

# Factors Influencing Midwives' Attitude Towards Women In Labour In Selected Hospitals In Niger Delta Region Of Nigeria

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## Abstract

The positive attitude of midwives is an essential factor in the utilization of maternal health services by pregnant women. This hospital based cross sectional study was conducted to explore the factors influencing midwives' attitude towards women in labour in selected hospitals in Niger Delta Region of Nigeria. Systematic random sampling technique was used to select 200 respondents from two tertiary hospitals. Data were collected with a validated structured questionnaire. Descriptive analysis was done using SPSS (version 21).

Majority of the respondents were between the ages of 35-44 years. More than half 118 (61.1%) were registered nurse-midwives which is the least qualification among respondents with 77 (61.1%) having 6-10 years working experience. The study revealed that the factors influencing midwives' attitude towards women in labour based on responses were: number of midwives to clients 187 (96.9%), workload of the midwives 187 (96.9%), incentives 182 (94.3%), adherence/non-adherence to midwives instructions 176 (91.2%), hospital environment 171 (88.6%), hospital equipments 169 (87.6%), therapeutic communication between the midwife and patient 169 (87.6%) and the individual personality 163 (84.5%). Furthermore, the respondents identified employment of more staff 188 (97.4%), good remuneration and incentive 176 (91.2%), provision of adequate equipment and materials 170 (88.1%), proper monitoring and supervision of midwives 140 (72.5%), as well as training and retraining of midwives 128 (66.3%) as ways of improving midwives attitude toward women in labor.

Conclusively, midwives have the necessary qualifications and experiences needed to care for women in labour effectively, but certain factors influence their attitude either positively or negatively. Therefore, it is reasonable to suggest that periodic

assessment of midwives and what motivate them should be considered by the hospital management and government in order to encourage them to have the right attitudes towards women in labour.

**Key words:** Attitude, Factors, Midwives, Labour, Women, Hospitals, Nigeria

## Introduction

The midwives are the closest health care professional to women in labour <sup>1</sup> and their attitude is intricately linked to the women choice of health facility for delivery <sup>2,3</sup>. Childbirth in a health facility attended by trained health professional has been shown to be associated with lower rates of maternal and neonatal mortality <sup>2,4</sup>. Gayawan<sup>4</sup> stated that access to quality healthcare during pregnancy and in particular, during delivery is a crucial factor in reducing maternal and perinatal morbidity and mortality.

According to the World Health Organization<sup>5</sup>, approximately 830 women die each day from complications of pregnancy and child birth with majority of these deaths occurring in resource poor countries of Sub-Saharan Africa like Nigeria<sup>5</sup>. Furthermore, several studies affirmed that over 90% of these deaths are preventable especially when a multi-dimensional approach aimed at ensuring accessibility and usability of all forms of maternal and child health services are put in place<sup>6,7,8,9</sup>.

In Nigeria, with a population of about 46 million women of child bearing age; only 34% of deliveries are attended to by skilled personnel<sup>10,11</sup>. In order to reduce morbidity and mortality during pregnancy and childbirth, women need to be looked after by trained professionals who can spot complications at an early stage. For pregnant women to choose these services the health workers must endeavour to treat the women with respect and empathy.

Nwokoro, (2014) <sup>2</sup> maintained that the health care professional poor attitude remains an hindrance to accessing professional services among pregnant women. Poor healthcare provider's attitude in form of abusive language, denying women service, lack of compassion and refusing to assist properly resulted in seldom decision making among the pregnant women to deliver in a health facility. Many women report dissatisfaction with rude, arrogant and neglectful behavior at health facilities and prefer the care of

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Traditional Birth Attendants (TBAs) or relatives.<sup>2,12</sup>

The main source of client's dissatisfaction is the negative behaviors of caregivers such as shouting at them; ignoring them, frowning at them, belittling them, and whispering among caregivers that make clients uncomfortable<sup>13,17</sup>. This might directly affect the well-being of patients, as well as the relationship between patients and providers<sup>14</sup>

The lack of respectful care from health care providers may lead to dissatisfaction with the health system, diminishing the likelihood of seeking antenatal care (ANC), delivery and postnatal services<sup>13,14</sup>. Moreover, negative attitudes could undermine the quality of care and the effectiveness of maternal and infant health promotion efforts.<sup>15, 16</sup> According to Atiya<sup>17</sup> midwives' attitude is the strongest factor in determining maternal satisfaction from care received even when other factors were not addressed. Studies have shown that the attitude of health care providers towards women during pregnancy and delivery was a major factor in women's decisions about choice of place to give birth<sup>15, 18, 19</sup>. According to Mannava et al.<sup>20</sup> the attitudes of midwives are important element of quality as they influence both positively and negatively the perception of women, their partners and families about maternal health care. This may consistently affect the outcome of labour and also influence their decision to patronize the health facility during their subsequent pregnancies.

There is no doubt that midwives attitude has a profound effects on how labour progresses and on how women remember their birth experience<sup>15,20</sup>. Therefore, midwives need to respond to the woman in labor in a reasonably caring manner (attitude) for psychological wellbeing. Although, studies have shown that women in labour have expressed both satisfaction and dissatisfaction on the attitude of midwives during labour<sup>1, 21, 22</sup>. Only a few studies have looked at the factors influencing the attitude of midwives toward women in labour. It is against this background that the researchers explore the possible factors that influence the attitudes of midwives towards women in labour, as well as determining ways of improving them.

### Research Methodology

A descriptive cross-sectional survey was carried out in two tertiary hospitals namely: Federal Medical Centre (FMC), Yenagoa and Niger Delta University Teaching Hospital (NDUTH), Okolobiri; both in Bayelsa State, Nigeria. The health facilities were chosen because they have high patronage of clients for maternity. The target population for this study consists of all registered midwives working in these hospitals at the time of this study. The instrument for data collection was a self-developed questionnaire which consists of open and close ended questions relevant to the objectives of the study. The instrument

was given to the senior colleague for face and content validity and necessary modification was done according to their recommendations. To ensure reliability of the instrument, a pre-test was conducted using 15 respondents from Amassoma general hospital (secondary health facility), who had similar characteristics with the study population. A reliability coefficient of 0.85 was obtained and this showed that the instrument was suitable for the study. Systematic random sample technique was used to select 200 nurse-midwives for the study. Out of 200 questionnaires administered to the respondents, only 193 copies were retrieved and same was analyzed; hence the response rate was approximately 97%. The permission to carry out the study was obtained from the hospital management and the researchers distributed the questionnaires personally. The respondents' consent was obtained, confidentiality and anonymity was also maintained. The analysis of the data collected were done using SPSS version 20.0 and descriptive statistics in the form of frequencies and percentages tables were used to represent the analyzed data

### Result

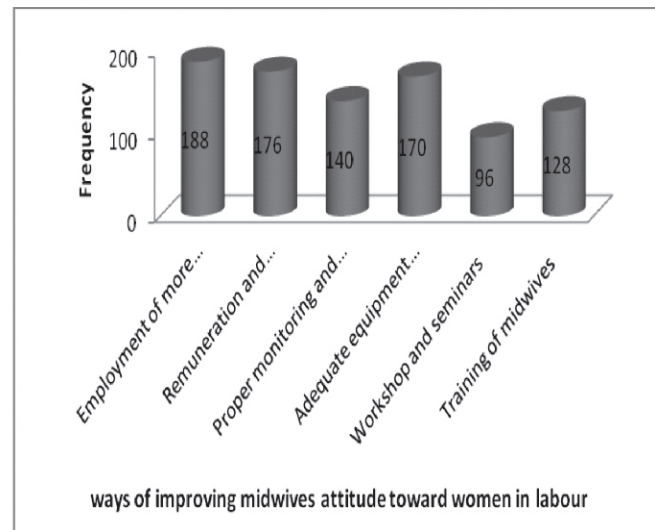
Majority of the respondents were between the ages of 35-44 years and were married. More than half 118 (61.1%) of the respondents were registered nurse-midwife which is the least qualification and the highest qualification possessed by respondents were masters (M.Sc.) degree and more than one-third 77 (61.1%) of the respondents had 6-10 years working experience. More than half 113 (58.5%) of the respondents said that the ratio of the midwives to the clients in the hospital is 1:6 while 80 (41.5%) of the respondents said that the ratio is 1:5 above (Table 2).

Table 3 reveals the factors influencing midwives attitude towards women in labour. More than three-quarter 187 (96.9%) of the respondents stated number of midwives to clients, 169 (87.6%) identified therapeutic communication between the midwife and patient, 187 (96.9%) of the respondents indicated workload of the midwives, and 169 (87.6%) identified shortage and non-functional equipment as a factor. Furthermore, 163 (84.5%) of the respondents affirmed individual personality to be one of the factors influencing midwives attitudes towards women in Labor but only 10 (5.2%) of the respondents identified cultural background as a factor. Majority of the respondents 171 (88.6%) also stated that the condition of the hospital environment whether conducive or unconducive, while 182 (94.3%) identified incentives. Most of the respondents 176 (91.2%) identified adherence/non-adherence to midwives instructions while 133 (69.9%) of the respondents affirmed that the attitude of the client could also influence the midwives' attitude.

On the ways of improving midwives' attitude

**Table 1: Demographic Data of Respondents (n=193)**

Variable	Frequency	Percentages
<b>Age (in years)</b>		
15-24	20	10.4
25-34	38	19.7
35-44	55	28.5
45-54	47	24.4
55 and above	33	17.0
<b>Marital Status</b>		
Married	154	79.8
Single	39	20.2
<b>Educational Qualification</b>		
Registered nurse-Midwife	118	61.1
BNSc	34	17.6
MSc	11	5.7
Others(Diplomas and B.Sc.)	30	15.6
<b>Years of working experience</b>		
<1	0.0	0.0
1 – 5	47	24.4
6-10	77	39.8
>10	69	35.8

**Table 2: Midwives Responses on Number of Midwives Per Clients (n=193)**

Variable	Response	Frequency	Percentages
NUMBER OF MIDWIVES PER CLIENTS	1:1	-	-
	1:2	-	-
	1:3	-	-
	1:4	-	-
	1:5	80	41.5
	1:6 and above	113	58.5
Total		193	100

**Table 3: Common factors influencing midwives' attitude towards women in labour n=193**

Variables	Response	Frequency	Percentage
Midwives -Clients ratio	Yes	187	96.9
	No	6	3.1
Therapeutic Communication between client and midwife	Yes	133	68.9
	No	60	31.1
Workload of the midwives	YES	187	96.9
	No	6	3.1
Hospital equipments (Available or not available)	Yes	169	87.6
	No	24	12.4
Individual personality	Yes	163	84.5
	No	30	15.5
Incentive	Yes	182	94.3
	No	11	5.7
Hospital Environment (Conductive or uncondusive)	Yes	171	88.6
	No	22	11.4
Cultural background	Yes	10	5.2
	No	183	94.8
Adherence /Non adherence to midwife's instructions	Yes	176	91.2
	No	17	8.8
Attitude of client	Yes	133	69.9
	No	20	30.1
TOTAL		193	100.0

toward women in labour, almost all of the respondents 188 (97.4%) identified employment of more staffs as a way of improving midwives attitude toward women in labour, 170 (88.1%) identified provision of adequate equipment and materials, 176 (91.2%) identified remuneration and incentive, 140 (72.5%) mentioned proper monitoring and supervision of midwives, 96 (49.7%) stated workshop and seminars for midwives while 128 (66.3%) of the respondents said retraining of midwives is essential for improvement of midwives attitude toward women in labour

## Discussion

The study indicated that the respondents were adults between the ages of 35-44 years with necessary qualifications and experiences in midwifery to adequately care for women in labour. However, several factors influence their attitude towards women in labour. One of such factors was the ratio of nurse-midwives to clients which was found to be 1:6 in the study settings. This significantly increases the work load and stress of the midwives and prevent one-one quality midwifery care. According to Taheri et.al<sup>23</sup> one-to-one support of a woman during labour creates a strong feeling of security and satisfaction as well as having a positive effect on labour outcomes.

Incentive package was also identified as a factor which influences attitude of midwives toward women in labour. This may be due to the fact that incentives are good motivators that play prominent roles in enhancing employee's right attitudes to work. Various studies have shown that attitude is significantly influenced by Incentive Structure<sup>24, 25, 26</sup>. Incentives propel and influence employees' attitudes in work place and stimulate understanding between the employer and the employee which will consequently cumulate into unprecedented performance for both the employees and the organization<sup>24, 25, 26</sup>. This Implies that the more preferred the incentive structure of the nurse-midwives, the more positive the midwives attitude will be towards women in labour.

Majority of the respondents also pointed out that the functionality and sufficiency of hospital equipments as well as the environment in which the midwives' work can influence their attitude positively toward women in labour. This is in line with the view of The WHO<sup>27</sup> that midwives need to work in a conducive environment which has a reliable supply of drugs, equipment and transport to render quality care to the woman in labour.

Furthermore, therapeutic communication between client and midwife was also identified as a factor influencing the attitude of midwives towards women in labour. Mohammed and Odetola<sup>28</sup> stated that therapeutic communication is a communication based relationship, in which the nurse has a responsibility to interact, educate and share information genuinely with

the patients. Therefore, clients' perception of the quality of healthcare received during labour depends highly on the interaction with the healthcare providers especially the midwives. Moreover, when good communication exists between the nurse-midwife and patient, it leads to successful outcome of individualized nursing care<sup>29</sup>.

Non-adherence of patient to instructions was also identified as a factor that can affect the attitude of midwives and studies have shown that quality healthcare outcomes depend upon patients' adherence to recommended instructions and treatment regimens<sup>30, 31</sup>. According to Martin et.al<sup>32</sup>, more than 40% of patients sustain significant risks by ignoring healthcare advice. Therefore, non-adherence to instructions can be a persistent threat to the wellbeing of the patients and can carry an appreciable economic burden<sup>33</sup>.

Most of the respondents were of the opinion that the midwives' personality influences their attitude, whether positive or negative towards women in labour. This implies that there is need for Personality testing before placing midwives in labour units. This can help to identify personality characteristics which can inform how a midwife is likely to respond to women in labour when exposed to different situations<sup>34</sup>.

The study also indicated that most of the respondents knew more than one way to improve midwives' attitude towards women in labor and the most commonly measures identified were employment of more midwives 188 (97.4%), improvement in remuneration and incentive 176 (91.2%), provision of adequate equipment and materials 170 (88.1%), proper monitoring and supervision of midwives 140 (72.5%) and retraining of midwives 128 (66.3%). The findings is in line with The WHO<sup>27</sup> statement that the views of midwives and what motivates them should be considered, receiving training to improve their interpersonal skills, and need to work in an environment where there is reliable supply of drugs, equipments and transport.

## Conclusion

Midwives' attitude elicit both positive and negative effect on women in labour, but when the negative attitude overshadow the positive, it brings about clients dissatisfaction with midwifery care and project a wrong notion of the midwives which is a major factor influencing women's utilization of maternal health services. On the other hand, positive attitude of midwives will increase utilization of maternal and child health facilities thereby reduce maternal and child perinatal mortality and morbidity rate; as well as improving the quality and standard of midwifery practice. In conclusion, the study revealed the principal factors influencing midwives attitude towards women in labour and appreciating these factors is the first step needed for planning and



implementing intervention strategies to improve midwives attitude towards women in labour.

### Recommendation

Based on the findings in this study, the researchers' recommended that periodic assessment of Midwives and what motivate them should be favorably considered by the hospital management and government in order to encourage them to have the right attitudes towards women in labour. Furthermore, government should employ more midwives to reduce the workload and stress which may trigger frustration and a negative attitude. A conducive environment and good conditions of service should also be put in place for Midwives practitioners. Finally, the hospital management should ensure personality testing before the placement of midwives in labour units in order to identify personality characteristics which can inform how a midwife is likely to respond to women in labour when exposed to different situations.

### References

1. Adeyemo, F.O. Comparative Analysis of Health Institutions on the Attitude and Practice of Midwives Towards Pregnant Women During Child Delivery In Ogbomoso, Oyo State, Nigeria. IOSR Journal of Nursing and Health Science, 2013; 1(3), 14-19 [www.iosrjournals.org](http://www.iosrjournals.org)
2. Nwokoro, U. I. Choice of Birthplace and Use of Birth Attendants among Child Bearing Women in Akanu, Ohafia Local Government Area, Abia State Nigeria 2014, [M.Sc. Dissertation, Department of Nursing Sciences, University of Nigeria Enugu Campus] <http://www.unn.edu.ng/publications/files/NWOKORO,%20UCHECHUKWU%20IRENE.pdf>
3. Envuladu E.A, Agbo H.A, Lassa S, Kigbu J.H & Zoakah, A.I. Factors determining the choice of a place of delivery among pregnant women in Russian village of Jos North, Nigeria: Achieving the MDGs 4 and 5. International Journal of Medicine and Biomedical Research. 2013;2 (1):23-27
4. Gayawan, E., Choice of place of delivery in Nigeria: examining spatial Pattern. Sexual and Reproductive Health care. 2014; 5(2):59-67. doi: 10.1016/j.srhc.2014.01.004.
5. World Health Organization. Maternal health. 2017 Retrieved from <http://afro.who.int/health-topics/maternal-health>
6. Say, L., Chou, D., Gemmill, A., Tunçalp, Ö., Moller, A. B., Daniels, J., & Alkema, L. Global causes of maternal death: a WHO systematic analysis. The Lancet Global Health, 2014; 2(6), 323-333.
7. Montoya, A., Calvert, C., & Filippi, V. Explaining differences in maternal mortality levels in sub-Saharan African hospitals: a systematic review and meta-analysis. Int Health. 2014; 6(1):12–22.
8. Chinkhumba, J., de Allegri M, Munla A.S., & Robberstad, B. Maternal and perinatal mortality by place of delivery in sub-Saharan Africa: a meta-analysis of population-based cohort studies. BMC Public Health. 2014; 14:1014.
9. Moyer, C.A., Dako-Gyeke, P, & Adanu R.M. Facility-based delivery and maternal and early neonatal mortality in sub-Saharan Africa: a regional review of the literature. Afr J Reprod Health. 2013; 17(3):30–43.
10. IndexMundi. Nigeria demographics profile. 2018; Retrieved from [https://www.indexmundi.com/nigeria/demographics\\_profile.html](https://www.indexmundi.com/nigeria/demographics_profile.html)
11. Abimbola, J. M., Makanjuola, A. T., Ganiyu, S. A., Babatunde, U. M. M., Adekunle, D. K., & Olatayo, A. A. Pattern of utilization of ante-natal and delivery services in a semi-urban community of North-Central Nigeria. African health sciences, 2016; 16(4), 962-971.
12. Gabrysh, S. & Campbell. O. Still too far to walk: Literature review of the determinants of delivery services use. Department of epidemiology and population health. London school of tropical medicine. London, U K BMC Pregnancy Childbirth. 2009; 11; 9:34. doi: 10.1186/1471-2393-9-34.
13. Ishola, F., Owolabi, O., & Filippi, V. Disrespect and abuse of women during childbirth in Nigeria: A systematic review. PLoS ONE 2017; 12 (3): e0174084. <https://doi.org/10.1371/journal.pone.0174084>
14. Srivastava, A., Avan, B. I., Rajbangshi, P., & Bhattacharyya, S. Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. BMC pregnancy and childbirth, 2015; 15(1), 97.
15. World Health Organization Human Reproduction Programme. The prevention and elimination of disrespect and abuse during facility-based childbirth, WHO statement. 2014 [http://apps.who.int/iris/bitstream/handle/10665/134588/WHO\\_RHR\\_14.23\\_eng.pdf;jsessionid=2915721348D69B653303AF92FE70EF84?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf;jsessionid=2915721348D69B653303AF92FE70EF84?sequence=1)
16. White Ribbon Alliance. Respectful Maternity Care: The Universal Rights of Childbearing Women.; 2011 Available from: [http://www.healthpolicyproject.com/pubs/46\\_FinalRespectfulCareCharter.pdf](http://www.healthpolicyproject.com/pubs/46_FinalRespectfulCareCharter.pdf)
17. Atiya, M. K. Maternal satisfaction regarding quality of nursing care during labor and delivery in Sulaimani teaching hospital. International Journal of Nursing and Midwifery 2016; 8 (3), 18-27
18. Ngowi, A. F., Kamazima, S. R., Kibusi, S., Gesase, A., & Bali, T. Women's determinant factors for preferred place of delivery in Dodoma region Tanzania: a cross sectional study. Reproductive health, 2017; 14(1), 112-120.
19. Lamaze, I. Position Paper: Promoting, Supporting, and Protecting Normal Birth. Journal of Prenatal Education. 2007; 16 (3).11-15.
20. Mannava, P., Durrant, K., Fisher, J., Chersich,

- M., & Luchters, S. Attitudes and behaviours of maternal health care providers in interactions with clients: a systematic review. *Globalization and Health*, 2015; 11,36. <http://doi.org/10.1186/s12992-015-0117-9>
21. Adeyemo, F. O., Oyadiran, G. O., Ijedimma, M O., Akinlabi, B. O., & Adewale, A. J. Perception of pregnant women towards midwives: attitude and practice during child delivery in health institutions in Ogbomoso, South-West, Nigeria *Epidemiology Biostatistics and Public Health* 2014; 11 (2) 1-7
22. Onasoga, O.A., Opiah, M. M., Osaji T. A., & Iwolisi A. Perceived effects of midwives attitude towards women in labour in Bayelsa State, Nigeria *Archives of Applied Science Research*, 2012; 4 (2) 826-830 (<http://scholarsresearchlibrary.com/archive.html>)
23. Taheri, M., Takian, A., Taghizadeh, Z., Jafari, N., & Sarafraz, N. Creating a positive perception of childbirth experience: systematic review and meta-analysis of prenatal and intrapartum interventions. *Reproductive health*, 2018; 15(1), 73.
24. Block, E. S., Glavas, A., Mannor, M. J., & Erskine, L. Business for good? An investigation into the strategies firms use to maximize the impact of financial corporate philanthropy on employee attitudes. *Journal of Business Ethics*, 2017; 146(1), 167-183.
25. Osibanjo, A.O., Abiodun, A.J., & Fadugba, A.O. Executive Perception of the Impact of Flexitime on Organisational Performance: Evidence from the Nigerian Private Sector, *International Journal of Applied Behavioural Economics (IJABE)*. 2012; 1(3)
26. Falola, H.O., Ibidunni A.S., & Olokundun, M. Incentives Packages and Employees' Attitudes to Work: A Study Of Selected Government Parastatals In Ogun State, South-West, Nigeria *International Journal of Research in Business and Social Science*, 2014; 3 (1), 16-27 ISSN: 2147-4478 available online at [www.ssbfn.net](http://www.ssbfn.net)
27. World Health Organization. Standards for improving quality of maternal and newborn care in health facilities. 2016; Retrieved from <http://apps.who.int/iris/bitstream/handle/10665/249155/9789241511216-eng.pdf?sequence=1>
28. Mohammed, M.A & Odetola, T.D. Evaluation of patient's perceptions of Nursing Care in selected Health Institutions in Edo State, Nigeria. *Journal of Medicine and Medical Sciences* 2014; 5(1) 12-19
29. Kourkouta, L., and Papathanasiou, I.V. Communication in Nursing Practice. *Materia Socio-Medica*, 2014; 26(1), 65–67. <http://doi.org/10.5455/msm.2014.26.65-67>
30. Kruse, C. S., Bolton, K., & Freriks, G. The effect of patient portals on quality outcomes and its implications to meaningful use: a systematic review. *Journal of medical Internet research*, 2015; 17(2) e44.
31. Mosadeghrad, A. M. Factors influencing healthcare service quality. *International Journal of Health Policy and Management*, 2014; 3(2), 77–89. <http://doi.org/10.15171/ijhpm.2014.65>
32. Martin, L. R., Williams, S. L., Haskard, K. B., & DiMatteo, M. R. The challenge of patient adherence. *Therapeutics and Clinical Risk Management*, 2005; 1(3), 189–199.
33. Klok, T., Kaptein, A. A., & Brand, P. L. Non-adherence in children with asthma reviewed: The need for improvement of asthma care and medical education. *Pediatric Allergy and Immunology*, 2015; 26(3), 197-205.
34. Judge, T. A., & Zapata, C. P. The person–situation debate revisited: Effect of situation strength and trait activation on the validity of the Big Five personality traits in predicting job performance. *Academy of Management Journal*, 2015; 58(4), 1149-117