

Deanship of Graduate Studies

Al – Quds University



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

Diaa Abed Al Raheem Ezat Abu Kweik

M. Sc. Thesis

Jerusalem- Palestine

1440 / 2018

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

Prepared By
Diaa Abed Al Raheem Ezat Abu Kweik

B. Sc Nursing (Islamic university- Gaza) Palestine

Supervisor: Dr. Areefa SM Alkasseh
PhD, Mother and Child Health.

A thesis submitted in Partial Fulfillment of the Requirement for
the degree of Master of Mother and Child Health (MCH)
Nursing -Faculty of Health Professions - Al-Quds University

1440 / 2018

Al-Quds University
Deanship of Graduate Studies
MCH Program /Nursing Department





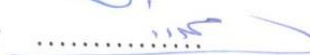
Thesis Approval

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

Prepared By: Daa Abed Al Raheem Ezat Abu Kweik
Registration No.: 21610971

Supervisor: Dr. Areefa SM Alkasseh

Master thesis submitted and accepted. Date: 23/12/2018
The names and signatures of the examining committee members are as follows:

1. Dr. Areefa SM Alkasseh	Head of committee 
2. Dr. Motasem S. Salah	Internal examiner 
3. Dr. Ali H. Elkhateeb	External examiner 

Jerusalem – Palestine

1440 / 2018

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, Mahmood, 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

Acknowledgements

Firstly, to Allah, the only God, thank you for spiritual guidance and blessings bestowed upon me.

I must thank my lovely husband Mrs. Ahmed Abu Roos, my Dad Abed Al Raheem Abu Kweik, and my Mum Somaia Shamoot for their unconditional love and support. They were my source of strength. I would not have done this without their constant encouragement at critical times. I am grateful to my husband for understanding and being there for me. I thank him for his endless love, prayers and moral support.

I would like to express my special & deep thanks to my supervisor, Dr. Areefa Alkasseh, Head of midwifery department of Nursing College in Islamic University of Gaza, for her companionship and encouragements, being a great mentor to me, and supported me throughout the study .In addition, I wish to thank Al-Quds University team for their great role in developing students and developing their research knowledge, especially Dr. Hamza Abd Aljawad for coedination and support, Dr. Samer Alnawajha & Dr. Akram Abu Salah for help & support.

Also, I wish to thank the Palestinian's Ministry of Health in Gaza strip, as well as the nursing directors of the participating hospitals, for granting permission for the present study to be conducted, especially the nursing director in Al Aqsa Hospital Mrs. Hatem Huseen for support and encouragement. I am very thankful to him. Furthermore, I wish to thank Mrs. Bassam Msallam the hospitals nursing director for support and providing data.

I would also like to thank my uncle Tawfik Abu Al Roos and my uncle's wife Fawzia Abu Al Roos for embracing, care attention my children and offering all the facilities to accomplish my study. I would also like to thank my sister Miss. Wafa Abu Kweik, for help me in data collection and encouragement.

I would like to thank every respondent who completed a questionnaire for her contribution, without which this research study could not be succeeded or completed.

Last but not least, I am very grateful to all those persons who helped me to realize this study, whether big or small.

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

Declaration.....	I
Acknowledgements	ii
Abstract.....	iii
Table of contents	iv
List of Tables	vii
List of Figures.....	viii
List of Annexes.....	ix
List of Abbreviations	x
Chapter One Introduction.....	1
1.1 Background.....	1
1.2 Research problem	2
1.3 Study Justification	3
1.4 The overall aim	4
1.5 Objectives	4
1.6 Research questions.....	4
1.7 Context of study.....	6
1.7.1 Demographic context.....	6
1.7.2 Socio economic situation in governmental hospital, Gaza Strip:	6
1.7.3 Health system and maternity departments in governmental hospitals in Gaza Strip	7
1.7.4 Characteristics of scope of practice for midwives:.....	9
1.7.5 Mother and child health care services in GS:	10
1.8 Operational definitions	11
1.8.1 Midwife.....	11
1.8.2 Nurse	11
1.8.3 Performance:.....	12
1.8.4 Quality:	12
1.8.5 Organization	12
1.8.6 Profession	12
Chapter Two Literature review:	13
2.1 Conceptual framework.....	13
2.1.1 Socio-demographic Factors:	14
2.1.2 Organizational Factors:.....	14
2.1.3 Personal Characteristic Factors:	14

2.1.4 Professional Factors:.....	14
2.2 Literature review.....	15
2.2.1 Background.....	15
2.2.2 Quality	15
2.2.3 Importance of quality of performance	17
2.2.4 Midwifery performance	19
2.2.5 Socio-demographic Factors and quality of performance.....	20
2.2.6 Organizational Factors and quality of performance	23
2.2.7 Professional Factors and quality of performance	27
2.2.8 Personal Factors and quality of performance	29
Chapter Three Methodology	31
3.1 Introduction.....	31
3.2 Study design.....	31
3.3 Study population.....	31
3.4 Study settings.....	31
3.5 Study period.....	32
3.6 Sampling:	32
3.7 Eligibility criteria.....	32
3.7.1 Inclusion criteria	32
3.7.2 Exclusion criteria.....	32
3.8 Study tools and instruments	32
3.9 Data collection	33
3.10 Data entry and analysis	33
3.11 Scientific rigor	33
3.11.1 Validity of the questionnaire: (annex 5).....	34
3.11.2 Reliability of the questionnaire.....	34
3.12 Pilot study.	35
3.13 Ethical consideration: (Annex3) & (Annex 4).....	35
3.14 Limitations of the study	35
Chapter Four Results and discussion.....	36
4.1 Introduction.....	36
4.2 Socio-Demographic Characteristics of the Study Sample.....	36
4.2.1 Sample Distribution According to the Participants’ Personal Characteristics .	36
4.2.2 Sample Distribution According to the Participants’ Job Title (n=195).....	37
4.2.3 Sample Distribution According to the Participants’ Educational Level (n=195)	38
4.2.4 Sample Distribution According to the Participants’ Working Shifts, Weekly Working Hours, and Years of Experience (n=195).....	38

4.2.5	Annual Appraisal for the Study Participants in the Past Year (n=195).....	39
4.2.6	Quality of Midwifery Performance in the Governmental Hospitals (n=195)...	40
4.3	Quality of Midwifery Performance in the Governmental Hospitals.....	41
4.4	Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals	42
4.5	Differences in the Quality of Midwifery Performance between Different Age Groups of Midwives, Level of Income, and their Working Area.....	46
4.6	Differences in the Quality of Midwifery Performance between Different Job Title, Educational Qualifications, and their Years of Experience	47
4.7	Differences in the Quality of Midwifery Performance between Different Marital Status, their Number of Family Members, and Annual Appraisal	48
4.8	Differences in the Quality of Midwifery Performance between their Different Working Shifts.....	49
4.9	Discussion of the Study Results	49
4.9.1	Introduction.....	49
4.9.2	Sociodemographic characteristics	50
4.9.3	Working Characteristics	50
4.9.4	Quality of Midwifery Performance in the Governmental Hospitals	50
4.9.5	Social Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals.....	52
4.9.6	Personal Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals.....	52
4.9.7	Organization Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals.....	53
4.9.8	Professional Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals.....	53
4.9.9	Differences in the Quality of Midwifery Performance Different Age Groups of the Study Participants, Level of Income, and their Working Area	54
4.9.10	Differences in the Quality of Midwifery Performance between Different Job Title, Educational Qualifications, and their Years of Experience.....	55
4.9.11	Differences in the Quality of Midwifery Performance between Different Marital Status, their Number of Family Members, and Annual Appraisal	55
4.9.12	Differences in the Quality of Midwifery Performance between their Different Working Shifts and Number of Working Hours	56
	Chapter Five Conclusion and Recommendation	57
5.1	Conclusion.....	57
5.2	Recommendations.....	58
5.3	Suggestions for Further Research.....	58
	References	59
	Annexes	71

List of Tables

Table (4.1): Sample Distribution According to socio-demographic characteristics (n=195)	36
Table (4.2): Sample Distribution According to the Participants' Working Shifts, Weekly Working Hours, and Years of Experience	38
Table (4.3): Quality of Midwifery Performance in the Governmental Hospitals	41
Table (4.4): Socio-demographic Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals	42
Table (4.5): Personal Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals	43
Table (4.6): Organizational Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals	44
Table (4.7): Professional Factors Influencing the Quality of Midwifery Performance in the Governmental Hospitals	45
Table (4.8): Differences in the Quality of Midwifery Performance Different Age Groups of the Study Participants, Level of Income, and their Working Area	46
Table (4.9): Differences in the Quality of Midwifery Performance between Different Job Title, Educational Qualifications, and their Years of Experience	47
Table (4.10): Differences in the Quality of Midwifery Performance between Different Marital Statuses, their Number of Family Members, and Annual Appraisal	48
Table (4.11): Differences in the Quality of Midwifery Performance between their Different Working Shifts	49
Table (4.12): Differences in the Quality of Midwifery Performance between Different Number of Working Hours	49

List of Figures

Figure (2.1): Diagram of conceptual framework (self-developed)	13
Figure (4.1): Sample Distribution According to the Participants' Job Title	37
Figure (4.2): Sample Distribution According to the Participants' Educational Level (n=195)	38
Figure (4.3): Annual Appraisal for the Study Participants in the Past Year	39
Figure (4.4): Quality of Midwifery Performance in the Governmental Hospitals	40

List of Annexes

Annex (1): Arabic Questionnaire.....	71
Annex (2): English Questionnaire	76
Annex (3): Helsinki Approval	82
Annex (4): MOH Approval.....	83
Annex (5): Table of Experts.	84

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).