health system should seek to make improvements in these six areas or dimensions of quality. These dimensions require that health care be: effective, delivering

health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need (WHO, 2016).

An efficient: delivering health care represented in maximizes resource use and avoids waste; accessible, delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need; acceptable/patient-centred. The delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities; equitable, delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status; safe, delivering health care which minimizes risks and harm to service users is required (WHO, 2016).

2.2.8 Personal Factors and quality of performance

The Personal Factors are the individual factors to the consumers that strongly influences their behaviors. These factors different from person to person that result in a different set of perceptions, attitudes and behavior towards certain goods and services (Jargons, 2017).

2.2.8.1 Level of Education and midwife's performance

A quality midwifery service is central to reduce maternal, newborn and infant mortality and morbidity worldwide. To achieve this quality service, the recruitment and retention of an effective educator workforce is essential (United Nations Population Fund 2011). Furthermore, the strength of the nursing workforce is not just in numbers but also in quality in terms of skill mix and qualification to degree level (Rafferty, 2018). In addition, poor knowledge of health extension workers, poorly equipped health posts, and poor referral systems, play a key role delaying health services and performance improvement (Medhanyie et al., 2012).

According to Awases et al., (2013) the respondents disagreed that opportunities for advancing in the hospitals, continuing education, job specific refresher courses and good leadership and management training were available. An even larger percentage (61.8%) of respondents agreed that competent nurses were identified and provided with the necessary support. Another study conducted by Kirwan et al., (2012) found that the importance of ward-level nurse factors such as nurse education level and the work environment should be recognized and manipulated as important influences on patient services.

2.2.8.2 Training Courses and midwife's performance

Nurses around the world are concerned about education and training. They described limited access to education, training and the continuing professional development and improvement opportunities necessary to enable the workforce to achieve high quality, compassionate and context-appropriate care (All Party Parliamentary Group on Global Health Report, 2016).

A qualitative & Formative research carried out in In Pakistan revealed that with adequate training and facilitation by health department, community midwives have potential to play a vital role in reducing burden of maternal morbidity and in achieving significant gains in improving maternal and child health (Sarfraz & Hamid, 2014). Another study carried out in Egypt by 42 nurses who were affiliated to labor units indicated that there was a significant improvement in nurses' performance towards placental examination after training and implementing the placental examination program that effective in improving the nurse's performance at labor units (Hassan et al., 2017).

Another study carried out by Marshall et al., (2014) by Twenty-two participant from clinical teams. All teams responded to training session about postpartum hemorrhage (PPH) management. Medical management improved after training from 27.3% to 63.6%, ($p=0.01$). It concluded that simulation and team training significantly improved the team performance and postpartum hemorrhage response times among clinically experienced community labor and delivery teams.

2.2.9 Summary

Quality of midwifery performance can influence maternal health as well as infant survival. Work performance can affect quality of mother and child health care. This study will give us main understanding about quality of midwifery performance and factors influencing their performance in maternity departments at governmental hospital in Gaza Strip. It aim to determine factors that influence quality of midwifery performance from the perspective of the midwives in maternity departments at the governmental hospitals in the Gaza Strip and to assess the quality of midwifery performance in maternity departments at the governmental hospitals in the Gaza Strip.

Chapter Three

Methodology

3.1 Introduction

This chapter addressed issues related to methodologies used to answer the research questions. The chapter commenced with study design, study population, sample and sampling method, study setting, and period of the study and eligibility criteria of the selection of study participants. In addition, this chapter presented construction of the questionnaire, piloting, ethical consideration and procedures, (data collection and data analysis). Furthermore, it illustrated the validity and reliability of the study instrument.

3.2 Study design

In order to answer the study questions, the researcher used descriptive, cross-sectional design in this study, which is useful for describing variables of the study as they naturally occur without interference from the researcher. Cross sectional studies are generally carried out on a population at a point of time or over a short period. In addition, cross sectional designs examine the association between variables; they are economical, quick and managed easily (Cherry, 2018). It was an appropriate design to study the factors influencing the performance and the midwives' actual performance at one particular point in time, it is more economical and efficient to do so, and require no time limit.

3.3 Study population

The study population included all the midwives and nurses who work in maternity hospitals in four governmental hospitals. The maternity department included (antenatal, delivery room, and post-natal departments).The study population consisted of 212 midwives & nurses who are working in maternity departments in the four main hospitals, about 195 midwives and nurses who participated in filling the questionnaire.

3.4 Study settings

The researcher selected four governmental hospitals located in four different administrative area in Gaza Strip: (Shifa Hospital, Al Tahreer Hospital, Al Aqsa Hospital, and Al Helal Emaraty Hospital). The participants are working in delivery departments that included (antenatal, delivery room, and post-natal departments). These four hospital was selected as the most representative of Gaza health care services, in addition they had recorded 26.902

deliveries per year for Shifa Hospital, 12.079 deliveries in Al Tahreer Hospital , 9.031 deliveries per year for Al Aqsa Hospital, and 8.467 deliveries per year for Al Helal Emaraty Hospital (MOH, 2018). In north governorate, there was no governmental hospital that provide mother and childcare in antenatal, intranatal, and postnatal periods during our study, so the north governorate did not participated in our study.

3.5 Study period

This study was expected to consume 14 months; it started from August 2017 and was completed in October 2018.

3.6 Sampling:

Representative census sample used to choose the midwives & nurses as participants. The data was collected from 212 participant of midwives and nurses who work in maternity departments in four governmental hospitals. The maternity department included (antenatal, delivery room, and post-natal departments). The sample classified to three level of learned midwives & nurses: (master degree, Bachelorette, diploma). The use of the most available people or subjects in a study with certain characteristics to select the sample who have the same inclusion criteria. From the total of 212 participant, only 195 participants participated in the study with response rate 91.9 %, for the following reasons: incomplete data filling, refuse to participate, missing).

3.7 Eligibility criteria

3.7.1 Inclusion criteria

The midwives & nurses who work in maternity departments in governmental hospitals as formal employees.

3.7.2 Exclusion criteria

The midwives who work in maternity departments in governmental hospitals as student intern ship, volunteer, and employment contract.

3.8 Study tools and instruments

To assess the actual quality of performance, the researcher used the questionnaire that filled by the study participant (annex 1); it was divided in two parts:

a- Self Administering Questionnaire:

The researcher prepared it according to objectives, the main items are:

- Socio-demographic factors.
- Personal characteristics factors.
- Organizational factors.
- Professional factors.

b- Adopted Questionnaire:

The questionnaire assessed the midwifery performance according to standard of quality by six health care domains (WHO, 2006), which about:

- Effectiveness
- Efficiency
- Equity
- Patient centeredness
- Safety
- Timeliness

  (Agency for Healthcare Research and Quality, 2018).

3.9 Data collection

The required data was collected by the researcher herself and researcher assistant by using a questionnaire. The data collector was Wafaa Abu Kweik, who had a bachelor degree of English education. Training of data collector on the steps of filling the questionnaire by of midwives & nurses, and the way of asking questions. This assured standardization of questionnaire filling. Total data collection time lasted for one month in July 2018 (Annex1).

3.10 Data entry and analysis

The researcher used Statistical Package of Social Science (SPSS) program (version 22) for data entry and analysis. Frequency tables used to describe the frequency of specific characters by participants. Other statistical tests such as percentages, means, standard deviation, independent sample *t* test, and One-way ANOVA was used to measure significant relation within the study variables.

3.11 Scientific rigor

Evidence-based practice includes, in part, implementation of the findings of well-conducted quality research studies. So being able to critique quantitative research is an

important skill for nurses. Consideration must be given not only to the results of the study but also the rigour of the research. Rigor refers to the extent to which the researchers worked to enhance and improve the quality of the studies. In quantitative research, this is achieved through measurement of the validity and reliability (Lobiondo & Haber, 2013).

3.11.1 Validity of the questionnaire:

Validity is defined as the extent to which a concept is accurately measured in a quantitative study. For example, a survey designed to explore depression but which actually measures anxiety would not be considered valid (Lobiondo & Haber, 2013). The questionnaire was evaluated by experts (annex 5), to assess all the components and the context of the instrument, in order to ensure that it is highly valid and relevance and their comments and notes were taken in consideration, the questionnaire formatted in order to have logical sequences of questions and clarity of instructions.

3.11.2 Reliability of the questionnaire

The second measure of quality in a quantitative study is reliability, or the accuracy of an instrument. In other words, the extent to which a research instrument consistently has the same results if it is used in the same situation on repeated occasions (Lobiondo& Haber, 2013). Training of data collector on the steps of filling the questionnaire by of midwives & nurses, and the way of asking questions, this assured standardization of questionnaire filling. Data entry entered in the dataset at the same day of collection. Re-entry of 5% of the data after finishing data entry was done to assure correct entry procedure and decrease entry errors.

The researcher used Cronbach's alpha to provide a measure of the internal consistency or homogeneity of the study' questionnaire. Internal consistency describes the extent to which all the items in a test measure the same concept or construct and hence it connected to the inter-relatedness of the items within the test. The acceptable values of alpha considered the range from 0.70 to 0.95. A low value of alpha could be due to a low number of questions, poor interrelatedness between items or heterogeneous constructs. For example if a low alpha is due to poor correlation between items then some should be revised or discarded. The easiest method to find them is to compute the correlation of each test item with the total score test; items with low correlations (approaching zero) are deleted. If alpha is too high it may expect that some items are redundant as they are testing the same question but

in a different guise. A maximum alpha value of 0.90 has been recommended (Tavakol & Dennick, 2011). In the present study, the value of Cronbach's alpha was 0.913.

3.12 Pilot study.

A pilot study of 30 case was done to develop and test adequacy of the research questionnaire and checked the feasibility of the study, and it involved in study sample.

3.13 Ethical consideration:

An ethical approval (Annex 3) was obtained from The Faculty of Health Professions at Al-Quads University and Helsinki Committee, the permission to conduct the study granted from Palestinian's Ministry of Health (Annex 4). The cases asked for their agreement for participation in the study.

3.14 Limitations of the study

The limitation of the present study was working shifts of the midwives not all of midwives working in the morning shifts we need to wait their coming according to their work schedule. Long hour's cut-off electricity which delayed internet searching and typing of research paper. In addition, financial constraints due to reduction in salaries interfered with the research being accomplished in designated time.

Chapter Four

Results and discussion

4.1 Introduction

This chapter illustrates the results of statistical analysis of the data, including descriptive analysis that presents the socio -demographic characteristics of the study sample and answers to the study questions. The researcher used simple advanced statistics including frequencies, means and percentages, also independent sample *t* test, and One-way ANOVA.

4.2 Socio-Demographic Characteristics of the Study Sample

4.2.1 Sample Distribution According to the Participants' Personal Characteristics

The Sample distributed according to the participants' area of work, level of income, their age groups, marital status and their number of family members

Table (4.1): Sample Distribution According to socio-demographic characteristics (n=195)

Socio-Demographic Variable	Number	%
Hospital		
Shifa Medical Complex	79	40.5
Nasser Medical Complex	55	28.2
Emaraty Hospital	31	15.9
Aqsa Hospital	30	15.4
Level of Income		
≤ 1500 Shekel	140	71.8
1501 – 2000 Shekel	28	14.4
> 2000 Shekel	27	13.8
Age groups		
≤ 30 years	73	37.4
31 – 39 years	78	40.0
≥ 40 years	44	22.6
Marital Status		
Married	157	80.5
Single	31	15.9
Others	7	3.6
Family Members		
< 4 Members	89	45.6
4 - 6 Members	54	27.7
> 6 Members	52	26.7
Total	**195**	**100.0**

The results in table 4.1 showed that (40.5%) of the study participants who are working in Shifa medical Complex, (28.2%) in Nasser medical complex, (15.9%) in Emaraty Hospital,

and (15.4%) in Aqsa Hospital. The table also showed that the majority (71.8%) of the study participants have average income of 1500 Shekel and below, (14.4%) of them have average income between 1501 and 2000 Shekel, while only 13.8% have average income more than 2000 Shekel. On the other hand, (40.0%) of the study participants are between 31 and 39 years, (37.4%) of the study participants are less than 30 years, while (22.6%) of them are more than 39 years.

The result also showed that majority (80.5%) of the study participants are married, (15.9%) are single and (3.6%) of them was divorced or widow. The table also showed that (45.6%) of the study participants are living with less than 4 members, (27.7%) are living with 4 – 6 family members, while (26.7%) are living with more than 6 members.

4.2.2 Sample Distribution According to the Participants' Job Title (n=195)

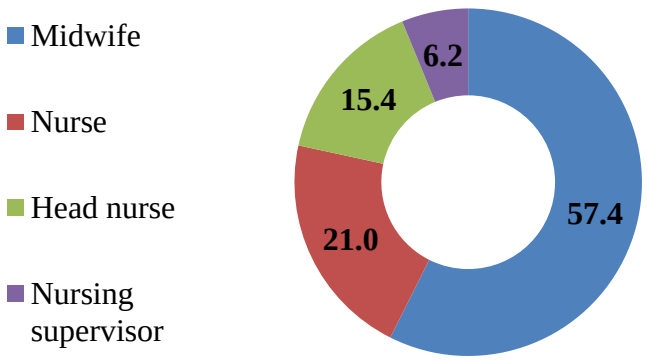

Figure (4.1): Sample Distribution According to the Participants' Job Title

Figure 4.1 showed that (57.4%) of the study participants are midwives, (21.0%) of them are nurses, while only (15.4%) and (6.2%) are head nurses and nursing supervisors respectively.

4.2.3 Sample Distribution According to the Participants' Educational Level (n=195)

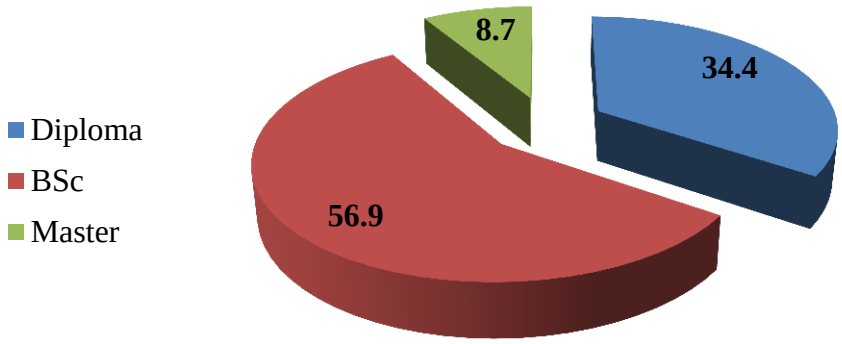

Figure (4.2): Sample Distribution According to the Participants' Educational Level (n=195)

Figure 4.2 showed that more than half (56.9%) of the study participants have bachelor degree, (34.4%) have diploma, while only (8.7%) of them have master degree.

4.2.4 Sample Distribution According to the Participants' Working Shifts, Weekly Working Hours, and Years of Experience (n=195)

Table (4.2): Sample Distribution According to the Participants' Working Shifts, Weekly Working Hours, and Years of Experience

Working variables	Number	%
Working Shifts		
Morning	69	35.4
Shifts	126	64.6
Weekly Working Hours		
35 Hours	113	57.9
>35 Hours	82	42.1
Years of Experience		
< 10 years	89	45.6
10 – 15 years	67	34.4
> 15 years	39	20.0
Total	**195**	**100.0**

The results showed that (64.6%) of the study participants are working in the hospitals as rotative shifts such as morning, evening and night; while (35.4%) are working only in the morning shifts. Moreover, the table also showed that more than half (57.9%) of the study participants are working 35 hours per week, and (42.1%) are working more than 35 hours.

Additionally, (45.6%) of the study participants have less than 10 years of experience, (34.4) of them have from 10 to 15 years of experience, and (20.0%) have more than 15 years of experience.

4.2.5 Annual Appraisal for the Study Participants in the Past Year (n=195)

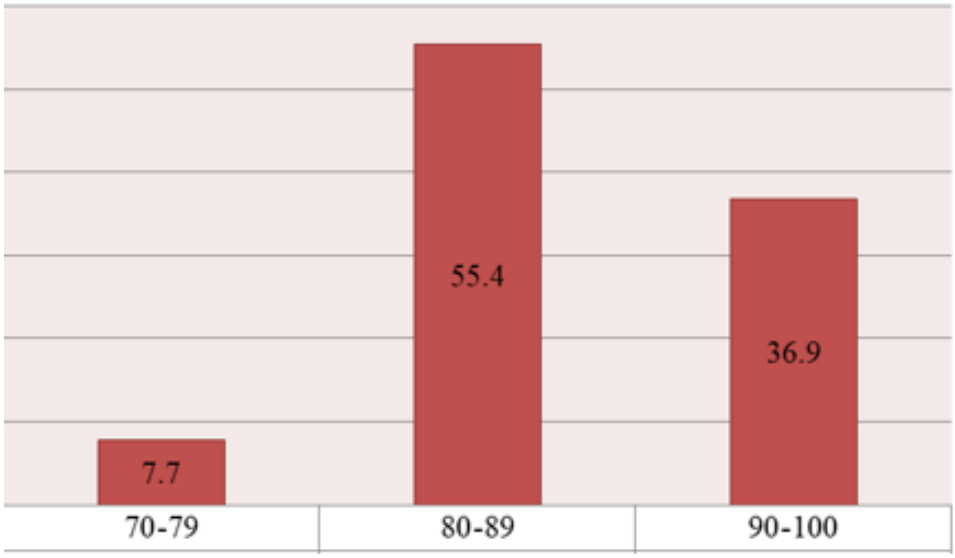

Figure (4.3): Annual Appraisal for the Study Participants in the Past Year

Figure 4.3 showed that the annual appraisal of more than half (55.4%) of the study participants is between 80 and (89%), the annual appraisal of (36.9%) of the study participants is 90 – 100%, while only 7.7% have annual appraisal between 70 and 79%.

4.2.6 Quality of Midwifery Performance in the Governmental Hospitals (n=195)

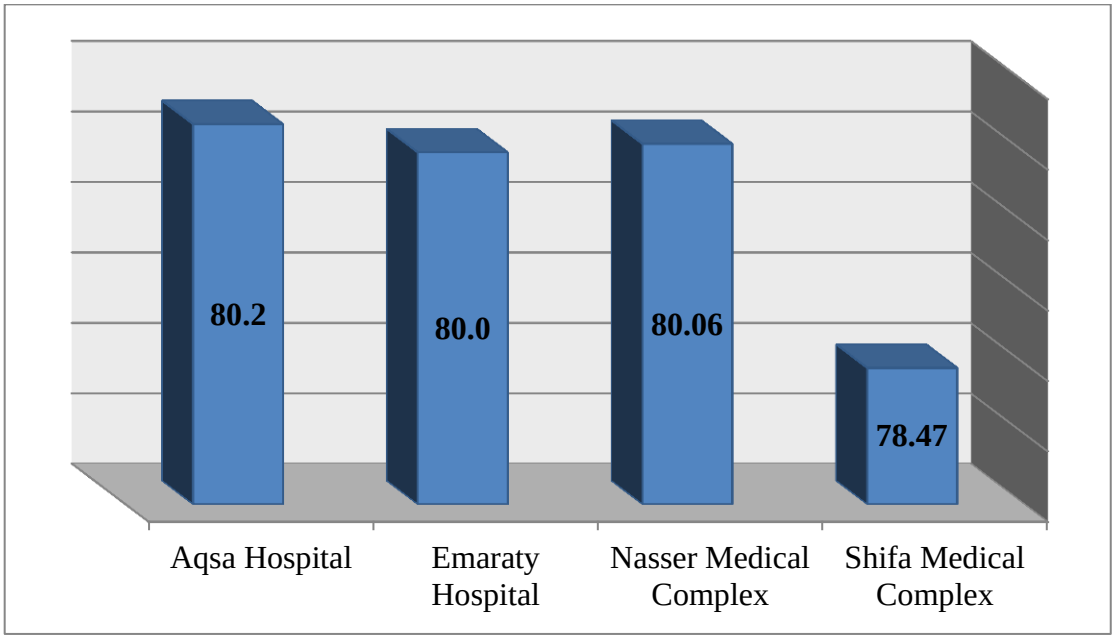

Figure (4.4): Quality of Midwifery Performance in the Governmental Hospitals[1]

The figure showed that the highest mean percentage score of the quality of midwifery performance is in the Aqsa hospital with a mean percentage 80.2% followed by Nasser medical Complex (80.06%), then Emaraty Hospital (80.0%). The lowest score is in Shifa medical complex (78.47%).

[1] Maximum score was calculated by multiplying the maximum mean score (4) by 25 to yield a percentage of 100%. The maximum score is 100.0%.

4.3 Quality of Midwifery Performance in the Governmental Hospitals

Table (4.3): Quality of Midwifery Performance in the Governmental Hospitals

no	Quality item	Maximum mean score	Mean	Mean %[1]
1	Midwife provide evidence-based nursing care practice	4	3.26	81.5
2	Midwife provide care on time without any delay	4	3.23	80.75
3	Midwife provide care based on patients' needs	4	3.17	79.25
4	Midwife provides the maximum efficient practice	4	3.15	78.75
5	Midwife provide education and support to the patient	4	3.15	78.75
6	Midwife provides the maximum quality of care	4	3.14	78.5
7	Midwife provide care with equality regardless of personal issues	4	3.10	77.5
	Total mean % score	28	22.15	79.10

The table showed that the highest mean percentage score of the quality of midwifery performance item is "Midwife provide evidence-based nursing care practice" with a mean percentage 81.5%, followed by "Midwife provide care on time without any delay" with a mean percentage 80.75%. The lowest score is 77.50% which is "Midwife provide care with equality regardless of personal issues".

[1] Mean percentage was calculated by dividing the mean score for each item by the maximum score (4). The maximum score is 4 (100.0%).

4.4 Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

Table (4.4): Socio-demographic Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

No	Socio-demographic factors	Maximum mean score	Mean	Mean %[2]
1	High level of salary	4	3.51	87.75
2	Availability of transportation	4	3.41	85.25
3	High level of income	4	3.37	84.25
4	Nearer residence area to the working site	4	3.19	79.75
5	Advancement in age	4	3.03	75.75
5	Advancement in age with more experience	4	3.03	75.75
6	Single midwife	4	2.78	69.5
7	Marriage	4	2.19	54.75
	Total mean % score	32	24.51	76.59

The table 4.4 showed that the highest socio-demographic factor which positively influences the quality of midwifery performance based on the participant's point of view is the “high level of salary” with a mean percentage 87.75%, followed by “Availability of transportation” with a mean percentage 85.25%.

On the other hand, the lowest factor which positively influences the quality of midwifery performance is “marriage” with a mean percentage 54.75%, followed by “single midwife” with a mean percentage 69.5%.

[2] Mean percentage was calculated by dividing the mean score for each item by the maximum score (4)

Table (4.5): Personal Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

No	Personal Factors	Maximum score	Mean	Mean %
1	Interesting in performance improvement	4	3.39	84.75
2	Training courses	4	3.38	84.50
3	Knowledge of job responsibilities	4	3.23	80.75
4	Higher educational qualification	4	3.09	77.25
5	Relationship at work	4	3.47	76.75
6	Bachelor degree	4	2.39	59.75
7	Midwife job performance is same as nurse	4	2.05	51.25
	Total mean % score	28	20.98	75.0

The table 4.5 showed that the highest personal factor that positively influences the quality of midwifery performance based on the participants point of view is the "Interesting in performance improvement" with a mean percentage 84.75%, followed by "Training courses" with a mean percentage 84.50%.

On the other hand, the lowest personal factor which positively influences the quality of midwifery performance is "Midwife job performance is same as nurse" with a mean percentage 51.25%, followed by "Bachelor degree" with a mean percentage 59.75%.

Table (4.6): Organizational Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

No	Organizational Factors	Maximum mean score	Mean	Mean %
1	Motivators at the work	4	3.55	88.75
2	Little number of staff in working shifts	4	3.50	87.25
3	Enough colleagues in the work	4	3.46	86.50
4	Paid overtime work	4	3.45	86.25
5	Work pressure	4	3.42	85.50
6	Presence of senior staff	4	3.37	84.25
7	Lower number of clients	4	3.30	82.50
8	Limited medical supplies	4	3.20	80.75
9	Absence of colleagues	4	3.03	75.75
10	Job tasks which requires more abilities	4	3.02	75.50
11	Feeling of distinguished	4	2.89	72.25
12	Working the tasks of other colleagues at the work	4	2.82	70.50
13	Working different shifts	4	2.46	61.50
14	Presence of trainee midwife	4	2.46	61.50
	Total mean % score	56	43.93	78.48

The table showed that the highest organizational factor which positively influences the quality of midwifery performance based on the participants point of view is the “Presence of motivators at the workplace” with a mean percentage 88.75%, followed by “Presence of enough colleagues in the work” with a mean percentage 86.50%.

On the other hand, the lowest organizational factor which positively influences the quality of midwifery performance is “Working different shifts” and “Presence of trainee midwife” with a mean percentage 61.50%,

Table (4.7): Professional Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

No	Professional Factors	Maximum score	Mean	Mean %
1	Application of quality performance standards	4	3.56	89.0
2	Staff awareness of quality performance standards	4	3.48	87.0
3	Application of protocols in the work	4	3.46	86.50
4	Presence of detailed job description	4	3.38	84.50
5	Availability of protocol at the work	4	3.38	84.50
6	Application of job responsibilities	4	3.36	84.0
7	Considering the quality issues by the hospital	4	3.11	77.75
	Total mean % score	28	23.73	84.75

The results in table 4.6 showed that mean percentage for the professional factors that influence the quality of midwifery performance in the governmental hospitals. The results showed that the highest professional factor that positively influences the quality of midwifery performance based on the participants point of view is the “Application of quality performance standards” with a mean percentage 89.0%, followed by “Staff awareness of quality performance standards” with a mean percentage 87.0%.

On the other hand, the lowest professional factor which positively influences the quality of midwifery performance is “Considering the quality issues by the hospital” with a mean

percentage 77.75%, followed by "Application of job responsibilities" with a mean percentage 84.0%.

4.5 Differences in the Quality of Midwifery Performance between Different Age Groups of Midwives, Level of Income, and their Working Area

Table (4.8): Differences in the Quality of Midwifery Performance Different Age Groups of the Study Participants, Level of Income, and their Working Area

Variable	N	Mean (SD)	F (df)	*P* value*
Quality of Midwifery Performance and age groups				
≤ 30 years	73	22.13[3] (4.31)	0.379 (2, 192)	0.685
31 – 39 years	78	22.00 (4.42)		
≥ 40 years	44	22.68 (3.74)		
Quality of Midwifery Performance and Level of Income				
≤ 1500 Shekel	140	22.32 (4.05)	0.212 (2, 192)	0.809
1501 – 2000 Shekel	28	21.92 (5.59)		
< 2000 Shekel	27	21.85 (3.53)		
Quality of Midwifery Performance and their Working Area				
Shifa Medical Complex	79	21.78 (4.21)	0.443 (3, 191)	0.723
Nasser Medical Complex	55	22.54 (4.92)		
Emaraty Hospital	31	22.38 (3.25)		
Aqsa Hospital	30	22.50 (3.85)		

*One way ANOVA

Table 4.8 showed that there is no statistically significant difference in the quality of midwifery performance in the governmental hospitals between different age groups of the midwives ($p>0.05$). In addition, there is no significant difference in the quality of midwifery performance between different level of income of the midwives ($p>0.05$). Additionally, there is no significant difference in the quality of midwifery performance between different working hospitals of the midwives ($p>0.05$).

[3] Out of 28 (the maximum score)

4.6 Differences in the Quality of Midwifery Performance between Different Job Title, Educational Qualifications, and their Years of Experience

Table (4.9): Differences in the Quality of Midwifery Performance between Different Job Title, Educational Qualifications, and their Years of Experience

Variable	N	Mean (SD)	F (df)	*P* value*
Quality of Midwifery Performance and Job Title				
Nurse	41	20.87 (5.06)	4.620 (2, 192)	0.004
Midwife	112	23.14 (3.56)		
Head Nurse	30	21.16 (4.11)		
Nursing Supervisor	12	20.58 (5.28)		
Quality of Midwifery Performance and Educational Qualifications				
Diploma	67	22.80 (4.05)	2.574 (2, 192)	0.079
Bachelor	111	22.14 (4.05)		
Master	17	20.23 (5.49)		
Quality of Midwifery Performance and Years of Experience				
< 10 years	89	22.33 (4.37)	0.177 (2, 192)	0.838
10 – 15 years	67	21.95 (4.33)		
> 15 years	39	22.33 (3.75)		

*One way ANOVA

The results showed that there is a significant difference in the quality of midwifery performance in the governmental hospitals between different job titles of the participants ($p<0.05$). Post hoc analysis was done using Least Significant Difference Test and shows that the difference is between the nurses and midwives in favor of midwives ($P<0.05$).

In addition, there is no significant difference in the quality of midwifery performance between different qualification of the midwives ($p>0.05$). Additionally, there is no significant difference in the quality of midwifery performance between different years of experience of the midwives ($p>0.05$) (Table 4.9).

4.7 Differences in the Quality of Midwifery Performance between Different Marital Status, their Number of Family Members, and Annual Appraisal

Table (4.10): Differences in the Quality of Midwifery Performance between Different Marital Statuses, their Number of Family Members, and Annual Appraisal

Variable	N	Mean (SD)	F (df)	*P* value*
Quality of Midwifery Performance and Marital Status				
Married	157	22.29 (4.06)	0.224 (2, 192)	0.800
Single	31	21.74 (5.18)		
Divorced/Widowed	7	22.14 (3.53)		
Quality of Midwifery Performance and Number of Family Members				
< 4 Members	89	22.52 (4.18)	0.593 (2, 192)	0.554
4 – 6 Members	54	22.12 (3.26)		
> 6 Members	52	21.73 (5.12)		
Quality of Midwifery Performance and Annual Appraisal				
90 – 100	72	22.37 (4.10)	0.153 (2, 192)	0.858
80 – 89	108	22.05 (4.17)		
70 – 79	15	22.46 (5.31)		

*One way ANOVA

Table 4.10 showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between different marital status of the midwives ($p>0.05$). Also, there is no significant difference in the quality of midwifery performance between different number of family members ($p>0.05$). Additionally, there is no significant difference in the quality of midwifery performance between different annual appraisal ($p>0.05$).

4.8 Differences in the Quality of Midwifery Performance between their Different Working Shifts

Table (4.11): Differences in the Quality of Midwifery Performance between their Different Working Shifts

Variable	Mean (SD) of Working Shifts		*t* statistics (df)	*p* value*
	Morning	Shifts		
Quality of Midwifery Performance and Working Shifts	22.08 (4.16)	22.26 (4.27)	-0.288 (193)	0.774

*Independent sample *t* test

The results showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between those who are working only as morning shifts and those who are working different shifts (p>0.05) (Table 4.11).

4.12 Differences in the Quality of Midwifery Performance between Different Numbers of Working Hours

Table (4.12): Differences in the Quality of Midwifery Performance between Different Numbers of Working Hours

Variable	Mean (SD) of Working Hours		*t* statistics (df)	*p* value*
	35 Hours	>35 Hours		
Quality of Midwifery Performance and Working Hours	22.15 (4.09)	22.28 (4.43)	-0.212 (193)	0.833

*Independent sample *t* test

Table 4.12 showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between those who are working 35 hours and those who are working more than 35 hours (p>0.05).

4.9 Discussion of the Study Results

4.9.1 Introduction

The midwives are the backbone of midwifery practice with needs and opportunities to create a tradition of caring in midwifery. However, there are factors that affect the

midwifery performance. These factors lead to increasing maternal and perinatal mortality rate, and poor implementation of policies and guidelines (Patricia, 2012). Therefore, the main aim of this study is to determine and explore the factors that influence the quality of midwifery performance from the perspective of the midwives in the governmental hospitals in the Gaza Strip. In this section, the previously mentioned results are discussed in details within the current situation of Gaza Strip and the nature of study conducted, also these results are discussed within the scope of previous studies.

4.9.2 Sociodemographic characteristics

The mean age of the present study sample was from 31 ± 39 years, about one third of them were from Shifa Hospital, fourth of them were from Nasser Hospital, the last fourth from Aqsa and Emaraty Hospitals, the vast majority were married and their level of income were ≤ 1500 Shekel. In addition, slightly more than half of the study participants were have bachelor degree, about one third of them were have diploma, and the remaining numbers were have master degree.

4.9.3 Working Characteristics

More than half of the study participants were working deferent shifts, and about slightly more than one fourth were working morning shifts. Further, there were more than half of them were had 35 of weekly working hours, and about slightly more than third of them were had more than 35 Hours. In addition, there were slightly less than half of them had less than 10 years of experience, third of them had 10 – 15 years of experience, and the remaining numbers were more than 15 years of experience.

4.9.4 Quality of Midwifery Performance in the Governmental Hospitals

A healthy mother and a healthy baby and family integrity must be the focus of high quality maternity services. High maternity quality care should be safe, effective, woman-centred, timely and equitable. It should also be evidence-based and delivered as close as possible to the communities where women live or job. It should continue to be free and accessible to everyone at the point of need (The Royal College of Midwive, 2014).

The results of our study indicated that the highest mean percentage score of the quality of midwifery performance item is midwife provide evidence-based nursing care practice, followed by midwife provide care on time without any delay. The lowest score was midwife provide care with equality regardless of personal issues.

These results are also congruent with the results of Yigzaw., et al (2017) which revealed that most midwives are competent in giving routine, emergency intrapartum care, and providing optimal quality intrapartum care.

These results are also congruent with the current state of nursing care practice in the governmental hospitals, since the midwives are providing the care based on what they learnt. Also, there were many scientific conferences and workshops that held in the Gaza Strip in the last years in obstetric and midwifery departments, these conferences and workshops are provide the midwives with new issues and new evidence-based practices all over the world. More importantly, there is scientific revolution among nurses and midwives in the Gaza Strip nowadays, they are working to increase their master and doctoral degree in different disciplines of midwifery and other health related sciences, all of these factors contribute to growing the concept of evidence-based practice among midwives during their practice.

In addition, the MOH, follow up the midwifery practice through the safe childbirth teams in every hospitals. On the other hand, the lowest score in the above table regarding providing care with equality regardless of personal issues may could be attributed to the fact that the nurses and midwives cannot provide nursing care based on the personal issues, since the midwives have studied ethics during their study; they are committed to provide competent care without any bias. This is may be due to the human nature of injustice.

These results are not consistent with the results of Oliaee et al. (2016), which showed that there was a negative gap existed in all the five dimensions of service quality (tangibles, reliability, responding, assurance, and empathy), and the quality performance of midwifery staff has not been satisfactory for patients. On the other hand, the results of Yigzaw et al. (2017) regarding quality performance of the midwives showed that 16.5% of midwives were incompetent, 72.4% were competent, and 11.1% were outstanding in providing routine intrapartum care. Theses consistency and inconsistency in the previous study results could be attributed to the differences in the geographical areas, types of patients and the nature of the study itself.

4.9.5 Social Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

The present study results revealed that the highest demographic factor which positively influences the quality of midwifery performance based on the participants' point of view is the high level of salary, followed by availability of transportation.

On the other hand, the lowest factor which positively influences the quality of midwifery performance is marriage, followed by single midwife. These results are congruent with the current state of health professionals who are working at MOH in the Gaza Strip, based on the above study results, the first social factor which affect midwifery performance is high level of salary, this could be attributed to the fact that the socioeconomic status for all employees in the Gaza Strip is deteriorated, and this can affect the performance of their nursing care.

Comparing to the least factor (marriage) which affect midwifery performance, this result is congruent with Almalki et al., (2012) which found that quality of work life among the nurses were not different in terms of age,and marital status. On other hand, the present study results are not consistant with Ojokuku and Salami (2011) which indicated that age and management-staff relationship positively influenced the performance of the workers, while years of experience have negative relationships with performance.

This result is also congruent with the current situation of this study, in which there is no significant differences in the quality of midwifery care with regard to the marital status of the study participants, this could be attributed to the current status of health professionals, and based on the researcher's point of view, marriage has no effect on the performance, since it is considered as extrinsic factor, so the work should be separated from any social status of the midwives.

4.9.6 Personal Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

The results revealed that the highest personal factor which positively influences the quality of midwifery performance based on the participant's point of view is the interesting in performance improvement, followed by training courses. Interesting in performance improvement is a normal state for any health care provider to provide care. Psychologically, internal factors to be interested at the work are needed to provide high quality care.

On the other hand, the lowest personal factor which positively influences the quality of midwifery performance is midwife job performance is same as nurse, followed by bachelor degree. This result could be attributed to the fact that we cannot consider the care which is provided by the midwives is same as the care provided by the nurses, because they have needed specialized skills to deal with obstetric issues.

4.9.7 Organization Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

The present study results revealed that the highest organizational factor which positively influences the quality of midwifery performance based on the participants' point of view is the presence of motivators at the workplace, followed by presence of enough colleagues in the work. Motivators are strongly needed at work. To provide high quality performance, midwives & nurses should feel motivates to provide better care to the patients, thus they considered this factor at the first one.

These results are consistent with studies of (Bradley & McAuliffe, 2009, Hedayati, et al, 2016, and Ojokuku and Salami, 2011) which revealed that presence of motivators at the workplace affect positively on midwives and nurses performance.

On the other hand, the lowest organizational factor which positively influences the quality of midwifery performance is working different shifts and presence of trainee midwife.

These results are consistent with the current status of the health care providers in the Gaza Strip, based on the researcher’s experience; pressure at work may affect the performance, but it cannot be considered the main determinant of midwifery performance. Moreover, nursing care in the GS is provided regardless of the availability of medical supplies or not, midwives can provide care even during difficult situations.

4.9.8 Professional Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals

Regarding the professional factors which influence the quality of midwifery performance in the governmental hospitals. The present study results revealed that the highest professional factor which positively influences the quality of midwifery performance based on the participants point of view is the application of quality performance standards, followed by staff awareness of quality performance standards. These results are consistent and supported by the current study status, in which the midwives provide evidence-based

nursing care practice, and they struggle to provide nursing care based on the evidence and based on what they learnt.

On the other hand, the lowest professional factor which positively influences the quality of midwifery performance is considering the quality issues by the hospital, followed by application of job responsibilities. These results are consistent with studies of Horton & Astudillo (2014), which emphasized that application quality of standard care would strengthening midwifery performance and achieving international efforts.

In addition, these results are consistent with studies of Hedayati (2016) which indicated that the main motivators for the midwives had to do with functional job description. However, there is no job description for the midwives in the Governmental hospitals; they provide care for the women, meaning that job description is not a determinant for the performance

4.9.9 Differences in the Quality of Midwifery Performance Different Age Groups of the Study Participants, Level of Income, and their Working Area

The present study result showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between different age groups of the midwives ($p>0.05$). Also, there is no significant difference in the quality of midwifery performance between different level of income of the midwives ($p>0.05$). Additionally, there is no significant difference in the quality of midwifery performance between different working hospitals of the midwives ($p>0.05$). In the present study, the absence of significant differences in the quality of midwifery performance between different age groups of midwives, their different level of income, and different working hospitals could be attributed to the rapprochement of the mean of the quality of midwifery performance for the most of groups, rapprochement of the mean lead to the decrease opportunity in the significance difference.

These results are consistent with the results of Mollart et al., (2011) which revealed that there were no differences in the quality of performance of the nurses between different age groups and the type of hospital. Also, the results of (Nabirye et al., 2011) revealed that the type of hospital was a significant predictor of self-rated quality of job performance, the issue which was not revealed in the present study. On the other hand, the study of Almalki et al (2012) showed that the nurses' gender, and their ages, did not have an effect on the quality of nurses work.

4.9.10 Differences in the Quality of Midwifery Performance between Different Job Title, Educational Qualifications, and their Years of Experience

The present study results showed that there is a significant difference in the quality of midwifery performance in the governmental hospitals between different job titles of the participants ($p<0.05$) in favor of midwives. Also, showed that the difference is between the nurses and midwives in favor of midwives ($P<0.05$), and between the head nurses and midwives in favor of midwives ($P<0.05$).

Also, there is no significant difference in the quality of midwifery performance between different qualification of the midwives ($p>0.05$). Additionally, there is no significant difference in the quality of midwifery performance between different years of experience of the midwives ($p>0.05$). These results are not consistent with the results of Mollart et al., (2011) which revealed that the midwives who have spent the longest time in the profession (21 years or more) provide better care as compared with other groups.

The significant difference in the quality of midwifery performance between different job titles in favor of midwives could be attributed to the fact that the midwives are the best health care provider to provide care in the gynecology wards compared to other health care providers, since they are well qualified to provide maternity nursing care for the women.

4.9.11 Differences in the Quality of Midwifery Performance between Different Marital Status, their Number of Family Members, and Annual Appraisal

The present study results showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between different marital status of the midwives ($p>0.05$). Also, there is no significant difference in the quality of midwifery performance between different number of family members ($p>0.05$). Additionally, there is no significant difference in the quality of midwifery performance between different annual appraisal ($p>0.05$). These results are consistent with the results of Almalki et al (2012) which showed that the nurses' marital status and depend children did not have an effect on the quality of nurses work. Also, these results are consistent with the results of Oliaee et al. (2016) which showed that there is no significant difference in the quality of midwifery services between different marital statuses of the midwives.

In the present study, the absence of significant differences in the quality of midwifery performance with regard to the above variables could be attributed to the rapprochement of

the mean of the quality of midwifery performance for all of groups, rapprochement of the mean lead to the decrease opportunity in the significance difference. Also, it is well known that the midwives are providing care to the women regardless of their personal issues such as marriage and their dependent children, the concentrate on providing care with quality as maximum as they can.

4.9.12 Differences in the Quality of Midwifery Performance between their Different Working Shifts and Number of Working Hours

The results of our study showed that there is no significant difference in the quality of midwifery performance in the governmental hospitals between those who are working only as morning shifts and those who are working different shifts ($p>0.05$). This result is not consistent with the results of to Mollart et al., (2011) which revealed that the type of shift work had a significant effect on personal accomplishment for midwives. If we look at the mean of the quality of the midwifery performance for those who are working in the morning and for those who are working in multiple shifts, we could find that both means are nearly similar, meaning that the midwives are working with the same quality even they are working in the shifts, they are committed to provide midwifery services at the same level.

Additionally, there is no significant difference in the quality of midwifery performance in the governmental hospitals between those who are working 35 hours and those who are working more than 35 hours ($p = 0.85$). This result is not consistent with the result of Almalki et al., (2012) which revealed that the working hours have an effect on the nurses. With regard to the present study results, the mean of the quality of the midwifery performance for those who are working 35 hours and for those who are working more than 35 hours are also nearly the same, meaning that the midwives are working with the same quality even they are working more than 35 hours, they are struggling to provide high quality services even if they are exhausted during their work.

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

It is important to understand midwives' perceptions about their jobs and factors that influence their quality of their performance. The purpose of the study was to determine factors that influence quality of midwifery performance from the perspective of the midwives in GS. Representative census sample used to choose the midwives.

However, the selected governmental hospital in this study had deficiencies in human resources & equipment, staff and skills development and maintaining a conducive work environment, these factors did not affect quality of midwifery performance from perspective of midwives. The most important finding of the present study was the statistically significant association between the quality of midwives' performance and job title, thus perceived interest in the managers by creative contributions towards enhancing performance levels.

In addition, the results of the study indicated presence of the highest factor that positively influences the quality of midwifery performance were high level of salary, interesting in performance improvement, work motivators, & application of quality performance standards. On other hand, the result indicated lowest factor which positively influences the quality of midwifery performance were marriage, midwife job performance is same as nurse, working different shifts, and considering the quality issues by the hospital. Furthermore, the results of our study indicated that the highest score of the quality of midwifery performance item is midwife provide evidence-based nursing care practice and the lowest score was midwife provide care with equality regardless of personal issues.

Regardless of these factors, supporting employee performance recognition through regular reviews will contribute to increased motivation among the employees to increase efficiency and quality of performance

In conclusion, there was a positive correlation between quality of midwifery performance and midwives. The researcher believed that developing and implementing a plan to improve midwives' performance can help them focus on improving mother and child health services. Midwives managers can develop strategies that support midwives better in identifying and delivering quality midwifery performance reflective of responsibility, caring, intentionality, empathy, respect and advocacy.

5.2 Recommendations

This study provided valuable feedback about the factors influencing quality of midwifery performance in Gaza Strip. In the light of the study results, the researcher recommends the following:

- The study recommended that improving the midwifery performance by looking for further factor that affecting their performance and not mentioned in our study.
- Managers and key person should strengthen the presence of midwives rather than nurses in maternity department because their role in improving the performance of services that provided to mothers and child. So, managers should ensure adequate number of staff and qualification according to work condition and sufficient number of professional midwives in the hospital at all times and shift.
- Continuing education programs and workshops should be organized for midwives and nurses in GS.
- Adequate professional midwives in term of number and qualifications, importance of the application of the job description, providing appropriate equipment and adequate material resources, and program that will help to develop midwives as effective midwives manager should be implemented.
- Raise awareness and attention to the barriers of providing quality of midwifery performance.
- The need to follow up the financial status of midwives and introduce maternity programs and external health projects to increase income level of midwives.
- Emphasize the role MOH to communicate with universities and adopt strategies to add bridging programs for nurses who work in maternity departments.

5.3 Suggestions for Further Research Studies

- To conduct a study aiming to determine the mother's perception on quality of midwifery performance in Gaza Strip.
- To carry out a study aiming to identify the levels of midwifery commitment to applying quality standards in antenatal, intranatal, and postnatal care.
- To carry out a study aiming to evaluate the midwifery performance that take all midwives in GS.
- Further similar studies, particularly on other hospitals and PHC centers.

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Annexes

Annex (1): Arabic Questionnaire

أختي القابلة

السلام عليكم ورحمة الله وبركاته

أنا الباحثة/ ضياء عبد الرحيم أبو كويك طالبة ماجستير تمريض صحة الأم والطفل بجامعة القدس- أبو ديس، أقوم بإجراء دراسة لمعرفة العوامل المؤثرة على جودة أداء القابلات بأقسام الولادة التابعة لمستشفيات وزارة الصحة الفلسطينية، ولمعرفة الوسائل التي تحسن الأداء وذلك كمشروع تخرج لدرجة الماجستير والتي تحمل العنوان :

Factors influencing quality of midwifery performance

In Governmental Hospitals, Gaza Strip

إن إجابتكِ على أسئلة الاستبيان سيكون له بالغ الأهمية في إنجاز هذا البحث.

ستكون المعلومات الواردة في الاستبيان في سرية تامة، ولأغراض البحث العلمي فقط ، ولكم مطلق الحرية في المشاركة او عدمها، دون أن يلحق بكم أي ضرر تبعا لذلك.

أشكركم على حسن تعاونكم

الباحثة/

أ. ضياء أبو كويك
جوال /0599538011

الاستبيان

ارشادات لتعبئة الاستبيان:

1. الرجاء وضع علامة دائرة في الخانة المناسبة في الفرع (ا)، وعلامة (x) في الفروع (ب) و(ج) و(د)، وتقديم التفاصيل عند الحاجة.
2. الرجاء الإجابة على الأسئلة ، بصراحة وموضوعية قدر الإمكان.
3. يرجى إجابة الأسئلة كما أنها تنطبق عليكِ شخصيا.

الفرع (ا): أسئلة عامة للعاملين في المجال الصحي:

1. كم عمركِ ؟
---

2. ما هي الحالة الاجتماعية لكِ؟

أ – متزوجة ب – عزباء

ج_ مطلقة د _ أرملة

3. ما هو المسمى الوظيفي لكِ ؟

أ_ ممرضة ب – قابلة

ج_ حكيمة قسم د – مشرفة تمريض

4. ما هو أعلى مؤهل علمي حصلتي عليه؟

أ –دبلوم ب – بكالوريوس

ج- ماجستير

5. كم عدد افراد الأسرة ؟

ما هي قيمة الدخل الشهري الخاص بكِ؟

6. ---

كم عدد سنوات الخبرة لديكِ؟

7. ---

8. ما هو نظام العمل لديكِ ؟

أ– صباحي دائم ب– نظام فترات

9. كم ساعة تعملين في الاسبوع ؟
---

10. ما هو تقييمكِ الوظيفي في السنة السابقة؟

أ_ 90 – 100 ب- 80 – 89

ج_ 70- 79 د_ أقل من 70

الفرع (ب): هذا الفرع يناقش مختلف العوامل المؤثرة على جودة أداء القابلات ،وينقسم إلى أربعة محاور .

- يرجى الإشارة إلى الإجابة بوضع علامة (x) في المربع المناسب. وفقا للمقياس "أوافق بشدة " ، " اوافق "، "لا أوافق " ، "لا أوافق بشدة ").

المحور الأول : العوامل الاجتماعية الديموغرافية المؤثرة على جودة أداء القابلات

وتشمل العوامل التالية : (عامل السن – الحالة الاجتماعية – مستوى الدخل – مكان السكن)

رقم	العوامل الاجتماعية الديموغرافية	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
-1	التقدم في السن يؤثر ايجابا على جودة أداء القابلة في العمل					
-2	القابلة المتقدمة في السن لديها خبرات أكبر وأداء أفضل					
-3	عامل الزواج والارتباط يؤثر سلبا على جودة أداء القابلة في العمل					
-4	القابلة الانسة لديها تفرغ أكبر للوظيفة وأداء أفضل					
-5	مستوى الدخل المرتفع يزيد من جودة أداء القابلة					
-6	ارتفاع مستوى الرواتب يحسن من جودة الأداء الوظيفي للقابلة					
-7	سهولة الوصول لمكان العمل وتوفر المواصلات يحسن الأداء الوظيفي					
-8	قرب مكان السكن بالنسبة لمكان العمل يحسن الأداء الوظيفي					

المحور الثاني : العوامل الشخصية المؤثرة على جودة أداء القابلات

وتشمل العوامل التالية : (الدرجات العلمية ومستوى التعليم – تطوير الذات بالدورات وورش العمل)

	العوامل الشخصية	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
-9	كلما ارتفعت الدرجة العلمية للقابلة كلما تحسنت جودة الأداء					
-10	أداء القابلات من حملة البكالوريوس يتشابه مع أداء القابلات من حملة الدبلوم					
-11	معرفة زميلتي بمسؤوليات الوظيفة تؤثر ايجابا على جودة الأداء					
-12	يتشابه أداء القابلة والممرضة بأقسام الولادة					
-13	القابلة التي تهتم بتطوير أدائها أفضل من غيرها في الأداء الوظيفي					
-14	الدورات التدريبية زادت من جودة الاداء					
-15	كلما كانت علاقتي في العمل مع زميلاتي قوية كلما تحسن الأداء					

المحور الثالث : العوامل المؤسساتية المؤثرة على جودة أداء القابلات

وتشمل العوامل التالية : (ضغط العمل – نقص الطاقم – المحفِّزات)

	العوامل المؤسساتية	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
16-	وجود ضغط عمل يؤثر سلبا على جودة أداء القابلة					
17-	كلما قل عدد الأمهات اللواتي أتابعهن كلما كان الأداء أفضل					
18-	القيام بمهمات عمل تتطلب قدرات أكثر من تلك التي أمتلكها يؤثر سلبا على جودة الأداء					
19-	أقوم بواجبات الاخرين في فريق العمل وهذا يؤثر سلبا على الأداء المقدم					
20-	نقص عدد الطاقم في جميع الفترات يؤثر سلبا على جودة الأداء					
21-	عند تغيب زميلتي في الفترة غالباً ما أستلم العمل عنها وهذا يقلل من عطائي					
22-	نقص الإمكانات والمهمات الطبية يؤثر سلبا على الاداء					
23-	وجود قابلة متدربة معي في الفترة يؤثر سلبا على جودة الأداء					
24-	كلما كان عدد زميلاتي كاف كلما كان هناك جودة في الاداء					
25-	كلما كان الطاقم أساسي كلما كان الأداء أفضل					
26-	دوام الفترات في العمل يقلل الأداء الوظيفي					
27-	وجود حوافز من المسؤول يحسن من جودة الأداء المقدم					
28-	صرف بدل الساعات الاضافية يحفز القابلة لتحسين الأداء					
29-	الشعور بالتمييز في مكان العمل يؤثر سلبا على جودة الأداء					

المحور الرابع : العوامل المهنية المؤثرة على جودة أداء القابلات

وتشمل العوامل التالية : (تطبيق البروتوكول – الوصف الوظيفي – اتباع معايير الجودة)

	العوامل المهنية	أوافق بشدة	أوافق	محايد	لا أوافق	لا أوافق بشدة
30-	توفر مادة البروتوكول مع جميع الطاقم يحسن من جودة الأداء					
31-	اتباع الطاقم وتطبيقه لبروتوكول الولادة يساهم في جودة الأداء					
32-	وجود وصف وظيفي واضح من الوزارة لجميع الطواقم يحسن الأداء					
33-	مدى تطبيق القابلات لمسؤولياتهن الوظيفة يؤثر ايجاباً على جودة الأداء					
34-	تطبيق معايير الجودة في الأداء يؤثر ايجابا على الخدمة المقدمة للأم والطفل					

-35	مدى إلمام الطاقم بمعايير الجودة يؤثر ايجابا على جودة أداء القابلات					
-36	تأخذ المستشفى بقضايا الجودة في مكان العمل عبر فريق الجودة الصحية					

الفرع (ج) تقييم جودة أداء القابلات تبعا للمجالات الستة للجودة الصحية العالمية:

مجالات الجودة الصحية العالمية الستة هي : (التأثير - الكفاءة - المساواة - مركزية العناية بالمريض - الأمان - التوقيت المناسب)

	تقييم جودة أداء القابلات تبعا للمجالات الستة للجودة الصحية العالمية	**أوافق بشدة**	**أوافق**	**محايد**	**لا أوافق**	**لا أوافق بشدة**
-37	تقدم القابلة الرعاية بالام والطفل حسب الاستدلالات المبنية على البراهين العلمية					
-38	تحقق القابلات أقصى قدر من الجودة للرعاية الصحية المقدمة من موارد الرعاية الصحية المستخدمة					
-39	تحقق القابلات أقصى قدر من الفائدة الصحية من موارد الرعاية الصحية المستخدمة					
-40	تقوم القابلات بتوفير الرعاية الصحية ذات الجودة المتساوية للمريضات بغض النظر عن الخصائص الشخصية المختلفة لهن					
-41	تركز القابلة عملها على تلبية احتياجات المريضات ورغباتهن					
-42	تركز القابلة عملها على توفير التعليم والدعم للمريضات					
-43	تقدم القابلة الرعاية الصحية للمريضات في وقتها بدون تأخير					

نقدر عاليا قيامك بالمشاركة في هذه الدراسة.

Annex (2): English Questionnaire

Dear midwife

Peace, mercy and blessings of God

I am : Diaa Abed Al Raheem Abu Kweik, research student , I am studying the factors that affect the quality of midwives' performance in the maternity departments in puplic hospitals of the Palestinian Ministry of Health, as a graduate project for the master's degree, which carries out the title :

Factors influencing quality of midwifery performance

In Governmental Hospitals, Gaza Strip

Your answer on the questionnaire will be critical to this research. The information contained in the questionnaire will be strictly confidential, for scientific research purposes only, and you are free to participate or not, without any harm to you accordingly.

Thank you for your cooperation

Researcher:

Diaa A.R. Abu K Week

Mob. : 0599538011

English Questionnaire (Annex 2)

Guidelines for filling out the questionnaire:

1. Please mark a circle O in the appropriate field in section (A), mark (x) in sections (B) & (C), and provide details as needed.
2. Please answer questions as honestly and objectively as possible.
3. Please answer questions as they apply to you personally.

Section A: General Questions for Health Workers:

1- How old are you؟

.....

2- What is your marital status؟

a – Married b- singl

c- Divorced d - Widow

3- What is your job title؟

a – nurse b – midwife

c- Head Nurse d- supervisor

4- What is the highest scientific qualification have achieved؟

a – Diplom b - Bachelor

c - Master

5- How many family members?

……

6- What is the value of your monthly income؟

……

7- How many years of experience do you have؟

……

؟What is your work shifts system

a- Morning b- period shifts

8- How many hours do you work per week؟

……..

9- What is your annual appraisal in the previous year؟

a – 100_ 90 b – 89 _ 80

c – 79_ 70 d – Less than 70

Section B: This section discusses the various factors affecting the quality of midwives performance, and is divided into four factors.

Please indicate the answer by ticking (x) in the appropriate box. According to the Likert scale ("Strongly Agree", "I Agree", "Neutral", "Disagree",and "Strongly Disagree")

First Factor : Socio-demographic Factors:

It conclude: (The age, the marital status, income level, and residence area)

No	Socio-demographic factors	Strongly agree	Agree	Neutral	Strongly disagree	Strongly disagree
1	Advancement in age affect quality of midwifery performance positively					
2	Advancement in age with more experience affect quality of midwifery performance positively					
3	Marriage factors affect quality of midwifery performance negatively					
4	Single midwife had more time and better performance than others					
5	High level of income increase quality of midwifery performance					
6	High level of salary improve quality of midwifery performance					
7	Availability of transportation improve quality of midwifery performance					
8	Nearer residence area to the working site improve quality of midwifery performance					

Second factors: Personal Characteristic Factors

It include: level of education for midwives (Diploma, Bachelor ,Master), and training courses and workshops.

	Personal Characteristic Factors	Strongly agree	Agree	Neutral	Strongly disagree	Strongly disagree
9	Higher educational qualification improve quality of midwifery performance					
10	Performance of bachelor midwife is the same as midwife with doploma					
11	Knowledge of job responsibilities affect quality of midwifery performance positively					
12	Midwife job performance is same as nurse					
13	Midwife who interested in performance improvement is better than other performance					
14	Training courses increase quality of midwifery performance					
15	Relationship at work improve quality of midwifery performance					

Third factors: Organizational Factors:

It include (work over load, staff shortage, and motivation)

No	Organizational Factors	Strongly agree	Agree	Neutral	Strongly disagree	Strongly disagree
16	Work pressure affect quality of midwifery performance negatively					
17	Lower number of clients resulting better performance					
18	Job tasks which requires more abilities affect quality of midwifery performance negatively					
19	Working the tasks of other colleagues at the work affect					

	quality of midwifery performance negatively					
20	Few number of staff in working shifts affect quality of midwifery performance negatively					
21	Absence of colleagues affect quality of midwifery performance negatively					
22	Limited medical supplies affect quality of midwifery performance negatively					
23	Presence of trainee midwife affect quality of midwifery performance negatively					
24	Enough colleagues in the work lead to quality of midwifery performance					
25	Presence of senior staff lead to quality of midwifery performance					
26	Working different shifts decrease quality of midwifery performance					
27	Motivators at the work improve quality of midwifery performance					
28	Paid overtime work improve quality of midwifery performance					
29	Feeling of distinguished affect quality of midwifery performance negatively					

Fourth Factors: Professional Factors

It s included (Protocol Application, Job Description, and Follow Quality criteria)

No	Professional Factors	Strongly agree	Agree	Neutral	Strongly disagree	Strongly disagree
30	Availability of protocol at the work improve the quality of midwifery performance					
31	Protocols application in the work contribute of increasing the quality of midwifery performance					
32	Presence of detailed job description improve the quality of midwifery performance					

33	Application of job responsibilities affect quality of midwifery performance positively					
34	Application of quality performance standards affect quality of midwifery performance and services positively					
35	Staff awareness of quality performance standards affect quality of midwifery performance positively					
36	The hospital Considering the quality issues by quality team in hospital					

Section C: Evaluation of the quality of midwives' performance according to the six domains of global health quality:

The six global health quality domains are (effectiveness- efficiency - equality - centralization of patient care - safety - timeleness)

No	**Assessing the quality of midwives performance according to the six domains of health quality**	**Strongly agree**	**Agree**	**Neutral**	**Strongly disagree**	**Strongly disagree**
37	Midwife provide evidence-based nursing care practice					
38	Midwife provides the maximum efficient practice					
39	Midwife provides the maximum quality of care					
40	Midwife provide care with equality regardless of personal issues					
41	Midwife provide care based on patients' needs					
42	Midwife provide education and support to the patient					
43	Midwife provide care on time without any delay					

We highly appreciate your participation in this study

Annex (3): Helsinki Approval

المجلس الفلسطيني للبحث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee

For Ethical Approval

Date: 05/02/2018 **Number:** PHRC/HC/342/18

Name: DEIAA A. ABUKWEIK الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Factors influencing quality of midwifery performance In Governmental Hospitals, Gaza Strip.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/342/18 in its meeting on 05/02/2018

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

Chairman

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين

شارع النصر - مفترق العيون

Annex (4): MOH Approval

State of Palestine
Ministry of health

دولة فلسطين
وزارة الصحة

التاريخ:12/04/2018
رقم المراسلة 209120

السيد : رامي عيد سليمان العبادله المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية - /وزارة الصحة

السلام عليكم ,,,

الموضوع/ تسهيل مهمة الباحثة//ضياء أبوكويك

التفاصيل //
بخصوص الموضوع أعلاه، يرجي تسهيل مهمة الباحثة/ **ضياء عبدالرحيم أبوكويك**
الملتحقة ببرنامج ماجستير التمريض – تخصص صحة الأم والطفل- جامعة القدس أبوديس في إجراء بحث بعنوان:-
"Factors influencing quality of midwifery performance In Governmental Hospitals, Gaza Strip"
حيث الباحث بحاجة لتعبئة استبانة من عدد من القابلات العاملات في مجمع الشفاء الطبي ومجمع ناصر ومستشفى شهداء الأقصى ومستشفى غزة الأوربي، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،،،
ملاحظة/ البحث حصل على موافقة لجنة اخلاقيات البحث الصحي
ملاحظة / تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 6 شهر من تاريخه.

محمد ابراهيم محمد السرساوي
مدير دائرة/الإدارة العامة لتنمية القوى البشرية -

4-10-2018

Gaza Tel. (+970) 8-2846949 Fax. (+970) 8-2826295

غزة تلفون. (+970) 8-2846949 فاكس (+970) 8-2826295

Annex (5): Table of Experts.

no.	Name of expert	Work title
1-	Dr. Hamza Abd Al Jawwad	Al-Quds University
2-	Dr. Yousef Al Jeish	Islamic University of Gaza
3-	Dr. Moatasem Salah	University College of Applied Sciences
4-	Dr. Areefa SM Al -Alkasseh	Islamic University of Gaza
5-	Dr. Ashraf Al Jede	Islamic University of Gaza
6-	Dr. Mazen Abu Gamer	Al-Azhar University-Gaza
7-	Dr. Naser Abu Al Noor	Islamic University of Gaza
8-	Dr. Ahmed Nejem	Al-Quds University

عنوان الدراسة: العوامل المؤثرة على جودة أداء القابلات في المستشفيات الحكومية في قطاع غزة.

ملخص الدراسة

يعتبر دور القابلة دورا رئيسيا في تقديم الرعاية للأمهات على مستوى العالم. حيث أن جودة أداء القابلات هو الركيزة الأساسية لتقوية الخدمات المقدمة للأم والطفل. إن نجاح وقوة أنظمة رعاية الأمومة يكون بقوة جودة أداء القابلات في تقديم رعاية ما قبل الولادة واثناء الولادة وبعدها. هدفت الدراسة الحالية إلى معرفة مستوى جودة أداء القابلات في أقسام الولادة في المستشفيات الحكومية بمحافظات غزة، وأيضا لمعرفة العوامل المؤثرة على جودة أداء القابلات. وقد كانت عينة الدراسة عينة قصدية تكونت من 195 قابلة من القابلات والممرضات العاملات بأقسام الولادة في المستشفيات الحكومية الأربعة كالتالي: (79 من مستشفى الشفاء، 55 من مستشفى ناصر (التحرير)، 30 من مستشفى شهداء الأقصى ،31 من مستشفى الهلال الاماراتي). استخدم الباحث في هذه الدراسة المنهج الوصفي، ولجمع البيانات فقد استخدم الباحث استبيان مقسم لقسمين، القسم الأول العوامل المؤثرة على جودة الأداء وهي اربعة عوامل رئيسية (عوامل ديموغرافية اجتماعية، عوامل مؤسساتية، عوامل وظيفية، وأخيرا العوامل الشخصية) ، اما القسم الثاني يتحدث عن تقييم جودة أداء القابلات حسب محاور الجودة العالمية الستة وهم (الكفاءة، التأثير، المساواة ، و مركزية الرعاية، والأمان، والوقت المناسب) ، ولتحليل البيانات فقد تم استخدام برنامج الإحصاء المحوسب SPSS وتضمنت المعالجات الإحصائية التكرارات، النسب المئوية، المتوسطات الحسابية، الانحراف المعياري، كما تم استخدام اختبار (ت) واختبار تحليل التباين الأحادي.

وبينت نتائج الدراسة أن متوسط أعمار القابلات المشاركات في الدراسة قد بلغ 31–39، كما أن 57.4% من المشاركات في الدراسة كانوا قابلات، 56.9% حاصلات على شهادة البكالوريوس ، 71.8% من ذوات الدخل المتدني (اقل من 1500 شيكل شهريا)، و80.1% متزوجات ،و 54.4% لديهن خبرة اكثر من 15 سنة في العمل.

كما أظهرت النتائج أن 55.4% من القابلات كان أدائهن الوظيفي في السنوات القادمة ما بين 80–89 %، و 36.9% كان ادائهن 90–100 %، وأن 64.6% يعملن بنظام الفترات.

أما بالنسبة لتقييم القابلات لمدى جودة أداءهن فقد تقاربت النسب بين الأربعة مستشفيات حيث كان اعلاها بمستشفى الأقصى80.2 %، وأقلها بمستشفى الشفاء بنسبة 78.4%.

ولقد بينت النتائج تقييم القابلات لأدائهن حسب معايير الجودة العالمية الستة أن أعلى نسبة كانت الرعاية المقدمة للأم تقدم حسب البراهين والاستدلالات العلمية بنسبة 81.5%، وأقلها تقديم الرعاية

بشكل متساوٍ لجميع الأمهات بغض النظر عن النواحي الشخصية بنسبة 77.5%. وبالنسبة لتقييم الأداء حسب العوامل الرئيسية الأربعة فلقد أظهرت النتائج ان أعلى العوامل الاجتماعية الديموغرافية التي تتأثر تأثيراً إيجابياً بالأداء كان ارتفاع معدل الدخل وأقلها كان عامل الارتباط والزواج بنسبة 45.2%. اما بالنسبة للعوامل الوظيفية فلقد أظهرت النتائج ان اعلى العوامل الوظيفية تأثرا تأثيرا إيجابيا بالأداء هو اهتمام القابلة بتحسين أدائها حيث كان بنسبة 84.7% وأقلها هو أن أداء القابلة يتشابه مع أداء الممرضة بأقسام الولادة حيث كانت النسبة 51.2%. وبالنسبة للعوامل المؤسساتية فلقد كان عامل وجود حوافز في العمل اكثر العوامل المؤثرة إيجابيا في الأداء بنسبة 88.7% ، وأقلها عامل وجود ضغط عمل بنسبة 14.55. وبينت النتائج أن أكثر العوامل الشخصية اثرت تأثيرا إيجابيا بالأداء كان تطبيق معايير الجودة العالمية بنسبة 89.0% وأقلها عدم وجود وصف الوظيفي.

ولقد أظهرت النتائج وجود فروق ذات دلالة إحصائية في المسمى الوظيفي للمشاركات، حيث أظهرت النتائج وجود فروقات ذات دلالة إحصائية في مستوى أداء القابلة والممرضة بأقسام الولادة لصالح القابلات. وفي مستوى أداء القابلة وحكيمة القسم لصالح القابلات.

وأظهرت النتائج عدم وجود فروق ذات دلالة إحصائية في مستويات الأداء باختلاف كل من عامل العمر، ومستوى الدخل، ومكان العمل، والمستوى التعليمي للقابلات والممرضات، وسنوات الخبرة، والحالة الاجتماعية، والتقييم السنوي، واختلاف نظام فترات العمل وعدد ساعات العمل.

وتظهر هذه النتائج الحاجة إلى تزويد اقسام الولادة بقابلات ليقدمن الرعاية للأمهات بأقسام الولادة في المستشفيات الحكومية، وأيضا انشاء برامج تعليمية أكاديمية بعلم القبالة والحاق الممرضات بأقسام الولادة بها من أجل تقديم الرعاية اللازمة للام والطفل.