



## Midwives' perceptions of clinical leadership in the obstetrics and gynaecology wards of the two tertiary health institutions in Rivers State

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### Abstract

The study explored midwives' perceptions of clinical leadership in the obstetrics and gynaecology wards of the two tertiary health institutions in the state. The study adopted the cross-sectional design. A total of 115 midwives took part in the study. A 36-item researcher designed instrument was used for data collection. The instrument was validated by experts in education and project supervisors. The Cronbach Alpha method was used to determine the reliability of the instrument to obtain a coefficient of 0.80. three research questions guided the study. The mean, standard deviation, 95% Confidence Interval of mean, standard error were used for data analysis. The result showed that the midwives perceived clinical leadership in the obstetrics and gynaecology ward in the two tertiary health care centres in Rivers State was high RSUTH was 3.26, SD=0.15 whereas that of UPTH was 3.65, SD=0.29, the t-value was 8.40 and the value of .000 at the .05 level of significance, mean understanding of the purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State was also high(RSUTH was 3.47, SD=0.39 and that of UPTH was 3.59, SD=0.38), the knowledge of the respondents over necessary antecedents of the emergence of good clinical leadership in midwifery practice was high RSUTH was 3.41, SD=0.30 and that of UPTH was 3.69, SD=0.31), It was recommended among others that midwives should try to develop themselves for effective clinical leadership in midwifery practice.

**Keywords:** midwives' knowledge, perception, clinical leadership, obstetrics, gynecology

### Introduction

Healthcare is an important aspect of the human business as it encompasses everyone and provides the need of every individual born and unborn, for healthy living. Its indices are used to judge governments all over the world as well as determine the well-being of individuals and population. Because of its relevance to the continued existence of humans, everyone has developed an interest in how healthcare is organized and delivered. However, organizing and managing health services is a complex venture be it at the national, state, local levels or even at the clinic or ward level. This may not be unconnected with the fact that interaction with humans at all levels have posed some form of difficulties and that between healthcare professional and consumers of health services may not be different. As a result of the complex nature of the healthcare system, people are thinking that leadership in the sector will be more complicated compared to other public or private organization (Nicol, 2012) [7].

Other authors also leaned their voices to the importance of organizational authority in the health sector; (Swanwick and McKimm 2011) [11] opined that clinical leadership is paramount in promoting qualitative clinical care and changing method of service delivery to achieve higher levels of excellence. Clinical leadership can also be defined a way of influencing innovation at point-of-care to improve as well as achieve quality and safety of care received both from the individual career and the unit as a whole (Joseph and Huber 2015) [5]. Clinical leadership can be described as the act of the clinician to influence care practices both at

Organizational and individual levels, to ensure the achievement of quality and better care outcomes. Thus, improving this skill in clinicians', in the labour ward, in the antenatal ward, the postnatal ward or the management structure of the hospital, has become a major part of practice (Frost and Hillard, 2019). Good clinical leadership skill has been described as a major component of quality patient care, and clinicians are often time in the best position to understand the needs of the population they serve, and any failure on their part may usually be associated with failure and degradation in the quality of care received in the health care services organization. As an essential component of the healthcare system and a requirement of hospital care, it helps to monitor the achievement of set goals (Budak & Ozer, 2018; Daly, Jackson, Mannix, Davidson, and Hutchinson, 2014) [2], noted that some attributes that help to build the managerial capacity of midwives include their expertise, collaboration, communication and coordination of patient care and interpersonal relationship with the health care team.

Thus, midwives, clinical leadership skill has become needful because of shortage in their workforce that is impinging seriously on the quality of their practices in obstetric units as observed by the researcher. This skill is very important as it will enhance the midwives roles in the present and even in future jobs in the health care sector. It is pertinent to say that the midwife is an autonomous practitioner in her own authority and is accountable for care in her unit (Joseph and Huber 2015) [5]. His or her management and coordination of care among other health

care professionals in care settings is tied to strong and efficient leadership skills. However, this depends on their perception of clinical leadership. Are they able to perform the role required of them in their settings; are they able to utilize the skill to expand their duties beyond their traditional role of taking deliveries to an expanded and extended role of combining care with managing personnel? The way midwives understand and view clinical leadership and carry out their duties as leaders in their right matters much in their role in the improvement of maternal and newborn health.

Midwives perception of leadership within the context of health care services is associated with the difference in the opinion, belief and interpretation of clinical leadership skill. It is the mental view of the head and front-line health providers towards the need for more leadership abilities that will cushion the effects of complications and abnormalities in patients. No doubt their perception may either be in positive or negative terms. Their positive perception will surely increase the desire and commitment for improved health care services that will preserve the lives of the mother, child, other patients and staff of the health organization. However, a negative perception will increase inadequacies, among these front-line health service providers. This will increase the non-dictation of common features that are associated with perinatal and mortality rate (Knoema 2015); thus, considering the inherent danger in the inability of front-line health providers in dictating common preventable factors that lead to increased death in the hospital, the need for a proper consultation of the midwives to ascertain their perception towards clinical leadership skill cannot be overlooked.

Some hospitals are recognized for having structures, such as shared governance, that involve staff nurses and midwives in organizational decision making, and therefore create empowering work environments that enable them to use their skills, knowledge, and expertise to influence their practice and provide quality patient care. However, it is not clear whether midwives understand their leadership role in their work environment. This is because most midwives did not prepare for leadership position while joining the job and so have not bordered to develop in that line as observed by this researcher, but it is obvious that they are faced with situations that require their taking a stand as the charge nurse or the most senior on duty at the moment. Based on the foregoing, it can be said that midwives recognition of their empowerment places them and their team on track to achieving a positive patient outcome. It is the place of the midwife to harness all antecedents that puts her in position for recognizing her leadership abilities and utilizes the available training and retraining programmes in the field of nursing to improve her understanding of her leadership role both at the bedside and the boardroom.

Midwives identifying the antecedents and consequences of clinical leadership can shed light on the context in which the concept is generally used and lead to a breakthrough to the understanding of her leadership role in her area of expertise. Ghandirian, Salsali and Cheraghi (2014) <sup>[4]</sup> identified antecedents of the nurse/midwife clinical leadership to include demographic, educational, experiential, position, and value factors. The factors culminate into her competency in the chosen profession, structural empowerment received at the point of care, and integration into the health workforce and the collaboration received

from another healthcare team (Bohmer, 2013; Chávez & Yoder, 2014) <sup>[1]</sup>. In the area of competency, the training of the midwife confers the qualification to function as a leader both at the bedside and the boardroom. Programme for midwifery training in Nigeria and indeed the West African sub-region is aimed at producing versatile midwives who in their practice will provide high-level care to individuals and families in the sub-region. Here the midwife is expected to utilize use evidence-based approach in the care of clients in obstetrics and gynaecology unit and with the use to information, education and communication (IEC) materials at her disposal, promote reproductive health needs of individuals, families and communities to mention but few. This was concretized with the type of training that will enable the ability to provide this level of care. The training of the midwife for 3 years for Basic Midwifery and 1 1/2years Post Basic Midwifery in an accredited institution was then preceded with the acquisition of the Senior Secondary School Certificate GCE 'O' level or WASCE or its equivalent with a minimum of 5 credits level in English Language, Biology Physics, Chemistry, Mathematics, and a certificate in Nursing, for the post basic programme (UNFPA 2011, N&MCN, 2016) <sup>[12, 9]</sup>. On acquisition of professional nursing Competences, the midwife becomes well equipped to function and utilize her expertise in professional and leadership roles.

According to Joseph and Huber (2015) <sup>[5]</sup> understanding the important roles clinical leadership ability play in the management of personnel and logistics in the smooth running of the day today activities of patient care and the precursor to this role is paramount in the midwives coordination of advance practices. This is because poor care coordination, monitoring and untimely response to abnormalities, such as delayed referrals are implicated in maternal and newborn mortality (Rhoda Chb, Neonatology, Velaphi, Gebhardt, Barron 2018) <sup>[10]</sup>. Thus, the need for improved clinical as well as leadership skills among health care providers and to strengthen clinical leadership skills in care providers in maternity care is important for the sector. The way midwives perceive clinical leadership to be important in their specific expertise in obstetrics and gynaecology ward, including the ability to analyze and develop new understanding about unusual organizational problems, understand the perspective of others, manage conflicts while still mentoring others will motivate them to put self in a position to harness the necessary antecedents for effective clinical leadership.

### Statement of the Problem

Generally, in Nigeria and Rivers State in particular, clinical leadership among midwives as frontline health care providers has been observed to be lacking. The Nigeria situation requires the midwife to take orders from the doctor on the management of the patient; and sometimes there will not be one on the ground to decide for the team as a result of the dearth in the number of doctors in the county, leading to a more serious situation which could have been averted if the midwives had been allowed to function as an autonomous practitioner. The situation is not different in the two tertiary health institutions in Rivers State, especially at the obstetrics and gynaecology wards of the hospitals, leading to the failure recorded in our general health care system.

This has made it more and more imperative for midwives

who are saddled with the responsibility of taking care of mothers and their babies to be prepared and hone their leadership skills to be able to manage the patients in their care to a positive outcome and remarkably reduce mothers and infant deaths.

For adequate care to be provided by the midwives, it becomes pertinent that they understand the clinical leadership role and utilize same in practice.

However, there is paucity of literature on midwives' perception of clinical leadership in obstetrics and gynaecology wards in Nigeria and in the University of Port Harcourt Teaching Hospital and the Rivers State University Teaching Hospital.

This study is therefore focused on midwives perception of clinical leadership in the tertiary health institutions in the state.

**Research Questions**

1. How do midwives perceive clinical leadership in the obstetrics and gynaecology ward of tertiary hospitals in Rivers State?
2. What are the midwives understanding of the purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State?
3. What is their knowledge of the necessary antecedents of the emergence of good clinical leadership in midwifery practice?

**Significance of the Study**

The findings of this study will lead to the call to improve clinical leadership among midwives providing health care at the obstetrics and gynaecology wards.

This study will also facilitate effective management strategies aimed at the midwife's attainment of leadership status in the ward or unit as well as the hospital board room.

**Materials and Method**

**Research design**

The research adopted a cross-sectional design. The design is useful for a study of this nature that seeks to obtain information needed from midwives about their perception of clinical leadership in obstetrics and gynaecology wards of tertiary hospitals in Rivers State

**Participants:** The population of the study consisted of all 849 registered nurse midwives working in both tertiary hospitals in Rivers State.

The total population was 603 in UPTH and 219 in RSUTH. This population is necessary since they will be internally rotated to O & G units in the hospitals and the result of this study will be generalized to them.

**Inclusion criteria**

- Must be a midwife or nurse-midwife
- working in obstetrics and gynaecology units of the two institutions respectively

**Exclusion criteria**

- Single qualified nurses (Nursing officers 11)
- Nurses and midwives working outside two institutions

A total sampling determination of 129 registered midwives working in obstetrics and gynaecology wards of Rivers State University Teaching Hospital (RSUTH) and University of Port Harcourt Teaching Hospital (UPTH) constituted the sample of the study. That is, there are 75 midwives in UPTH and 54 in RSUTH. This study adopted the census sampling technique to select all the midwives in obstetrics and gynaecology wards (labour, antenatal and postnatal wards) in the two hospitals since the population is manageable.

**The instrument for Data Collection**

The instrument for data collection was a self-structured questionnaire which composed of six sections and 37 items. Section 'A' collected information on the social characteristics of the participants. Section B was constructed to elicit information on the perception of the midwives, Section C elicited information on the midwives understanding of the purpose of clinical leadership while Section D had information on knowledge of necessary antecedents for the emergence of good clinical leadership. Section E dealt on knowledge of personal attributes and Section F was on knowledge of potential positive outcomes of effective clinical leadership. Responses to Section B-F were made on Likert's four-point scale.

**The validity of the Instrument**

The instrument was shown to the study supervisors who evaluated and rated the structure, contents, clarity, consistency and relevancy of the instrument to the research objectives. This process was used to identify ambiguities and inconsistencies in the questionnaire constructs and thereafter reproduced to address the main objectives of the research study.

**Reliability of the Instrument**

The Cronbach alpha method was used to establish the reliability of the instrument

To do this, 20 copies of the instrument were administered to 20 nurse/midwives in other units, who are not part of the study at the University of Port Harcourt Teaching Hospital (UPTH). The filled copies were retrieved and scored. Data generated were analyzed using the Cronbach alpha formula to obtain a reliability index of 0.80

**Method of Data Analysis**

All the questionnaires were screened for completeness before data entry and analysis. Quantitative data from the questionnaires were coded and entered using the Statistical Package for Social Sciences (SPSS) version 23 data entry program. Research questions were answered using descriptive statistics such as mean, standard deviation

**Results**

**Table 1:** Demographic characteristics of the respondents

Demographic	Category	Rsuthn	n=46 %	Upthn	n=69 %
Age	31-40 years	15	32.6	21	30.4
	41-50 years	21	45.7	34	49.3
	51-60 years	10	21.7	14	20.3

Marital	Married	35	76.1	61	88.4
	Single	11	23.9	8	11.6
Religion	Christians	46	100.0	69	100.0
Education	BNSc	28	60.9	43	62.3
	MNSc	7	15.2	3	4.3
	RN/RM	11	23.9	23	33.3
Designation	Director	2	4.3	1	1.4
	and	5	10.9	5	7.2
	Cno	12	26.1	18	26.1
	Acno	9	19.6	11	15.9
	Pno	4	8.7	14	20.3
	Sno	9	19.6	12	17.4
	Noii	5	10.9	8	11.6

The result from Table 1 shows the summary of the demographic characteristics of the respondents. It shows that majority of the respondents from RSUTH were in the age bracket of 41-50 years (45.70%) and a similar result was found in UPTH where most of the respondents were also in the same age range of 41-50 years (49.30%). Majority of the respondents from RSUTH were married (76.10%) and a similar result was found in UPTH where most of the respondents were also married (88.40%). The result shows that all the respondents from both hospitals were Christians (100%). The result showed that most of the respondents from RSUTH had BNSc (60.90%) whereas a similar result was found in UPTH where 62.3% of the respondents also had BNSc. The result showed that an equal proportion (26.10%) of respondents from both hospitals were CNO.

**Table 2:** Summary of independent sample t-test on the midwives perception of clinical leadership in the obstetrics and gynaecology wards of tertiary hospitals in Rivers State

Hospital	N	Mean	SD	t	Df	p-value
RSUTH	46	3.26	0.15	-8.4	113	0.000*
UPTH	69	3.65	0.29			

The result from Table 2 above shows the summary of independent sample t-test on the midwives perception of clinical leadership in the obstetrics and gynaecology ward of tertiary hospitals in Rivers State. It showed that the grand mean rating of the respondents from RSUTH was 3.26, SD=0.15 whereas that of UPTH was 3.65, SD=0.29, the t-value was 8.40 and the value of 0.000 at the .05 level of significance.

**Table 3:** Summary of independent sample t-test descriptive statistics on the midwives understanding of the purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State

Hospital	N	Mean	SD	t	Df	p-value
RSUTH	46	3.47	0.39	-1.74	113	0.085
UPTH	69	3.59	0.38			

The result from Table 3 shows the Summary of independent sample t-test descriptive statistics on the midwives understanding of the purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State.

It shows that the grand mean rating of the respondents from RSUTH was 3.47, SD=0.39 and that of UPTH was 3.59, SD=0.38 over the understanding of the purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State with a t-value of 1.74 and p-value of .085 at .05 level of

significance.

**Table 4:** Summary of independent sample t-test on the midwives' knowledge of the necessary antecedents of the emergence of good clinical leadership in midwifery practice

Hospital	N	Mean	SD	t	Df	p-value
RSUTH	46	3.41	0.30	-4.74	113	0.000
UPTH	69	3.69	0.31			

The result from Table 4 shows the summary of independent sample t-test on the midwives' knowledge of the necessary antecedents of the emergence of good clinical leadership in midwifery practice. It shows that the grand mean rating of RSUTH was 3.41, SD=0.30 and that of UPTH was 3.69, SD=0.31 over midwives' knowledge of the necessary antecedents of the emergence of good clinical leadership in midwifery practice with a t-value of 4.74 and p-value of .000 at .05 level of significance.

**Discussion of findings**

The result from Table 2 showed that the grand mean rating of the respondents from RSUTH was 3.26, SD=0.15 whereas that of UPTH was 3.65, SD=0.29, the t-value was 8.40 and the value of .000 at the .05 level of significance. The result, however, showed that the respondents did not differ significantly over the fact that clinical leadership requires an individual to hold an official leadership role (t=1.91, p=0.059), good clinical leadership is required for professional practice (t=1.93, p=.057) and good clinical leadership ensures health system efficiency (t=1.54, p=.127). The finding of this study is in agreement with an earlier finding of (Byrom and Downe 2010) which established that midwives ability to act knowledgeably, safely and competently was a basic requirement for both clinical practice and leadership roles. Also, Nicol, Mohanna and Cowpe (2014) [8] reported that doctors, particularly trainees were groomed to change their attitudes towards becoming involved in clinical leadership. Because of this, clinical leadership is often perceived to be doctor centric even though Healthcare Leadership' may be a more inclusive term.

However, the slight difference in the mean perception of midwives working in RSUTH (3.26) and UPTH (3.65), demonstrate the fact that most midwives join the profession without any vision of becoming a leader and acting in that capacity and could not associate them with leadership. This category of midwives may be more in RSUTH than in UPTH.

Table 3 showed that the grand mean rating of the respondents from RSUTH was 3.47, SD=0.39 and that of UPTH was 3.59, SD=0.38 over the understanding of the

purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State with a t-value of 1.74 and p-value of .085 at .05 level of significance. The result clearly shows that both hospitals were in agreement over the fact that effective clinical leadership will engender purposeful change ( $t=1.84$ ,  $p=.069$ ), application of good clinical leadership ensure continuous quality care ( $t=0.13$ ,  $p=.897$ ), effective clinical leadership help midwives develop strategies for quality care ( $t=1.08$ ,  $p=.284$ ) and that good clinical leadership ensures effective management of team members to bring about improvement in patient care ( $t=.51$ ,  $p=.611$ ). The finding of this study is in agreement with the finding of Mianda and Voce, (2019) which established that clinical leadership enables dynamic interactions within the labour ward and the broader health system leading to positive patient outcome.

Table 4 showed that the grand mean rating of RSUTH was 3.41,  $SD=0.30$  and that of UPTH was 3.69,  $SD=0.31$  over midwives' knowledge of the necessary antecedents of the emergence of good clinical leadership in midwifery practice with a t-value of 4.74 and p-value of .000 at .05 level of significance. The result, however, shows that both hospitals did not differ significantly over the fact that a good leader is one who can deal with any change ( $t=1.44$ ,  $p=.153$ ). This finding agrees with that of (Ghandirian, Salsali and Cheraghi 2014) <sup>[4]</sup> which established that the training midwives received qualifies them to function as leaders both at the bedside and in the boardroom. That their earlier exposures in terms of their values, educational level and experiences acquired in the line of duty qualify them to function in any leadership position in course of practice.

### Conclusion

Based on the findings of the study, it can be concluded that the midwives were above average in all the measured variables. In descending order, knowledge of necessary antecedents of the emergence of good clinical leadership in midwifery practice was highest, followed by the understanding of the purpose of clinical leadership in their specific expertise in obstetrics and gynaecology ward of tertiary hospitals in Rivers State, and the least was midwives perceived clinical leadership in the obstetrics and gynaecology ward of tertiary hospitals in Rivers State.

### Recommendations

Based on the findings of the study, the following recommendations were made:

1. Midwives should try to develop and maintain good knowledge of personal attributes for clinical leadership in midwifery practice among younger colleagues.
2. Owing to the fact that this study has not been carried out anywhere in the country, it is recommended that further studies be carried out on the topic in other hospitals in the state and the country at large.

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