

# Attitudes of medical staff in delivering women's opinion

Lewicka M<sup>1\*</sup>, Machnikowska M<sup>3</sup>, Wiktor H<sup>1,2</sup>

<sup>1</sup> Professor Feliks Skubiszewski Medical University. Department of Obstetrics, Gynecology and Nursing in Obstetrics and Gynecology, Lublin, Poland

<sup>2</sup> Stefan Kardynał Wyszyński District Specialist Hospital. Department of Obstetrics and Gynecology, Lublin, Poland

<sup>3</sup> Students' Scientific Association – Professor Feliks Skubiszewski Medical University. Department of Obstetrics, Gynecology and Nursing in Obstetrics and Gynecology, Lublin, Poland

## Abstract

**Purpose:** The growing competitiveness between various health centres in the scope of offered medical services is accompanied by growth of patients' expectations concerning the quality of the abovementioned services. That is why knowledge of the patients' needs and expectations concerning medical services may significantly contribute to the improvement in the quality of the services to be rendered. The aim of the study was to analyse the evaluation of attitudes of medical staff by delivering women.

**Material and methods:** Self-invented questionnaire was used in order to examine the patients for the purposes of present research. The obtained results were subject to statistical analysis by means of chi-square test for uniformity. A 5% inference error risk was assumed and  $p < 0.05$  was considered as statistically significant.

**Results:** It has been proved that that largest percentage of delivering women was referred to as "Ms". 93.33% of the interviewed delivering women obtained complete information from the medical staff. However, no significant interrelation between the information the delivering women obtained from the medical staff and their age. Level of education and place of residence was proved.

**Conclusions:** The study shows that the delivering women with a university degree evaluated the medical staff's attitude as positive more frequently than the women with primary or secondary level of education. The research indicates that in contacts with the delivering women and when informing the

delivering women. The delivery block medical staff must pay particular attention to the women without higher education.

**Key words:** delivery, attitudes of medical staff, delivering women's opinion.

## Introduction

The competitiveness between various health centres in the scope of offered medical services is accompanied by growth of patients' expectations concerning the quality of the abovementioned services. That is why knowledge of the patients' needs and expectations concerning medical services may significantly contribute to the improvement in the quality of the services to be rendered.

According to the binding patient's rights and recommendations of the World Health Organisation woman admitted for labour and delivery has a right for benignant care and respect as well as complete information from the medical staff concerning the medical procedures during the labour and delivery [1-4].

The aim of the study was to analyse the evaluation of attitudes of medical staff by delivering women.

## Material and methods

The studied group consisted of 150 delivering women in Department of Obstetrics and Gynecology Stefan Kardynał Wyszyński District Specialist Hospital. The age of the patients fluctuated between 18 and 40. Among the studied group 64 (42.6%) women were between 26 and 30 years of age, 43 (28.7%) women were between 18 and 25 years of age, and 43 (28.7%) were between 31-40 years of age. The studied group 85 (56.6%) women had a university degree, 54 (36.0%) women had secondary or post-secondary education and 11 (7.4%) of them had primary or vocational education. 85 (56.6%) the stud-

\* CORRESPONDING AUTHOR:

Professor Feliks Skubiszewski Medical University,  
Department of Obstetrics,  
Gynecology and Nursing in Obstetrics and Gynecology  
20-950 Lublin, ul. Chodźki 6, Poland  
Tel/fax: +48 81 7411824  
e-mail: m.lewicka@am.lublin.pl (Magdalena Lewicka)

Received 01.04.2007 Accepted 16.04.2007

**Table 1.** The interrelation between how the women were referred to by the medical staff and their age, level of education and place of residence

AGE	Referred to women by the medical staff									
	called by name (without their consent)		called by name (upon their request)		impersonally		as "Ms"		OVERALL	
	n	%	n	%	n	%	n	%	n	%
18-25	1	2.33	15	34.88	2	4.65	25	58.14	43	100.00
26-30	4	6.25	23	35.94	4	6.25	33	51.56	64	100.00
31-40	2	4.65	8	18.60	3	6.98	30	69.77	43	100.00
OVERALL	7	4.67	46	30.67	9	6.00	88	58.67	150	100.00
Significance			$\chi^2 = 5.37$		$p = 0.49$		$p > 0.05$			
EDUCATION	n	%	n	%	n	%	n	%	n	%
primary/vocational	0	0.00	3	27.27	2	18.18	6	54.55	11	100.00
secondary/postsecondary	2	3.70	18	33.33	2	3.70	32	59.26	54	100.00
university degree	5	5.88	25	29.41	5	5.88	50	58.82	85	100.00
OVERALL	7	4.67	46	30.67	9	6.00	88	58.67	150	100.00
Significance			$\chi^2 = 4.33$		$p = 0.63$		$p > 0.05$			
PLACE OF RESIDENCE	n	%	n	%	n	%	n	%	n	%
city, under 50 thousand city dwellers	3	8.57	10	28.57	0	0.00	22	62.86	35	100.00
city, over 50 thousand city dwellers	4	4.71	28	32.94	5	5.88	48	56.47	85	100.00
village	0	0.00	8	26.67	4	13.33	18	60.00	30	100.00
OVERALL	7	4.67	46	30.67	9	6.00	88	58.67	150	100.00
Significance			$\chi^2 = 7.86$		$p = 0.24$		$p > 0.05$			

ied women were city dwellers over 50 thousand inhabitants, 35 (23.4%) women were city dwellers under 50 thousand inhabitants, and 30 (20.0%) delivering women were village dwellers.

Self-invented questionnaire was used in order to examine the patients for the purposes of present research. The participation in the research was voluntary and anonymous. The obtained results were subject to statistical analysis by means of chi-square test for uniformity. A 5% inference error risk was assumed and  $p < 0.05$  was considered as statistically significant.

## Results

Tab. 1 shows the interrelation between how the women were referred to by the medical staff and their age, level of education and place of residence.

The study shows that the medical staff referred to 88 (58.66%) of the interviewed women as "Ms". 46 (30.66%) of the interviewees were called by name (upon their request), 7 (4.66%) delivering women were also called by name (but without their consent), and 9 (6.00%) were referred to impersonally.

No significant interrelation between how the women were referred to by the medical staff and their age, level of education and place of residence was proved.

Tab. 2 shows the interrelation between the positive attitude of the medical staff towards the delivering women and their age, level of education and place of residence.

In the opinion of 145 (96.67%) interviewed women the medical staff had a positive attitude towards the delivering women, and only 5 (3.33%) of the interviewees were of different opinion.

The research showed statistically significant interrelation between the positive attitude of the medical staff towards the delivering women and level of education ( $p < 0.05$ ). No significant interrelation between the positive attitude of the medical staff towards the delivering women and their age and place of residence was proved.

Delivering women with a university degree evaluated the medical staff's attitude as positive more frequently than the women with primary or secondary level of education.

The results of the analysis of interrelation between the information the delivering women obtained from the medical staff and their age, level of education and place of residence were shown in Tab. 3.

The study shows that 140 (93.33%) of the interviewed women obtained complete information from the medical staff. 9 (6.00%) delivering women obtained only superficial information and 1 (0.67%) interviewee obtained no information. No significant interrelation ( $p < 0.05$ ) between the information the delivering women obtained from the medical staff and their age, level of education and place of residence was proved.

## Discussion

Recommendations concerning childbirth care included in "Childbirth with Dignity" Decalogue make the delivering women aware of their rights, including the right to be treated as an individual and fully respected by the medical staff. One of the forms of showing respect is keeping the right form of referring to the delivering woman [5].

The research shows that the largest percentage of delivering women was referred to as "Ms". However, no significant inter-

**Table 2.** The interrelation between the positive attitude of the medical staff towards the delivering women and their age, level of education and place of residence

AGE	The positive attitude of the medical staff towards the delivering women					
	yes		no		OVERALL	
	n	%	n	%	n	%
18-25	42	97.67	1	2.33	43	100.00
26-30	61	95.31	3	4.69	64	100.00
31-40	42	97.63	1	2.33	43	100.00
OVERALL	145	96.67	5	3.33	150	100.00
Significance			$\chi^2 = 0.63$	$p = 0.72$	$p > 0.05$	
EDUCATION	n	%	n	%	n	%
primary/vocational	9	81.82	2	18.18	11	100.00
secondary/postsecondary	52	96.30	2	3.70	54	100.00
university degree	84	98.82	1	1.18	85	100.00
OVERALL	145	96.67	5	3.33	150	100.00
Significance			$\chi^2 = 8.77$	$p = 0.01$	$p < 0.05$	
PLACE OF RESIDENCE	n	%	n	%	n	%
city, under 50 thousand city dwellers	35	100.00	0	0.00	35	100.00
city, over 50 thousand city dwellers	82	96.47	3	3.53	85	100.00
village	28	93.33	2	6.67	30	100.00
OVERALL	145	96.67	5	3.33	150	100.00
Significance			$\chi^2 = 2.25$	$p = 0.32$	$p > 0.05$	

**Table 3.** The interrelation between the information the delivering women obtained from the medical staff and their age, level of education and place of residence

AGE	The information the delivering women obtained from the medical staff							
	complete information		superficial information		no information		OVERALL	
	n	%	n	%	n	%	n	%
18-25	40	93.02	3	6.98	0	0.00	43	100.00
26-30	60	93.75	4	6.25	0	0.00	64	100.00
31-40	40	93.02	2	4.65	1	2.33	43	100.00
OVERALL	140	93.33	9	6.00	1	0.67	150	100.00
Significance			$\chi^2 = 2.69$	$p = 0.60$	$p > 0.05$			
EDUCATION	n	%	n	%	n	%	n	%
primary/vocational	9	81.82	2	18.18	0	0.00	11	100.00
secondary/postsecondary	50	92.59	4	7.41	0	0.00	54	100.00
university degree	81	95.29	3	3.53	1	1.18	85	100.00
OVERALL	140	93.33	9	6.00	1	0.67	150	100.00
Significance			$\chi^2 = 4.24$	$p = 0.37$	$p > 0.05$			
PLACE OF RESIDENCE	n	%	n	%	n	%	n	%
city, under 50 thousand city dwellers	34	97.14	1	2.86	0	0.00	35	100.00
city, over 50 thousand city dwellers	80	94.12	5	5.88	0	0.00	85	100.00
village	26	86.67	3	10.00	1	3.33	30	100.00
OVERALL	140	93.33	9	6.00	1	0.67	150	100.00
Significance			$\chi^2 = 5.58$	$p = 0.23$	$p > 0.05$			

relation between how the interviewed women were referred to by the medical staff and their age, level of education and place of residence was proved.

In the opinion of 96.67% of the interviewed women the medical staff had a positive attitude towards the delivering women. The significant interrelation between the positive attitude of the medical staff towards the delivering women and level of education was noticed. No significant interrelation between the positive attitude of the medical staff towards the

delivering women and their age and place of residence was proved. Delivering women with a university degree evaluated the medical staff's attitude as positive more frequently than the women with primary or secondary level of education.

The delivery block staff may not limit their duties to the essential minimum [5,6]. Keeping the delivering women informed about the progress of labour and the medical procedures to be applied is one of the tasks and duties of the delivery block staff [7,8]. The results of the research indicate that

93.33% of the interviewed delivering women obtained complete information from the medical staff. No significant interrelation between the information the delivering women obtained from the medical staff and their age, level of education and place of residence was proved.

Doing research in the scope of the patients' needs and expectations concerning medical services has become essential in the conditions of growing competitiveness between various health centres and may contribute to the improvement in the quality of the services to be rendered.

## Conclusions

1. Delivering women with a university degree evaluated the medical staff's attitude as positive more frequently than the women with primary or secondary level of education.
2. In contacts with the delivering women and when informing the delivering women.
3. The delivery block medical staff must pay particular attention to the women without higher education.

## References

1. Grabarczyk M, Kubicka-Kraszyńska U, Otfinowska A. Opieka okołoporodowa w Polsce i przestrzeganie praw pacjenta w świetle opinii konsumentek. Analiza danych z lat 1999-2002. Warszawa: Fundacja Rodzić po Ludzku; 2002: p. 20-43.
2. Kubicka-Kraszyńska U, Maślik-Jędrzej J, Otfinowska A. Przestrzeganie praw pacjenta w oddziałach położniczych. Raport z monitoringu wybranych oddziałów położniczych woj. mazowieckiego. Warszawa: Fundacja Rodzić po Ludzku; 2004, 8-10.
3. Otfinowska A. Prawa kobiet – pacjentek w leczeniu ginekologiczno-położniczym. Konferencja Fundacji Rodzić po Ludzku „Rodzić po ludzku-perspektywy i nadzieje”. Warszawa, 2000.
4. Raport WHO. Macierzyństwo bez ryzyka. *Pielęgniarka i Położna*, 1999; 12: 8-9.
5. Szczawińska M. Razem czy osobno? Poród rodzinny. Kraków: Wydawnictwo AZ; 2000.
6. Kościelska M. Trudne macierzyństwo. Warszawa: Wydawnictwa Szkolne i Pedagogiczne, 1998.
7. Kozłowska Cz. *Rodzić po ludzku. Pielęg i Poł*, 2003; 3: 21-2.
8. Tatoń J. *Filozofia w medycynie*. Warszawa: PZWL; 2003.