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SHORT REVIEW

Factors Influencing Midwifery Clinical Decision-making

Betty Sakala

University of Malawi, Kamuzu College of Nursing, Post Office Box 415, Blantyre, Malawi, Africa

* Corresponding author email: sakala2017prudence@kcn.unima.mw

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ABSTRACT

Clinical decision-making is an important element in midwifery practice. Midwives are required to have a sound knowledge to manage complications during childbirth. Any misjudgement by a midwife may lead to adverse birth outcomes. The aim of this paper is to review factors that contribute to clinical decision-making of midwives. This was achieved by reviewing published research articles. Studies have shown that shortage of human and material resources, poor skill mix, absence of mentors and lack of autonomy are some of the contributing factors that may affect midwives' decision-making.

Keywords: Adverse birth outcomes, childbirth, clinical decision-making, mentors, midwifery, midwives.

1 Introduction

Clinical decision-making is the basis for midwifery practice as such, midwives need to make quick and accurate decisions to prevent adverse birth outcomes. Knowledge on decision-making theory and research may be critical in the midwife' timely decision during management of women during childbirth [1]. This may be in addition to views made by woman during midwifery management. The duty of a midwife is to apply the relevant skills and knowledge to guide women during childbirth.

As defined by Tiffen, Corbridge and Slimmer, [2] clinical decision-making is a contextual continuous and evolving process where data are gathered, interpreted and evaluated in order to make an evidence-based choice of action. This is a process where a midwife is expected to choose a solution from a number of alternatives [3], since it encompasses what the midwife thinks, feels and implements during management of women during antepartum, intrapartum and postpartum. Literature has shown that there are several factors that contribute to midwifery clinical decision-making. As explained by Carolan, [4] knowledge of the subject matter is important in decision-making since inadequate knowledge may be a contributing factor to adverse birth outcomes. The midwife should be able to decide what the problem is, possible solutions to the problem and whether the mother needs referral to the obstetrician for further management. It is recommended that midwives should have the required skills on both normal and complicated births to save the life of mothers and their babies. Since decisions made by midwives play a crucial role in preventing childbirth complications, it is necessary to understand what factors contributes to midwifery clinical decision-making. Therefore, a literature review was conducted to identify the contributing factors.

2 Factors Contributing to Midwifery Decision-making

2.1 Experience, Knowledge and Confidence

Knowledge is the foundation of clinical decision-making. It allows midwives to identify childbirth complications earlier. Knowledge and experience are important elements that may facilitate decision-making in midwifery practice. Adequate knowledge, clinical experience and practice of skills enhances an individuals' ability to make effective decisions. [5] – [6] view adequate

knowledge and skills for mentors as essential factors to reinforce decision-making skills in students during their clinical practice. These findings were supported by [7] as regards to importance of knowledge and skills in decision-making. However, the authors added that application of knowledge and skills gained during classroom teaching and clinical experience also enhances clinical decision-making in students. As such the students have the confidence in managing different cases when they join the work force. Furthermore, the confidence in self while making decisions combined with supportive supervision and emotional support from senior midwives results in effective decision-making skills [8]-[9] . The confidence may be further enhanced if managers learn to give positive feedback to their members of staff in addition to provision of a conducive working environment. A midwife whom is confident will be able to make accurate decisions and take control of the situation.

As earlier discussed on the importance of knowledge and skills in clinical decision-making [10] recognised the impact of experiential knowledge on an individuals' decision-making to prevent adverse birth outcomes. The results of their study indicated that both obstetricians and midwives preferred use of knowledge and experience in clinical decision-making to clinical guidelines when managing women during childbirth. A study conducted by [11] also supported the importance of knowledge and skills in decision-making. The results showed that a midwife who is knowledgeable and has a long work experience is capable of making accurate decisions. An experienced midwife is able to refer a client where necessary in order to save the life of the mother and baby. It is also important to note that experience and knowledge can work better if the condition and characteristics of the woman are favourable. It is known that women who are cooperative and are able to report danger signs early may contribute to good decisions made by the midwife. The midwife will be able to act in a calm manner and have time to make accurate decisions resulting in good birth outcome [12]. Inadequate knowledge experienced by midwives may be attributed by social cultural values and beliefs surrounding the midwife. These may influence the lack of confidence in the midwives to make timely decisions in managing complicated childbirth [13].

In a related study by Maharmeh et al [14], it was reported that nurses who have less clinical experience tend to refrain from questioning the doctors' orders. These nurses fail to question the doctors' orders even if they feel that the decisions may affect a client's outcome. However, a study by [11] discovered that a midwife who has full support from experienced midwives may be confident when dealing with complicated birth. It is believed that these experienced midwives are capable of guiding the newly qualified midwives because they have a high level of knowledge and skill. These findings are similar to the study conducted by Seright, [15]. The authors found out that rural novice nurses who had full support and mentoring by senior nurses were confident in making decisions when they were left alone to work in the rural setting.

2.2 Clinical Reasoning and Intuition

Clinical reasoning and intuition influence decision-making resulting in provision of quality care. These midwives use experience gained from previous cases in problem solving during management of complicated cases [16]-[17]. Findings in the study indicated that most midwives do not use clinical reasoning and clinical decision-making skills well. This meant that safety and effectiveness of midwifery practice was affected since midwives relied much on intuitive decision-making. Since intuitive decision-making promotes guessing of the outcome, it may facilitate errors in midwifery management. Based on these findings, the authors recommended that midwifery regulatory bodies need to revise decision-making frameworks to include analytical clinical reasoning. This will facilitate teaching and assessment of clinical reasoning both in midwifery colleges and practice area for registered midwives. Registered midwives are expected to have clinical decision-making skills to detect early signs of complications in a pregnant woman.

2.3 Communication, Collaboration, Emotions and Perceptions

Collaboration and communication with other health workers is important in decision-making. Lack of collaboration and poor communication may expose an individual to stress and develop poor relationships with work colleagues. This may inhibit an individual's capabilities on decision-making during management of complicated cases. Views from other health workers are very critical in facilitating timely referrals complicated cases and these may be attained if there is good collaboration between the midwife and work colleagues [1]. The stress and poor relationships may also affect midwifery students during their clinical experience in labour wards [18]. The authors discovered that student midwives are afraid of being reprimanded for any mistake done in relation to client care. In addition, the unpredictable outcome of complicated labour also increases tension and stress among these students. The authors concluded that the mistakes encountered during the first experience may improve the student midwife's awareness and confidence. The student may later manage women with minimal supervision because they are able to reflect and correct the previous mistakes. A midwife who is confident is able to make accurate decisions and take control of the situation. On the other hand, a midwife who is not confident feels powerless and is not sure of her choices.

2.4 Clinical Decision-making Frameworks or Guidelines

Availability of clear guidelines or frameworks may influence clinical decision-making [11]. The decision-making frameworks are templates that guides a midwife to reach decisions in their everyday practise. These guidelines may be in form of memos or care plans that may direct a midwife on steps to be followed when proving care. This is supported by Francke [19] who emphasised that guidelines contribute a lot in implementation of standard care. This may be true if the guidelines are developed by experts in the specific field for them to be utilised by fellow workers in the profession. Furthermore, guidelines are evidence based and as such they promote good practice in provision of care. In a related study by Porter [12], participants felt that guidelines are ideal for those with experience. They argued that the more experience an individual has, the higher are the chances that she will promote evidence-based practice. These midwives are able to make concrete decisions and stand up to doctors' orders. However, not all care providers understand the importance of using guidelines. In their study, [20] discovered that nurses preferred use of routine care to guidelines. This had serious implications as nurses were not able to provide standard care to clients. These findings were supported [10] who also reported that some obstetricians and midwives preferred use of experiential knowledge. This led to adverse birth outcomes as compared to those who used guidelines and medical literature.

2.5 Assessment Tools

In order to evaluate the clinical decision-making skills in relation to clinical outcomes, there is need to have an assessment tool. A valid and reliable assessment tool is required to measure knowledge and skills in midwifery clinical decision-making in case of complicated birth to save the life of the mothers and their babies. A valid and reliable assessment tool is capable of identifying the required skills and it will eventually identify strength and weaknesses of an individual being assessed [21]-[22]. This will allow the assessor to give constructive feedback in addition to measuring performance. The registered midwives are expected to acquire the necessary clinical decision-making skills as they join the work force to ensure safe midwifery practice. Therefore, an assessment tool should be feasible and be able to determine the effectiveness of the theory and practical elements covered on clinical decision making [23]. The tool should also guide an individual on self-reflection on clinical decision-making.

2.6 Mentorship

Presence of a mentor also helps an individual to become a good decision maker. One to one supervision is very important as it facilitated acquisition of skills in the clinical area. Mentors

are helpful because they select cases that are relevant for the students' learning. Through the mentors' guidance and counselling, students are able to master the skills [18]. The authors reported that students appreciated mentors who took their time to give feedback on their performance. In conclusion, timely feedback and debriefing after management of complicated situations are important elements in enhancing students learning.

2.7 Shortage of Human and Material Resources, Heavy Workload and Lack of Awareness

Shortage of human and material resources, heavy workload and lack of awareness in clinical-decision process may limit one's ability in clinical decision-making [9] [12]-[13]. This may be attributed to quick decisions made by midwives due to heavy workload resulting from shortage of human and material resources. It is also reported that poor skill mix in the wards may also attribute to poor decisions made by health workers. The poor skill mix may include part time midwives who are called up to fill the gap in case of shortage of qualified staff. These part time midwives may lack necessary skills to manage obstetric emergencies and mostly lack responsibility and awareness in making crucial decisions. Findings by Porter [12] further attributed poor clinical outcomes to unilateral decisions made by the midwives. The authors reported that midwives did not practice the new professionalism that advocates women involvement in their own care.

2.8 Regulatory Bodies and Professional Autonomy

Rules that govern the profession from regulatory bodies may also affect decision-making. It is known that other cadres such as midwifery technician work beyond their own scope of practice. Similarly, midwives who have the capacity to make decisions are hesitant to do so for fear of making mistakes and losing their certificates. Related studies done on nurses indicated that some critical care nurses fail to make accurate decisions because of ethical issues that involve their profession. However, because of their patients' advocate role, sometimes they risk their licences to protect the patients. Example of such risks may include checking with doctors on prescribed orders for adverse effects in order to protect the patient from harm [9] [14]. Lack of autonomy in midwives is also a major challenge in clinical decision-making process. This is related to failure of policy makers to involve midwives in policy making as regards to strategies that may improve midwifery care. Autonomous midwives have freedom to make decisions and this may differ among different cadres of midwives. It is believed that autonomous midwives make better quality decisions than those who are less autonomous. Autonomy allows midwives to concentrate on clients, thus facilitating decision-making. In addition, lack of decision-making power for midwives is known to be a barrier to quality of care and it exists both at level of the mother and her care giver [8]. The authors reported that midwives relied on clinicians for management of complicated obstetric cases even if it is within their scope of practice. This was contrary to the fact that they have long periods of training and they work in labour wards full time. It was also noted that newly employed midwives are afraid to make decisions on their own and the responsibility attached to decision-making. This may be attributed to the fact that during training students are not allowed to make critical decisions. Another contributing factor may be lack of an assessment tool to measure their performance in relation to clinical decision-making skills. An assessment tool would help to evaluate the effectiveness of educational and clinical training packages on midwifery clinical decision-making. It will also guide in decision-making in clinical area and evaluate the decisions made in relation to childbirth outcomes. It is also crucial to encourage more midwives to be involved in research to find ways of improving their clinical decision-making. This may assist in finding factors that promote one's confidence in clinical decision-making [24].

3 Conclusion

The literature review comprises of important aspects contributing to midwifery clinical

decision-making. Studies in the review found several facilitating factors in clinical decision-making such as knowledge, skills and experience. On the other hand, shortage of human and material resources was found to be factors that limit clinical decision-making. The review will greatly support midwifery educators and midwifery practitioners to understand factors that promote or hinder midwives in making timely decisions to save lives of mothers and their babies.

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