

RENOVATING MIDWIFERY

CARE:

THE COMPLEXITY OF

ORGANISATIONAL CHANGE FOR

MIDWIVES

IN VICTORIA, AUSTRALIA

by

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requirements for the degree of**

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CERTIFICATE OF AUTHORSHIP / ORIGINALITY

I certify that this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iv
TABLE OF CONTENTS.....	v
TABLES.....	xi
FIGURES.....	xii
ABSTRACT	xiii
CHAPTER ONE.....	1
PORTFOLIO INTRODUCTION.....	1
1. Introduction	1
1.1. The Author and Midwifery	2
1.2. Outline of Portfolio – Metaphor of House	4
1.2.1. Section One – The Foundations – Midwifery Connections	5
1.2.2. Section Two – The Floor – Midwifery Context in Victoria.....	6
1.2.3. Section Three – The House – Research Project	7
1.2.4. Section Four – The Roof – Connections	7
SECTION ONE	8
THE FOUNDATIONS – MIDWIFERY CONNECTIONS.....	8
CHAPTER TWO	9
THE MIDWIFE	9
2. Introduction	9
2.1. The Self-Identity of the Midwife	9
2.2. Childbirth Paradigms	10
2.3. Midwives’ Beliefs.....	15
2.4. Autonomy	19
2.5. Professional Autonomy.....	21
2.5.1. Characteristic One – Determining the Spheres of Activity under One’s Control	23
2.5.2. Characteristic Two – Having the Right and the Capacity to Make and Act Upon Choices and Decisions in this Sphere.....	23

2.5.3.	Characteristic Three – Having the Right to Autonomy Acknowledged by Others Affected By or Involved in These Decisions	30
2.5.4.	Characteristic Four – Taking Responsibility for Decisions Made	33
2.6.	Midwifery Autonomy and Re-skilling in Australia	36
2.7.	Summary	37
CHAPTER THREE		38
CONNECTING WITH WOMEN.....		38
3.	Introduction	38
3.1.	Woman-Centred Care	38
3.1.1.	Continuity of Care in Midwifery	41
3.1.2.	Defining Continuity of Care in Midwifery	42
3.2.	Midwife-led Care.....	46
3.2.1.	Caseload Models.....	48
3.2.2.	Midwife-led Team Model of Care	49
3.2.3.	Midwives’ Experience of Midwife-led Care.....	50
3.3.	Job Satisfaction.....	60
3.4.	The Midwife-Woman Connection	65
3.4.1.	The Midwife-Woman Interface	67
3.4.2.	Trusting Relationships	69
3.5.	Shared or Opposing Values	70
3.6.	Summary.....	71
SECTION TWO.....		72
THE FLOOR – MIDWIFERY CONTEXT IN VICTORIA		72
CHAPTER FOUR.....		73
POLICY AND CHANGE IN MATERNITY SERVICES		73
4.	Introduction	73
4.1.	Policy in Maternity Care.....	73
4.2.	Health Policy Responsibility.....	74
4.3.	Kingdon’s Approach to Policy Analysis.....	75
4.4.	The Policy Stream – Maternity Services Policy in Victoria 1998-2007	78
4.5.	The Political Stream – Getting Maternity Services onto the Government Agenda... 83	
4.5.1.	The Victorian Birthing Services Review	84
4.5.2.	Influential Political Actors pre-1998.....	85
4.5.3.	Windows of Opportunity	89

4.6.	The Problem Stream – The Issues Evident in the Provision of Maternity Services in Victoria	90
4.6.1.	Increasing Use of Technology	92
4.6.2.	Inappropriate Servicing by Obstetricians	94
4.6.3.	Equity and Access to Maternity Services	95
4.6.4.	Consistent Guidelines	96
4.6.5.	Insufficient Support in Postnatal Period	97
4.6.6.	Midwives and Maternity Services Policy	100
4.7.	Concepts and Theory Related to Change	102
4.7.1.	What is Change?	102
4.7.2.	Theoretical Models Related to Change	104
4.7.3.	Steps for Successful Change	106
4.7.4.	Barriers to Change	108
4.7.5.	Evaluating Effect and Effectiveness	110
4.8.	Adapting to Organisational and Professional Change	112
4.8.1.	Re-skill, Up-skill, Extension of Practice	113
4.9.	Leadership	113
4.10.	Summary	117

SECTION THREE – THE WALLS 119

RESEARCH PROJECT 119

CHAPTER FIVE 120

METHODS 120

5.	Introduction	120
5.1.	Development of the Key Research Questions	120
5.2.	Case Study Approach	122
5.3.	Rationale for Approach	125
5.4.	Trustworthiness	126
5.4.1.	Credibility and Authenticity	127
5.4.2.	Confirmability	128
5.4.3.	Dependability	128
5.4.4.	Transferability	128
5.5.	Ethical Considerations	129
5.6.	The Cases	131
5.6.1.	Key Informants	132
5.7.	Data Collection Tools	133
5.7.1.	Survey	133
5.7.2.	Survey Tool	134

5.7.3.	Distribution of Surveys.....	136
5.7.4.	Focus Groups.....	137
5.8.	Recruitment Process for Focus Group or Individual Interview.....	140
5.8.1.	Difficulties in Recruiting.....	141
5.8.2.	Focus Group Facilitation.....	142
5.8.3.	Interviews with Leaders/Managers.....	143
5.9.	Analysis of the Data.....	144
5.9.1.	Content, Context and Process Model.....	145
5.9.2.	Analysis of the Survey Data.....	146
5.9.3.	Analysis of Interviews and Focus Groups.....	147
5.10.	Researcher as Instrument.....	148
5.10.1.	Positioning Myself as Researcher.....	149
5.11.	Limitations of study.....	150
5.12.	Summary.....	150
CHAPTER SIX.....		151
THE CASES.....		151
6.	Introduction.....	151
CASE A.....		153
6.1.	Local Context Case A.....	153
6.1.1.	Community Characteristics Case A.....	153
Case A – Pre-2001.....		154
6.2.	Physical Environment.....	154
6.3.	Organisation of Maternity Care.....	155
6.4.	The Availability of Continuity of Carer for Women.....	156
6.5.	Administrative Management.....	157
6.6.	Educational Support for Midwives.....	157
6.7.	Processes Followed to Implement Changes at Case A.....	158
6.7.1.	Catalyst for Change at Case A.....	158
6.7.2.	Vision for Maternity Services.....	159
6.7.3.	Working Party.....	160
6.7.4.	Communication and Consultation.....	161
6.7.5.	Ballot for Model of Maternity Care.....	162
6.8.	Case A 2001 to 2005.....	163
6.8.1.	Physical Environment.....	163
6.8.2.	Model of Maternity Care Midwifery Perspective.....	168
6.8.3.	Staffing Issues.....	168
6.8.4.	Choice for Women.....	171
6.8.5.	Consumer Forces.....	171
6.8.6.	Hospital Management.....	172

6.8.7.	Education Preparation and Support for Midwives	173
6.8.8.	Impact on Staff.....	175
6.9.	Summary Case A	176
CASE B		177
6.10.	Local Context Case B	177
6.10.1.	Community Characteristics Case B.....	177
Case B – Pre-2003		178
6.11.	Physical Environment	178
6.12.	Maternity Care	180
6.13.	Hospital Management	181
6.14.	Education Support for Midwives	182
6.15.	Processes Followed to Implement Changes at Case B.....	182
6.15.1.	Catalyst for Change	183
6.15.2.	Working Party	184
6.15.3.	Discussion and Ballot.....	185
6.15.4.	Education Preparation for Change.....	185
6.15.5.	Changes to the Midwives Employment.....	186
6.15.6.	Models of Maternity Care	188
6.15.7.	Hospital Management from 2003	189
6.15.8.	Education Support for Midwives.....	189
6.15.9.	Impact on Midwifery Staff.....	191
6.16.	Summary.....	192
CHAPTER SEVEN.....		193
SURVEY RESULTS – CASE A & B.....		193
7.	Survey.....	193
7.1.	Demographic characteristics of the respondents.....	193
7.2.	Midwifery Education and Experience.....	195
7.2.1.	Continuing Education	195
7.3.	Attributes of Midwifery Practice and Changes over Last Five Years.....	197
7.4.	Satisfaction and Vision of Midwifery Work.....	198
7.5.	Changes in the Work Environment for Midwives Since 2000.....	200
7.5.1.	Respondents Perceptions of Changes in Maternity Services for Women	202
7.6.	Most Important Issues for Midwives	203
7.7.	Woman-centred Care	204
7.8.	Midwifery Continuity of Care	206
7.9.	Conclusion	206
CHAPTER EIGHT		208
FOCUS GROUPS AND INDIVIDUAL INTERVIEWS.....		208

8.	Introduction	208
8.1.	Case A.....	208
8.2.	Theme One – Feeling Unable to Provide Care	210
8.2.1.	Workload and Staffing.....	210
8.2.2.	Devaluing Postnatal Care.....	212
8.2.3.	The Physical Working Environment.....	214
8.3.	Theme Two – Ability to Practice as a Midwife	215
8.3.1.	Fear and Anxiety.....	217
8.3.2.	Consolidating and Maintaining Competency.....	219
8.3.3.	Confidence to Practice	222
8.3.4.	Collegiality and Support	225
8.3.5.	Differing Philosophies	226
8.3.6.	Valuing the Role of the Midwife	227
8.4.	Theme Three – Loss of Trust.....	228
8.5.	Summary Case A	230
8.6.	Case B Interviews and Focus Group Findings.....	231
8.7.	Theme One – Ability to Practice as a Midwife.....	233
8.7.1.	Fear and Anxiety.....	234
8.7.2.	Consolidating and Maintaining Competency.....	236
8.7.3.	Confidence to Practice	238
8.7.4.	Collegiality and Support	240
8.7.5.	Differing Philosophies	241
8.8.	Theme Two – Loss of Self.....	242
8.9.	Summary.....	244
CHAPTER NINE		245
THE ROOMS – DISCUSSION OF CASE STUDY FINDINGS		245
9.	Introduction	245
9.1.	Different Working Environments	246
9.2.	Midwifery Practice	249
9.3.	Leadership and Management of Change.....	253
9.4.	Summary.....	254
SECTION FOUR – THE ROOF		255
THE CONNECTIONS		255
CHAPTER TEN		255
MIDWIFERY THROUGH THE LENS OF COMPLEXITY		255

10.	Introduction.....	255
10.1.	Complexity Science.....	259
10.1.1.	Complex Adaptive Systems	262
10.2.	Connective Leadership Model	267
10.2.1.	The Connective Leadership Model and Midwifery.....	269
10.3.	Conclusion.....	273
REFERENCES.....		276
Glossary.....		299

TABLES

TABLE 1: CHARACTERISTICS ASSOCIATED WITH AUTONOMY	22
TABLE 2: STUDIES REVIEWED OF MIDWIVES' EXPERIENCE WITH MIDWIFE-LED MODELS	51
TABLE 3: POSITIVE ATTRIBUTES OF MIDWIFE-LED CARE.....	54
TABLE 4: NEGATIVE ATTRIBUTES ASSOCIATED WITH MIDWIFE-LED CARE	55
TABLE 5: KINGDON'S (2003) MULTIPLE STREAMS FRAMEWORK FOR AGENDA SETTING..	77
TABLE 6: OBJECTIVES OF MSP	81
TABLE 7: FUTURE DIRECTIONS FOR MATERNITY SERVICES IN VICTORIA - 6 POINT PLAN	82
TABLE 8: TIMELINE OF MATERNITY SERVICES POLICIES IN VICTORIA	82
TABLE 9: RATES OF INTERVENTIONS IN VICTORIA 1985-2006	93
TABLE 10: PROBLEMS ADDRESSED BY THE VICTORIAN MATERNITY SERVICES POLICY	101
TABLE 11: DIFFERENCES BETWEEN MANAGERS AND LEADERS.....	115
TABLE 12: CRITERIA FOR TRUSTWORTHINESS AND HOW MET THROUGHOUT STUDY ...	129
TABLE 13: ADVANTAGES AND DISADVANTAGES OF METHODS OF DATA COLLECTION USED FOR THE STUDY	140
TABLE 14: LAYERED CASES.....	144
TABLE 15: DATA COLLECTED FOR CONTENT, CONTEXT AND PROCESS MODEL	146
TABLE 16: CASE STUDY SITES.....	152
TABLE 17: TIMELINE CASE A.....	154
TABLE 18: TIMELINE CASE B	177
TABLE 19: DEMOGRAPHIC CHARACTERISTICS OF MIDWIVES RESPONDING TO SURVEY AT CASE A AND CASE B	194
TABLE 20: MIDWIFERY EDUCATION, WORK SETTINGS & CONTINUING EDUCATION OF RESPONDENTS CASE A & B	196
TABLE 21: THE IMPORTANCE OF THE ATTRIBUTES OF MIDWIFERY PRACTICE FOR RESPONDENTS	197

TABLE 22: RESPONDENTS' PERCEPTIONS OF CHANGES OF THE ATTRIBUTES OF MIDWIFERY PRACTICE.....	198
TABLE 23: SATISFACTION AND VISION OF MIDWIFERY WORK	199
TABLE 24: CHANGES IN WORK ENVIRONMENT FOR MIDWIVES SINCE 2000	202
TABLE 25: CHANGES IN MATERNITY SERVICES FOR WOMEN SINCE 2000 VIEWS OF RESPONDENTS	203
TABLE 26: CURRENT ISSUES FOR MIDWIVES RESPONDING TO THE SURVEY FROM CASE A AND CASE B.....	204
TABLE 27: RESPONSES MATCHING ITEMS FROM A DEFINITION OF WOMAN-CENTRED CARE FOR MIDWIVES	205
TABLE 28: RESPONSES MATCHING ITEMS FROM A DEFINITION OF CONTINUITY OF CARE	206
TABLE 29: DEMOGRAPHIC CHARACTERISTICS OF MIDWIVES PARTICIPATING IN INTERVIEWS COMPARED WITH THE SURVEY RESPONSE	209
TABLE 30: DEMOGRAPHICS OF MIDWIVES PARTICIPATING IN INTERVIEWS COMPARED TO SURVEY	232
TABLE 31: COMPARISON THEMES FOR CASE A AND CASE B.....	244
TABLE 32: LINKS TO COMPLEXITY SCIENCE THROUGHOUT THE PORTFOLIO.....	259
TABLE 33: ATTRIBUTES OF COMPLEX ADAPTIVE SYSTEMS RELATED TO THE CASE STUDY.....	266
TABLE 34: CONNECTIVE LEADERSHIP MODEL RELATED TO FINDINGS	271

FIGURES

FIGURE 1: HOUSE AS METAPHOR FOR THE PORTFOLIO.....	5
FIGURE 2: RELATIONSHIPS AND BELIEFS THAT INFORM A MIDWIFE'S PRACTICE.....	8
FIGURE 3: MEDICAL / SOCIAL / HOLISTIC PARADIGMS INTERACTION	15
FIGURE 4: DIAGRAM OF CASE A FLOOR PLAN.....	166
FIGURE 5: DIAGRAM OF CASE B FLOOR PLAN.....	179
FIGURE 6: CONNECTIVE LEADERSHIP MODEL	268

ABSTRACT

The importance of the role of the midwife in providing safe, quality care for women has until recently, been underrated in Victoria, Australia. Acknowledgement of the need for midwife-led models of care in state maternity service policies provided opportunities for midwives to become recognised within the healthcare system and the wider community. This professional doctorate aims to examine the ways in which the role of the midwife and her¹ practice has been impacted on by organisational renovations of midwifery care. It identifies the complexity of the factors that affect the midwife's ability or choice to work in midwife-led models of care. Furthermore this doctorate highlights the need for ongoing debate into midwifery in Australia.

Concepts related to midwifery practice are examined as they form the foundations for the research and policy components of the portfolio. This includes an exploration of midwifery philosophy, the antecedents to autonomous practice and the experience midwives have of midwife-led care. An examination of the concepts of continuity of care and woman-centred care provides a platform upon which to review models of midwifery care. This review highlights the development of an ongoing relationship as a source of satisfaction for midwives and women.

The second part of the doctorate reviews policies that guide the provision of maternity services in Victoria. Analysis of these policies using Kingdon's multiple streams framework identifies the problems, the political actors and the policy developed, establishing the context for organisational change in maternity care. The antecedents for successful integration of organisational change are explored through a review of change theory and leadership.

A case study approach utilised for the research component of the doctorate provides insights into organisational change that occurred at two maternity sites in Victoria. The findings of the study suggest there was a dichotomy between those midwives desiring autonomous practice and wanting to work in midwife-led care and those wishing to remain in one specialised area. Recommendations stemming from these findings

¹ The feminine pronoun will be used throughout the portfolio as 99% of midwives in Australia are women. This is not meant to discriminate against male midwives.

include the need for sufficient education and support during change, a review of terminology used to describe midwifery models of care and research into the use of integrated maternity units.

Complexity science is examined in order to bring the different strands of the doctorate together, providing an explanation for the different outcomes that occur despite the implementation of similar models. The connective leadership model was suggested as the means to provide leadership that is inclusive of providing direction, mentoring new leaders and providing support and opportunities for midwives to become empowered to practice autonomously. Attention to the complexity of organisational change is vital to ensure the future of midwifery.