

SATISFACTION AND SELF-ASSESSMENT OF THE EMPLOYMENT RELATIONSHIP IN THE PRACTICE OF THE OBSTETRIC PROFESSION IN HOSPITAL CONDITIONS

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Abstract: Practicing the obstetric profession requires not only professional skills, knowledge, but also the development of a number of attributes of character and the building of communication skills. Working in hospital is a challenge to the person and often requires action and solutions in extreme situations on which human lives depend. The working environment requires continuous interaction with different structures, compliance with norms and behavior at work and communication. Hospital structures are experiencing lack of resources to improve the working environment. Workers do not participate directly in defining the organization of work, so it is often difficult to balance their interests with the requirements imposed. Satisfaction with self-realization leads the worker to a sense of usefulness and increases his motivation. The purpose of this article is to present the satisfaction and self-esteem in the practice of the obstetric profession in hospital conditions. A study was carried out among 173 midwives from five hospitals in different cities in Bulgaria. The methods used are documentary, sociological (direct anonymous poll) and statistically. The results show, that the process of initial admission in the workforce was difficult for 39% of the respondents, and some of them still do not feel accepted by the team. According to 30% of respondents there is no continuity between the generations. The main problems are low wages (93%), difficulties in meeting daily obligations due to insufficient teamwork (84%), conflicts and the tense atmosphere (77%). More than half of respondents (66%) appreciate workload as high. Because of staff shortage are given frequent on-call time, which leads to fatigue, reduced ability to work, apathy, downgrading the quality of routine performance. Overall, the self-assessment of hospital midwives is high, especially in terms of their responsibility for work. Dignified pay, collegiate support and a quiet working environment are emerging as leading goals, which should be followed, to minimize problems at work and to increase satisfaction. For the quality of the midwifery service, it is necessary to maintain an optimal working environment and a satisfied and motivated staff.

Keywords: midwife, hospital, work environment, satisfaction, self-assessment

1. INTRODUCTION

Satisfaction of self-realization as the successful realization of itself leads to a sense of usefulness, not only in personal but also professional plan [4]. Mental well-being in the exercise of midwives can be considered as personal development, self-esteem, striving for the realization of individual potential [1] in a dynamic, stressful environment. This gives rise to satisfaction with the profession and can be seen as a new model for employment [7], which is based on an attitude of good implementation and "mental well-being" of the workplace [3]. In order to have satisfaction is needed continuous motivation and create a mindset for practicing the profession in terms of oskdnost of resources [6]. Motivation is an important factor not only for entering and development in the profession, but for the retention of the workplace [8]. The basic principles of development of labour are: the implementation of controls on the ability of the structure; understanding the need for the development of the structure; promoting professional and social qualities specialists; the integrity of the system for the development of human resources in the Organization [5]. Middle of the workers required midwives devotion [2], but there are clearly spelled out rules for the protection, career development and financial commitment to the profession and the workers.

The purpose of this article is to provide customer satisfaction and self-esteem in the exercise of midwives in the hospital setting. Was made a survey among 173 midwives from five hospitals in different cities in Bulgaria. The methods used are documentary, sociological (direct anonymous poll) and statistically. The processing of data carried out e using the statistical package SPSS ver. 19.0.

2. EXHIBITION

The distribution of the products covered in the survey by city hospitals and midwives is presented in table 1.

Table 1 distribution of respondents. in cities and hospitals (n = 173)

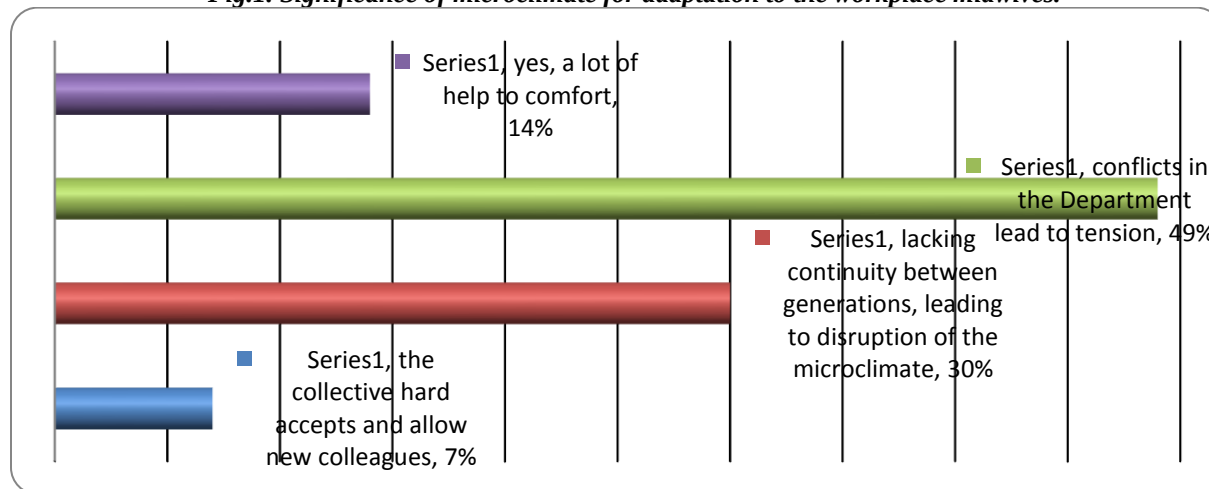
City	Hospital	Number of respondents
Varna	СБАГАЛ „Проф. д-р Д. Стаматов”	79
	МБАЛ ”Св. Анна”	15
Pleven	УМБАЛ ”Георги Странски”	50
Veliko Tarnovo	МБАЛ „Др. Ст. Черкезов”	16
Tutrakan	МБАЛ гр. Тутракан	13

A review of the age distribution of respondents shows that the largest proportion of the age group 46-50 years-33 (19.1%), followed by 51-55-29 years group (16.8%) and 56-60 years-22 (12.7%). As the age of the midwifery staff is typical phenomenon for many hospitals for hospital care in the country.

Service of respondents is also extended. In 44 (25%) of them is the internship over 31 years in the sample have a midwife with over 43 years of practice.

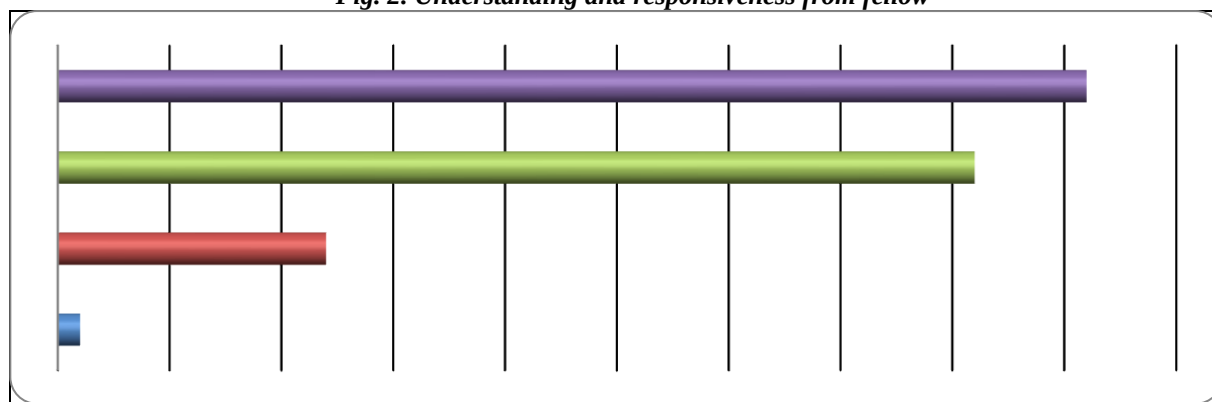
Starting work in the beginning, working professionals have fears that often impede the execution of a number of activities due to lack of experience, lack of quick reactions and built a model to work. The process of adopting the labour collective (67%) of 39 of the respondents has been difficult, while 66 (38%) now have found their way into the collective. Quite a few match that still does not feel accepted by the collective, which shows that there is continuity between generations. Interesting response give 42 (24%) of the respondents who reported that they did themselves on recruitment. This result has a logical explanation. Shortage of personnel in various sectors in support of obstetrics and Gynecology and neonatology assistance often new colleagues no employee time to adjust to the atmosphere and often gets involved actively in work schedule by the second or third day. On the one hand, this is a strong motive for successful registration in the Middle, but at the same time, it is burdensome and often leads to stress, which if not overcome it can lead to the opposite effect-check-out or move. Disturbing it's that 30% of respondents lack continuity between generations. This causes misunderstanding, rejection and conflicts, which in combination with the inability to achieve equilibrium overload the working midwives and lead to serious stress. The imbalance in the relationship puts pressure on defense mechanisms and triggers different reactions that I have work. (85%) with 49.1 of those surveyed in the Department's ongoing conflicts lead to tensions and hinder the performance of daily duties (Figure 1).

Fig.1. Significance of microclimate for adaptation to the workplace midwives.



Lack of experience gives rise to uncertainty in the execution of a number of activities. This gives rise to the need for collaboration with colleagues and patients, suggesting the midwife can maintain interpersonal relations and possess a number of skills for coping with work obligations. Unfortunately, less than half (46%) midwives have received adequate responsiveness of new collective (Figure 2). For adaptation to the workplace, it is important to understand and put into the work process and the implementation of the work.

Fig. 2. Understanding and responsiveness from fellow

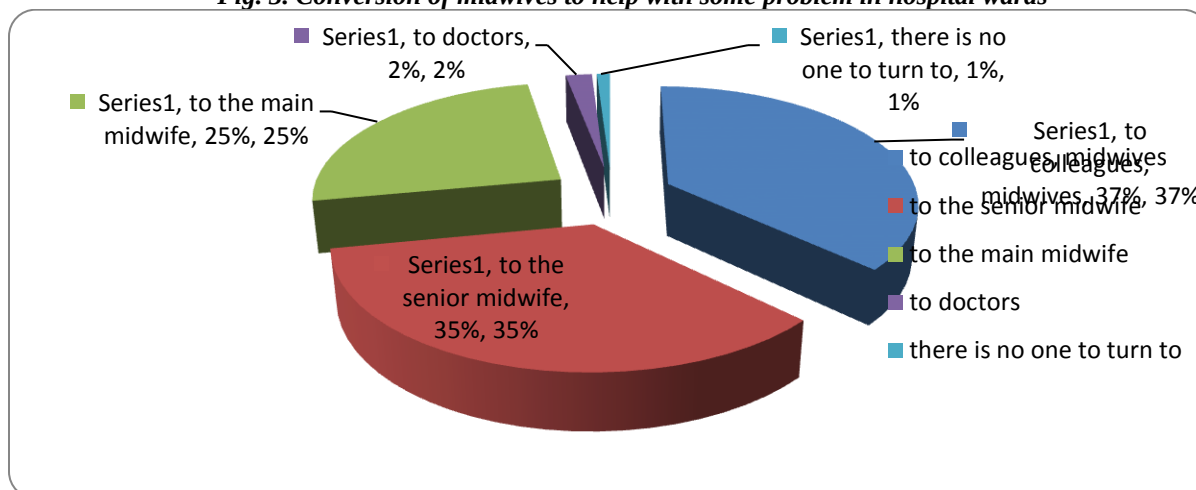


Respondents were given the opportunity to respond according to their vision for the difficulties that are encountered in the early days of their career. Most of them share that main difficulties relate to the specifics of the work and activities of the sectors, learning new skills, many obligations and large volume information. The attitude that midwives are confronted by medical staff, divisions and microclimate in the rough treatment, have a negative impact in their first labor days and make it difficult for adapting them to the working environment.

Last but not least is the work with patients, the tension in the provision of health care and communication channels for transmitting and receiving information. The negative attitude of patients to health professionals in hospital structures also leads to conflicts on a daily basis and is a prerequisite for even violence. Respondents reported that due to the shortage of personnel frequent shifts lead to fatigue, reduced working capacity, apathy, lowering the quality of the performance of routine duties. Others point out the growing amount of information that needs to be constantly kept in their daily work, which prevents the collusion between the team and the Organization of work.

Respondents valued the need of midwives, a person to whom to turn to in the course of the work occurred problem from personal or organisational nature, with a view to the proper implementation of the process. When there is a problem in the course of work 64 (37%) turn for help to a colleague from the same level of structure, others are turning for help to supervisor-senior midwife of the sectoral Division and third in the hierarchy to a higher position to solve the problem. Despite the various options 2 (1%) of the respondents share that has no where to turn when the problem occurred (Figure 3).

Fig. 3. Conversion of midwives to help with some problem in hospital wards



Despite a clear organisational structure, the rights and obligations of the staff defined communication channels for dissemination of information, there are related problems of subjective and objective nature. The main problem is the system of pay, 161 (93%) of the respondents identified as leading trouble low pay and the lack of mechanisms for its enhancement. Legislation at sectoral level are certain thresholds of work pay of medical professionals, which has not

been adequately the responsibilities and workload. This is one of the causes of outflow from the occupation, which leads to a load of working professionals with additional work shifts and as a result. For 145 (84%) of the respondents lack of teamwork is another problem in the workplace, making it harder for daily activities to provide obstetric care. In third place comes the problem with conflicts and tense atmosphere (77%), which further hinders the pursuit of professional activities (table 2).

Table. 2. Problems in the workplace

№	Defined problems	Number of respondents	Relative share
1	Lack of customer feedback management	12	7%
2	Vaguely defined obligations	97	56%
3	Vague set tasks	101	58%
4	Lack of team spirit at work	145	84%
5	The absence of an adequate system of payment	161	93%
6	Конфликтна и напрегната обстановка	134	77%
7	Another	45	26%

The sum of percentages is more than 100% because respondents are given more than one response.

In their answers hospital midwives say that feel unappreciated and work under poor conditions further inhibit them. The scarcity of technical resources, equipment and ability to work according to the competence evoke tension and deepen problems, in which the worker process.

Various factors of the working environment form labor behavior-workplace communication and interaction with colleagues from the same or different organizational levels, work with patients. Asked for the reason why they left their workplace, 112 (65%) of the respondents, it was because of financial frustration, and 21 (12%) share, this was due to misunderstandings and conflict with colleagues.

Customer satisfaction is largely dependent on the subjective perception of the surrounding environment. Asked about the extent of workplace 114 (66%) self-reported designate it as high. The results are eloquent account of the dynamics of midwives and great responsibility.

It is important to have a working medical professionals the necessary self-confidence in interaction and carrying out a number of activities they can carry out continuous self-evaluation real abilities to implement adjustments as necessary. In the self-assessment is a scale of six system, where 1 is the lowest level and 6 being the highest (table 3).

Excellent is the self-assessment in respect of specialists surveyed the responsibility that they have at work. It boils down not only to the application of health care, and to the preparation of primary documentation in respect of hospital stay of patients.

Table. 3. the Self-assessment of midwives

№	Characteristic	Self-assessment						Average rating
		1	2	3	4	5	6	
1	relationships with patients	-	-	2(1,2%)	24(13,9%)	56(32,4%)	91(52,6%)	5,36
2	relationships with colleagues	-	-	1(0,6%)	22(12,7%)	82(47,4%)	68(39,3%)	5,25
3	precision in work	-	-	1(0,6%)	25(14,5%)	42(24,3%)	105(60,7%)	5,45
4	responsibility	-	-	2(1,2%)	18(10,4%)	39(22,5%)	114(65,9%)	5,53
5	autonomy	-	-	1(0,6%)	24(13,9%)	83(47,4%)	66(38,2%)	5,23
6	creativity	-	1(0,6%)	2(1,2%)	31(17,9%)	74(42,8%)	65(37,6%)	5,16

When running a diagnostic-treatment process midwives have from the beginning to the end of the stay to the patients and good communication and relationships are at the heart of the confidence that is being built between

them. So make your self-esteem is high and well deserved. Midwives are those that denounce the slightest problem and deviation from the norm, to take the necessary action.

3. CONCLUSIONS

For the adjustment of midwives to work process is necessary empathy to the whole team and the sharing of responsibility, which is an element of the organizational culture.

A dignified wage, collegiate support and peaceful work environment are emerging as leading targets, which must be followed to minimize problems in the workplace and to increase customer satisfaction.

As a whole the total self-worth of midwives is good, but in order to improve the self-esteem of creativity is necessary to take action to delegate more solo activities at the care of patients and the opportunity to carry out without medical intervention an obstetric diagnosis and documentation, including a plan for obstetric care, obstetric conducting a normal birth and others, which would contribute to the enhancement of the general confidence of midwives.

Social interaction in the exercise of the midwives acts as an essential factor in achieving customer satisfaction and build respect for the profession and the quality of the work. The acceptance, recognition and approval in the exercise of professional duties is important for personal and professional esteem and pride in the selected profession.

The need for inclusion and retention of staff in hospital structures emphasize on care for the normal running of the process and maintaining a satisfied and motivated staff.

LITERATURE

- [1] Burke LA. Causal Model of Organization Performance and Change. *Journal of Management*, 1992; 18(3):523-545.
- [2] Damqanov A., Goranov P., Zaharieva G., Staff management.. Veliko Tarnovo. Abagar. 2008.
- [3] Ilieva S., Values and motivation. Sofia. Sv. Kliment Oxridski. 2009.
- [4] Krqjeva I. Socio-psychological aspects of adaptation of personality. A comprehensive study of the person and the formation of a fully developed personality. Moskve. 1973; 1 (4).
- [5] Melnikova N., Aldasheva A. Diagnosis of personality and compliance profession in situation professional selection. Moskve. IPRAN, 2016.
- [6] Midwives Alliance. Core Competencies for Basic Midwifery Practice. Revisions by committee, adopted by the Midwives Alliance Board, August 4, 2011.
- [7] Sully Ph., Dallas J. Essential Communication Skills for Nursing and Midwifery E-Book (Essential Skills for Nurses) 2nd Edition, 2010.
- [8] Roskam E, Pariyo G, Hounton S, Aiga H. Midwifery Workforce Management and Innovation. WHO, June 2011.