



## COMMUNICATIVE COMPETENCE OF MIDWIVES EXPRESSED IN COMMUNICATION WITH COLLEAGUES

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### ABSTRACT:

**Background:** Effective service to patients by medical teams largely depends on the optimal course of interactions between the members, on their communicative competence, their ability to solve problems, disputes and conflicts.

**Aim:** This scientific report aims to explore and analyze the competence of modern midwives /practising their profession and trainees in the speciality/ to conduct a conversation with colleagues in medical institutions for obstetric care.

**Material and methods:** Questionnaire method, monitoring, mathematics - statistical methods. The volume of the representative sample - 241 respondents.

**Results:** Midwives /practising the profession and the trainees in the speciality/ adhere to different patterns of behaviour when communicating with colleagues.

**Conclusion:** The most effective communication with colleagues is held by midwives with degrees "Bachelor" and "Master" in HCM. For most of them, it could be said that they have the "ability to be assertive." They clearly express their needs and desires; actively listen to his interlocutors; their behaviour is fair, direct, non-destructive, suitable for the environment and culture of the medical team. That interaction is a positive way to deal with stress in the profession of the midwife.

**Keywords:** midwives, communication, medical team.

### INTRODUCTION:

Teamwork is very important in complex patient care. It creates opportunities for better coordination of activities, a better quality of care and smooths achievement of the ultimate goal [1]. It increases comprehensiveness of care and satisfaction of the patient and the staff by the work performed; it improves the cost-effectiveness etc. [2].

According to N. Krasteva "success in business communication of the medical professionals to a large extent is predetermined by the idea of existing barriers in communication" [3].

Each midwife faces the responsibility to maintain effective systems of communication within the medical team. She should take into account and comply with all the obstacles that prevent effective communication, such as:

- differences in the competence - the differences in the levels in the team and organization result in different competencies, and this often causes disharmony in communication;

- selectivity in perception - when the information is contrary to already presented one or is eliminated or manipulated to confirm preconceptions;

- inability to listen that occurs both in horizontal and in vertical communication compromises the feedback;

- the assessment of values - a pre-created opinion also hinders the impartial evaluation of information;

- filtration, manipulation of information, so that it is perceived as positive;

- semantic problems - due to the perception of the same symbols differently by members of the medical team;

- accuracy of information - reflects the perception;

- lack of time- suboptimal number of medical professionals in hospitals adds to their obligations; which shortens the time for communication between both patients and teams;

- information overload - too much information cannot be fully perceived; this creates prerequisites to omit important details from the general information flow [4].

Effective service to patients by medical teams largely depends on the optimal course of interactions between the members, on their communicative competence, their ability to solve problems, disputes and conflicts.

Communicative competence of midwives /mostly via their business communication and established business contacts/ is a determinative factor for the quality of work and psychosocial climate in the medical team.

This scientific report aims to explore and analyze the competence of modern midwives /practising their profession and trainees in the speciality/ to conduct a conversation with colleagues in medical institutions for obstetric care.

The problem of communications is often commented. There are many publications about the communication in various professional fields, including health care. A number of authors have worked on this problem in our country: Hr. Milcheva [1], S. Alexandrova [5], P. Balkanska [6,7], G. Petrova [8,9], A. Petkov [4], N. Krasteva [3], B. Torneva [10], A. Andonova [11, 12], G. Grancharova [13], I. Stambolova [14] and others.

**MATERIALS AND METHODS:**

In the process of research are used the following research methods:

- Questionnaire method – an anonymous, direct individual survey.

- Monitoring - the aim is to establish the abilities of the "Midwifery" students to conduct conversations with the staff in the structures of obstetric care.

- Mathematics - statistical methods –the data have been processed with the package IBM SPSS Statistics Version 19 for Windows. For processing and analysis of the results are used the methods of descriptive statistics and statistical inference. As an assessment tool in the questionnaires is used Cronbach's Alpha. The coefficient of reliability is good - for the groups of the working midwives and the "Midwifery" students, it is 0.793. For establishing the links between quality, variables are used PearsonChi-Square with Fisher'sExactTest. For the statistical significance of the correlation coefficient is accepted  $R < 0.05$  [5].

The monitored subject under the empirical survey is areological units: midwives, students and university teachers in the specialty at the Medical University.

Technical units:

- Hospitals for hospital obstetrical care /Stara Zagora: Hospital "Prof. Dr St. Kirkovich"; Hospital "Nia Med"; Hospital "Trakia" end Hospital "Tota Venkova" - Gabrovo/

- Trakia University - Stara Zagora.

The volume of the representative sample - 241 respondents. Among them:

- 73 midwives working in the system of hospital obstetric care;

- 155 students studying "Midwifery" at Trakia University (91 - studying at Medical Faculty -Stara Zagora and 76 studying at the branch of the Medical Faculty in Haskovo);

- 13 university teachers from Trakya University with a criterion for inclusion – a commitment to the practical training of "Midwifery" students at the university.

Professional experience of the examined groups: up to 10 years - 27.4% of midwives; from 11 to 20 years - 49.3% of them and over 21 years - 23.3%. The results revealed that over 2/3 of the midwives have significant professional experience, which has its quality advantages for this study.

Nearly half of midwives have college medical education, which is in direct relation to the results of the professional training and is destined by the reforms in midwifery education over the past two decades.

The students of speciality "Midwifery", included in the research, account for 92% of the total number of students at the time of the study.

The distribution of the surveyed students according to the year of study and their assessment is presented in Table 1.

**Table 1.** Distribution of students by course and success

Distribution of students			Success				Total:	
			average	good	very good	excellent		
course	first	n	9	18	20	1	48	
		%	18,8%	37,5%	41,7%	2,1%	100,0%	
	second	n	0	10	26	10	46	
		%	0,0%	21,7%	56,5%	21,7%	100,0%	
	third	n	0	14	10	14	38	
		%	0,0%	36,8%	26,3%	36,8%	100,0%	
	fourth	n	1	7	12	3	23	
		%	4,3%	30,4%	52,2%	13,0%	100,0%	
	Total:		n	10	49	68	28	155
			%	6,5%	31,6%	43,9%	18,1%	100,0%

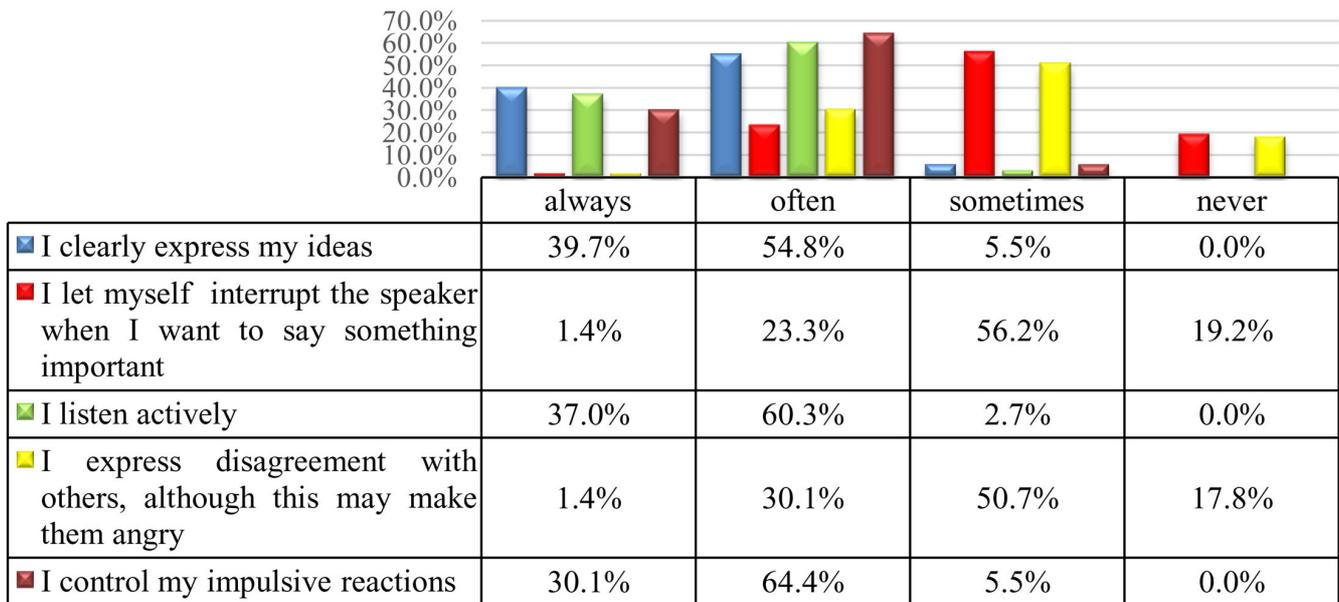
The distribution of teachers in pedagogical practice is: up to 5 years 23.1%; from 6 to 10 years - 38.5%; from 11 to 20 years - 30.7% and over 21 years - 7.7%.

**RESULTS:**

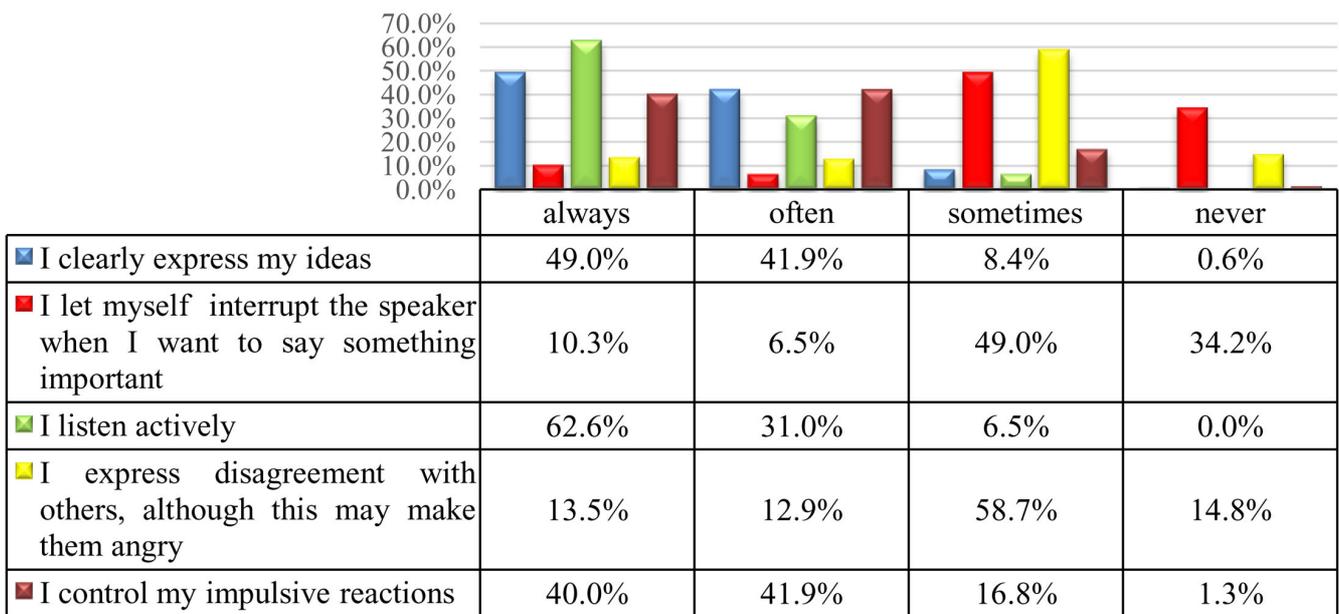
To assess the communicative competence of mid-

wives and the students in the speciality manifested in communication with colleagues are used five statements. They are measured with degrees: "always", "often", "rarely" and "never." The summarized results of the midwives are presented in Fig. 1, while those for students in the speciality in Figure 2.

**Fig. 1.** Self – assessment of the midwives on the question: “How do you talk with your colleagues?”



**Fig. 2.** Self – assessment of the students on the question: “How do you talk with your colleagues?”



Under the criterion “I clearly express my ideas” are not observed statistically significant differences between practising midwives and trainees in the speciality/ $P = 0.288$ /. The analysis according to the factors educational qualification degree /EQD/ found that the highest is the self – assessment of the professionals acquired speciality “Healthcare Management” /HCM/ - 73.3% of them say they “always” manage to clearly express their ideas. Such an assessment pursue under 1/3 of the midwives with another an EQD.

For the students statistically significant is the factor “grades from the training / $P = 0.008$ /.” Always” manage to clearly express their ideas 64.3% of students with “excellent” marks and 57.4% - with marks “very good”.

On the criterion “I let myself interrupt the speaker when I want to say something important” are found statistically significant differences between working midwives and trainees in the speciality / $P = 0.0001$ / - Table 2.

**Table 2.** Evaluation of midwives under the criterion “I let myself incontinence, and I interrupt the speaker when I want to say something substantial”

I let myself incontinence and I interrupt the speaker when I want to say something substantial		interviewed		Total:
		working	students	
always	n	1	16	17
	%	1,4%	10,3%	7,5%
often	n	17	10	27
	%	23,3%	6,5%	11,8%
rarely	n	41	76	117
	%	56,2%	49,0%	51,3%
never	n	14	53	67
	%	19,2%	34,2%	29,4%
Total:	n	73	155	228
	%	100,0%	100,0%	100,0%

“Always” allow incontinence, 40% of students with marks “Average”, while only 10% of those with “excellent” and “very good” marks allow themselves such behaviour.

More intemperate in their communication with colleagues are midwives with professional experience over 21 years. /47.1%/. “Often” allow themselves such manner midwives with medical college education /51.4%/ and 1/3 of

the midwives with EQD “Bachelor”. Those acquired speciality “HCM” “never” interrupt the interlocutor, but 60% - “sometimes” allow this.

Under the criterion “I listen actively” by Chi-Square Tests are also found significant differences in statistics between working midwives and trainees /P = 0.0001/ - see table 3.

**Table 3.** Evaluation of midwives under the criterion “I listen actively”

I listen actively		interviewed		Total:
		working	students	
always	n	27	97	124
	%	37,0%	62,6%	54,4%
often	n	44	48	92
	%	60,3%	31,0%	40,4%
rarely	n	2	10	12
	%	2,7%	6,5%	5,3%
Total:	n	73	155	228
	%	100,0%	100,0%	100,0%

Students are definitely more inclined to listen to their colleagues and members of the medical team. The factor “year of study” does not affect the answer. “Always” listen actively 75.0% of the students with “excellent” marks and 64.7% - with “very good” marks.

An extremely important skill to listen actively “al-

ways” display 53.35% of midwives with EQD “Bachelor” and HCM professionals with EQD “Master”, while 1/3 of others are not able to “always” listen actively to the others.

Under the criterion “I express disagreement with others, although this may make them angry,” the differences

in the distribution of the statistical results between working midwives and trainees in the speciality are also significant  $/P = 0.001/$ . Students are more restrained - 14.8% “never” express their disagreement and 58.7% “sometimes” allow this. 50.7% of the working midwives “often” stand their opinion, although their direct behaviour may be counterproductive. EQD is an important factor  $/P = 0.001/$ . “Often” express their needs and desires 37.1% of midwives with college medical education; the other 62.9% “sometimes” do this. Nearly half of the HCM Bachelors and Masters “never” allow themselves behaviour, leading to unneces-

sary violent conflicts.

Under the criterion “I control my impulsive reactions” 30.1% from the working midwives give an answer “always”, 64.4% - “often” and 5.5% - “sometimes”. In the group of student, the proportions are the following: 40%; 41.9% and 16.8%. The factors year of study and evaluation have no influence on the distribution of results. For the practising midwives statistically significant is the educational degree  $/P = 0.017/$ . Under this criterion, the results of the HCM Bachelors and Masters are also the best /see Table 4/.

**Table 4.** Evaluation of midwives under the criterion “EQD” “I control my impulsive reactions”

I control my impulsive reactions		EQD			Total:
		Bachelor	HCM	college education	
always	n	7	9	6	22
	%	30,4%	60,0%	17,1%	30,1%
often	n	16	6	25	47
	%	69,6%	40,0%	71,4%	64,4%
rarely	n	0	0	4	4
	%	0,0%	0,0%	11,4%	5,5%
Total:	n	23	15	35	73
	%	100,0%	100,0%	100,0%	100,0%

#### CONCLUSION:

The effective service to patients by medical teams largely depends on the optimal course of interaction between members, on their communicative competence, their abilities to solve problems, disputes and conflicts.

Each midwife carries great responsibility to maintain effective systems of communication in the medical team.

The analysis of the results of the survey of communicative competence of the midwives manifested in communication with colleagues established that:

- Midwives /practising the profession and the train-

ees in the speciality/ adhere to different patterns of behaviour when communicating with colleagues.

- The most effective communication with colleagues is held by midwives with degrees “Bachelor” and “Master” in HCM. For most of them, it could be said that they have the “ability to be assertive.” They clearly express their needs and desires; actively listen to his interlocutors; their behaviour is fair, direct, non-destructive, suitable for the environment and culture of the medical team. That interaction is a positive way to deal with stress in the profession of the midwife.

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