

Research Article

The Leadership Qualities of Midwives When Collaborating With Nurses During Postpartum

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Abstract.

Leadership and collaboration aid in communicating, coordinating, and negotiating to achieve common goals. This study aimed to analyze the leadership qualities of midwives when collaborating with nurses in postpartum services in community health centers. This was a descriptive-analytic study with a cross-sectional design. The research subjects were 30 midwives in charge of maternal health for 42 days postpartum. Data were collected through a questionnaire that included four leadership indicators: directive, consultative, participatory, and delegating. Postpartum service coverage was measured by the frequency of postpartum maternal visits and included KIE and health promotion. The results showed a significant correlation between collaborative leadership and postpartum service coverage in the directive function ($p=0.002$), the consultative function ($p=0.042$), the participatory function ($p=0.000$), and the delegation function ($p=0.028$). The most significant correlation was the participatory function with an OR value of 8.011 (95% CI = Lower 1.315 - Upper 21.052). Practical implications in the future require strengthening organizational culture factors and empowering the community to access services and utilize available health information.

Keywords: Leadership Effect, Collaboration, Postpartum Service Coverage

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1. Introduction

Collaboration is a big term for the complexity of the care system in health services. This has become the center of attention among all of us because it offers a great solution that plays many roles and interests in integrating, communicating, and negotiating to achieve common goals [1,2]. Based on the recommendation of WHO (2010), the international world places collaboration and collaborative action as the focus of a grand strategy for health care and in particular in nursing and midwifery policy and practice (Health Professions Networks Nursing and Midwifery Office, 2010). The argument is that health


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workers can be made "practice-collaborative ready" through education and collaboration between professionals [1]. In the theme of this study, it will be studied the importance of the leadership function in integrating midwives and nurses as professionals who are authorized to provide practices and maternal health services or maternity care in the scope of postpartum care.

Nawawi & Hadari (2012), state the importance of leadership in the organizational sphere and managing management and its systems effectively and efficiently. Therefore, qualified leadership skills are needed to create, strengthen, and promote cultural competence until success. In line with this background, strengthening collaboration is associated with the theme of leadership in organizational structures and the scope of practice, it can be seen from the results of case studies in NTT-Indonesia by Muhiddin et al. (2018), show that community involvement has a very strong influence from the aspect of the level of shared leadership [3].

A higher level of community involvement occurs when collaboration and joint leadership are present among them. The same reinforcement, by Goldman et al. (2010) in Canada, raises five main themes namely traditional roles and scope of practice, management and leadership, time and space, interprofessional initiatives, and early perceptions of collaborative care with effective outcomes [4]. Others, in the Netherlands by Cromie et al. (2019); Romijn et al. (2018); and Warmelink et al. (2017), state that collaboration between professions has a positive impact on maternal satisfaction. Collaboration of midwives, nurses and doctors, the result of communication and psychological interaction of pregnant women being served increases [5-7]. This study aims to analyze the leadership function of midwives who collaborate with nurses in postnatal care on the coverage of postnatal care in public health centers.

2. Methods

2.1. Research Design

A quantitative design with a cross-sectional approach is used to analyze the leadership function of midwives who collaborate with nurses on postpartum service coverage.

2.2. Research Site and Respondents

The research was conducted in the working area of the Martapura Timur and Beruntung Baru Community Health Centers, Banjar District, South Kalimantan Province, Indonesia. Thirty-five respondents were selected using a purposive sampling technique, namely midwives who worked with nurses. The inclusion criteria were living and working at the Puskesmas, and having an independent practice clinic to serve postpartum care.

2.3. Data Collection

Data collection includes observation, review of mother's MCH book documents, and structured interviews using a questionnaire. Postpartum service coverage data is obtained from the observation sheet in the MCH document. Meanwhile, the leadership function is taken from filling out a questionnaire consisting of four indicators, namely the directive, consultative, participatory, and delegation functions.

2.4. Data Analysis

Data processing using descriptive statistical analysis. An explanation of the characteristics of the respondent and each sub variable is calculated based on its frequency distribution; to assess the significant correlation between variables using descriptive analysis. Then, inferential analysis uses logistic regression analysis. It is used to get the influence of the independent variable on the dependent variable. The relationship between variables is stated significant if the significant value (p-value) is <0.05 .

3. Results

3.1. Descriptive Analysis

The results are shown in **Table 1** that thirty-five midwives were involved in the analysis. The socio-demographic characteristics found that most of the midwives were 30-40 years old (62.8%). The most recent education for midwives was Diploma 4 (80%). And, the length of work is more than 5 years (71,4%). Most postpartum services were carried out in the patient's home (68.4%).

TABLE 1: Characteristics of respondents.

Characteristic	Frequency (N=35)	
	n	%
Age		
20-30	8	22,8
30-40	22	62,8
>40	5	14,2
Last education		
Diploma 3	7	20
Diploma 4	28	80
Length of work		
< year 5	10	28,5
> year 5	25	71,4
Service Place		
At home patient	24	68,5
Midwife practice clinic	11	31,4

3.2. Midwife Leadership

Based on the data in **Table 2**. Most of the respondents' leadership has a good directive function (60%). Likewise, the majority of participatory functions are good (77,1%). For the consultative function, the largest respondents were in less category (65,7%) and directive function, mostly in the good category (60,7%). As for the delegation function, respondents are in almost the same category less (51,8%) and good (48,5%).

TABLE 2: Distribution of the frequency midwife leadership.

Indicator Midwife leadership	Category			
	Less		Good	
	n	%	n	%
Directive functions	14	40	21	60
Consultative functions	23	65,7	12	34,2
Participatory functions	8	22,8	27	77,1
Delegation functions	18	51,4	17	48,5

3.3. Postpartum Service Coverage

The data shown in **Table 3** is postpartum service coverage, the results are mostly on the indicator of the frequency of visits 4 times the postpartum period, high category

TABLE 3: Distribution of the frequency of postpartum service coverage.

Indicator Postpartum service coverage	Category			
	Low		High	
	n	%	n	%
Frequency of visits 4 times	6	17,1	29	82,8
Need for IEC & HP	9	25,7	26	74,2

(82,8%), and almost the same in the indicator Need for IEC (information education and counseling) and Health Promotion with high category (74,2%).

3.4. Statistical Analysis

The results of statistical test data in table 4. show that all independent sub-variables of the leadership function of midwives in collaboration with nurses have a significant effect on the coverage of postnatal care (Sig. P-value <0.005. As shown in data crosstabulation, participatory functions have the largest percentage of the other three functions, namely Good and High categories in postpartum service coverage were 57.1% and p-value 0.000. The lowest Good and High categories were in the consultative function, namely 20% and p-value 0.042. The strength of the most closely related indicators is also shown in **Table 4.** as follows:

TABLE 4: Cross tabulation and statistical test results between midwife leadership and the Postpartum Service Coverage (PSC).

Sub Variables Midwife leadership	Category	PSC				Total		Sig. (p)	Exp. (B)	95% CI
		Low		High		N	%			
		n	%	n	%					
Directive function	Less	6	17,1	8	22,8	14	40	0.002	2.140	1.031-14.172
	Good	5	14,2	16	45,7	21	60			
Consultative function	Less	13	37,1	10	28,5	23	65,7	0.042	0.618	0.910-8.396
	Good	5	14,2	7	20	12	34,2			
Participatory function	Less	3	8,5	5	14,2	8	22,8	0.000	8.011	1.315-21.052
	Good	7	20	20	57,1	27	77,1			
Delegation function	Less	8	22,8	10	28,5	18	51,4	0.028	0.805	0.054-9.716
	Good	8	22,8	9	25,7	17	48,5			

Based on the data in Table 4, it is shown that the participatory function has the strongest correlation strength with postpartum care coverage, with the Exp (B) value of 8,011 (95% CI = Lower 1.315 - Upper 21.052). These results illustrate that a good participatory function when midwives collaborate with nurses in serving postpartum mothers have a high chance of increasing the coverage of postnatal care by 6,526 times.

4. Discussion

Basically, we include the theme of leadership in a series of collaborations between midwives and nurses as an integral part of health service policy. At the organizational level, leadership and staff management are strong contributing factors of IPC which demand effective management to provide sufficient time available for professional teams to share and play a role with each other [8]. According to WHO (2010), collaborative practice in health care occurs when many health workers from different professional backgrounds provide comprehensive coordinated services to patients, their families, caregivers, and communities to achieve high-quality care across a range of care [9]. Effective and optimal collaborative and leadership practices can strengthen health systems and improve health outcomes [10,11].

The discussion in this study is about leadership in interprofessional collaboration, which is how the ability of individuals to interact, give and receive each other's assignments and common goals to be achieved in the future. As shown in the study results that have a significant effect on the four leadership functions, namely the participatory function with the greatest influence, the consultative function, the directive function and the delegation function.

The Participatory Function is the function that has the greatest influence on midwives who collaborate with nurses on the coverage or output of postnatal care. It is important to explain that the success of teamwork is largely determined by the elements of the leadership and its members. Here the midwife as the coordinator of the collaborative team in the practical field should involve more organizational components and organizational management, especially in activities that involve various parties so that the results obtained are more reproducible. further, WHO recommends, that leadership and service unit governance involves and ensures that all parties work in an effective, innovative, credible, systemic, and accountable framework of policy, regulation, and management

[12]. In line with the results of this study, as well as in other leadership functions, it is intended as an element of a way and style that is felt between the leadership of organizations and fellow members/service providers from various professions.

The Directive Function. In this section the researcher studies and finds a significant influence regarding the directive related to the collaboration of being instructional and directing in a more assertive and clean way and style but not monotonous, rigid, or one-way. According to D'Amour, (2005), it is important to explain two-way communication and interaction which, if not, have the potential to erroneous perceptions, overlaps, and operational standards of working in their respective powers and authorities when serving pregnant women until the postpartum period [13,14].

The Consultative Function. Herein the consultative function in a collaborative sequence has a small significant effect compared to the other three functions. This is potentially due to barriers and other moderate variables that contribute to changes in the individual environment, organization and level of the health care system [15]. In book Nawawi & Hadari, (2012) about the title *Kepemimpinan yang efektif (Effective leadership in English)* opinion, the key to the success of this consultative function lies in two-way communication. It is important that decision-making requires joint consideration and dialogue between leaders and staff.

The Delegation Function. in carrying out their duties and practices, together with service providers and leaders must have main responsibility for the organization. The leader focuses on monitoring organizational activities. From the results of this study, a significant effect of the delegation function was obtained from the collaboration of midwives and nurses. This becomes a strong facilitator for leaders to build a commitment to the work team or midwife and nurse staff to be responsible for bringing the organization to the health service level and to be effective at a more optimal output [16,17].

These functions that have been described are associated with the output of the coverage variable, the frequency indicator for four complete postpartum visits and the need for IEC and health promotion. Therefore, previous studies confirm that the increasing professionalization among groups of workers / service providers, the more professional collaboration is needed in health and social care [18]. Furthermore, in the USA and UK, previous studies suggest that medical leadership is developed and focused on structural change[19,20]. Regarding the topic of research results, nurses are integrated into maternity services in collaboration with midwives, who have different

sequences and authorities of duties and roles. The dominant midwife serves physical, psychological and natural skills and childbirth or gentle labor, while nurses concentrate on educational, promotive and preventive efforts that can change the knowledge, attitudes and behavior of mothers, their families and their dwelling environment. This, is the keyword of the study of changing health care organizations to improve performance requires an effective strategy to engage providers between other professions and develop clinical leadership [20,21].

5. Conclusion

Our study addresses the role of four leadership functions in postpartum care towards postpartum service coverage. All of these indicators have a significant effect. The participatory function has the greatest influence, followed by the directive, delegation and the less influential function is consultative. The urgency of this research is that it is necessary to re-strengthen at the macrosystem level along with real implementation to bring multi-professional multidisciplinary collaboration in all health care sectors. The practical implications in the future are expected to increase the awareness of all interested parties to implement leadership commitments into collaboration.

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