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Research priorities of midwives: a Delphi study



Following their Delphi study, **Kayleen Jordan, Valerie Slavin** and **Jennifer Fenwick** provide insight into the research priorities of Gold Coast Hospital midwives

SUMMARY The aim of this study was to identify the research priorities of midwives at Gold Coast Hospital (GCH), South East Queensland, Australia. It was also hoped that the study would help foster a culture of inquiry and reflection. Establishing and maintaining a research culture is essential to the provision of high quality maternity services. A two phase Delphi design was used. Fifty eight midwives participated in round one (50 per cent response rate) and 54 in round two (60 per cent response rate). Midwives identified post dates induction of labour and work place culture as areas of research interest.

Keywords Research priorities, Delphi technique, midwifery, induction of labour, workplace culture

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Introduction

Research, in its simplest form, is a set of strategies aimed at answering questions. The evidence and understanding gained from research is a fundamental component of practice and essential for the provision of high quality services (Fenwick et al 2006; Schneider et al 2010). In maternity care the ultimate aim is to ensure and enhance the short and long term health and wellbeing of childbearing women, newborn infants and their families (National Health Medical Research Council (NHMRC) 2011; Kennedy et al 2007). Regardless of the model of maternity care, midwives in Australia provide the majority of care to women across the childbirth continuum. Midwifery research thus has an important role to play not only

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in generating evidence to assist midwives to better support childbearing women, but also in developing the practice and profession of midwifery (Fenwick et al 2006).

The Gold Coast Hospital (GCH) is transitioning from a secondary unit to a large tertiary referral centre that will be affiliated and situated in close proximity to a university. A culture of inquiry, reflection and research needs to be developed across the whole service. Initiating a study designed to explore the research priorities of midwives was considered to be a first step in meeting this goal.

Permission to conduct the project was sought from both the Human research ethics committee (HREC) at Griffith University, Australia and GCH health services district. Participants were assured of the voluntary nature of their participation in the research and that they were free to withdraw from the project at any time without penalty. All data are kept in accordance with

NHMRC guidelines (NHMRC 2011).

Methodology

The study was undertaken at the GCH, located in South East Queensland, Australia. The maternity service cares for approximately 3500 women per year. The vaginal birth rate is 73 per cent (n=2610) with a 27 per cent (n=962) caesarean section rate. The service currently has a level two special care nursery with 20 cots/beds and two neonatal intensive care cots (Queensland Health Statistics Centre (QHSC) 2012). The service is expected to grow to 5000 births per year and operate a 16 bed neonatal intensive care unit when it moves to the new hospital this year. The study used a two phase Delphi design.

Phase one

In the first, qualitative phase midwives were asked to provide a list of five

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important questions, problems or approaches relating to the midwifery care of women and their families during pregnancy, childbirth and early parenting. Demographic data were also collected. Latent content analysis was used to analyse the data set (Kennedy et al 2007). Common concepts were

grouped and clustered into themes (N=5). Each theme was discussed, assigned to a general category and then described as an appropriate research topic (N=22).

Phase two

In the phase two questionnaire, research topics were grouped under the headings of professional, antenatal, labour and birth and postnatal issues. In this phase participants were asked to rank, using a Likert scale (one to seven), the importance of each item. Simple descriptive statistics (frequencies and means) were used to describe the participant characteristics and identified the most important research topics.

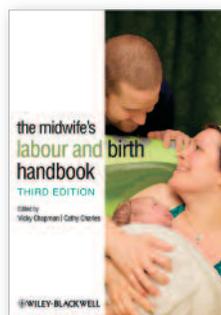
Results

One hundred and fifty three midwives were invited to participate. Seventy seven midwives returned the

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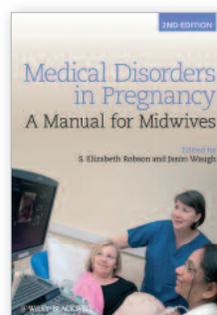
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demographic information (50.3 per cent) but only 58 participants completed the phase one questionnaire. Approximately 90 phase two questionnaires were distributed with 54 being returned (60 per cent response rate). Nearly 50 per cent of the phase two participants had completed phase one. The majority of midwives were aged between 40 and 49 years. The average years of midwifery experience was 16 with just under half being at the study site. The top two ranked research priorities were:

- labour and birth: identify best practice for women requiring induction of labour (IOL) for a post dates healthy pregnancy to facilitate normal birth (mean 6.67, standard deviation (SD) 0.69);
- professional issues: examine the workplace culture and explore how issues such as staff/women ratio, midwifery and medical collaboration and horizontal violence/bullying impact on the decisions midwives make about employment (mean 6.66, SD 0.71).

Discussion

In the context of rising intervention rates and the international call for midwives to 'keep birth normal' it is perhaps not surprising that IOL, in term healthy women, was considered a research priority (Gulmezoglu et al 2012). A recent audit of caesarean section births undertaken at the study site found that rates were significantly higher in women who were induced for their first baby as opposed to those who went into spontaneous labour. Similarly there was a doubling of the emergency caesarean section rate in multiparous women being induced (Slavin and Fenwick 2012). Although results remain mixed this supports the work of others that has demonstrated an association between IOL and increased caesarean section rates,

especially for women having their first baby and/or who have an unfavourable cervix (Gulmezoglu et al 2012).

Interventions or practice changes to reduce the IOL rate are important strategies in lowering the overall caesarean section rates and thus increasing normal vaginal birth rates. Secondly if an IOL is deemed necessary then the process needs to be based on the best evidence available, taking into account the woman's individual needs, preferences and desires.

The second most highly ranked topic related to workplace culture and bullying. Midwives in this study, like others, clearly identified the need to investigate this professional issue (Fenwick et al 2006; 2012). There is growing evidence that issues pertaining to culture including poor leadership and dysfunctional workplace environments contribute to stress-related illness in the midwifery workforce (Geiger-Brown and Lipscomb 2010). In turn this impacts on rates of absenteeism, retention and performance, all of which have an emotional as well as financial cost to individuals and the health system as a whole (Barkway 2006).

Conclusion

This study has provided insight into the GCH midwives' perceptions of priorities for midwifery research. The majority of the participants were 'hands on' clinicians. Taking the time to complete the survey supports the notion that many midwives are interested in research and its relationship to improving practice. The priorities identified from this study can be used to inform future midwifery research at GCH, with the ultimate aim of improving outcomes for mothers and babies. **TPM**

Kayleen Jordan and Valerie Slavin are both research associates and Jennifer Fenwick is professor of midwifery, all at Griffith

University and Gold Coast Hospital, Queensland, Australia.

References

- Barkway P (2006). 'Creating supportive environments for mental health promotion in the workplace'. *Contemporary nurse*, 21(1): 131-141.
- Fenwick J, Butt J, Downie J et al (2006). 'Priorities for midwifery research in Perth, Western Australia: a Delphi study'. *International journal of nursing practice*, 12: 78-93.
- Fenwick J, Hammond A, Raymond J et al (2012). 'Surviving, not thriving: newly qualified midwives' transition to practice'. *Journal of clinical nursing*, 21(13-14): 2054-2063.
- Geiger-Brown J and Lipscomb J (2010). 'The health care work environment and adverse health and safety consequences for nurses'. *Annual review of nursing research*, 28: 191-231.
- Gülmezoglu AM, Crowther CA, Middleton P et al (2012). 'Induction of labour for improving birth outcomes for women at or beyond term'. *Cochrane database of systematic reviews*, 6: CD004945. DOI: [10.1002/14651858.CD004945.pub3](https://doi.org/10.1002/14651858.CD004945.pub3).
- Kennedy HP, Schuiling KD and Murphy PA (2007). 'Developing midwifery knowledge: setting a research agenda'. *Journal of midwifery and women's health*, 52(2): 95-97.
- NHMRC (2011). 'Australian health ethics committee (AHEC) guidelines for research involving humans'. *NHMRC Ethics and research webpage*. Accessed 3rd January 2013.
- QHSC (2012). *Gold Coast Hospital perinatal data collection*, State of Queensland: Queensland Health.
- Schneider Z, Whitehead D, Elliot D et al (2010). *Nursing and midwifery research: methods and appraisal for evidence-based practice, 3rd edition*, Australia: Elsevier.
- Slavin V and Fenwick J (2012). 'Use of a classification tool to determine groups of women that contribute to the caesarean section rate: establishing a baseline for clinical decision making and quality improvement'. *International journal of childbirth*, 2(2): 85-95.