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Impact of Working Conditions on the Behavior of Healthcare Providers in the Maternity Ward of Yalgado OUEDRAOGO University Hospital

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Abstract

Introduction: Adequate working conditions and resources, both in terms of quantity and quality, are essential for compassionate behavior and quality patient care. This study aimed to investigate the working conditions and their impact on the behavior of healthcare providers in the maternity ward at Yalgado OUEDRAOGO University Hospital (CHUYO). **Materials and Methods:** This descriptive cross-sectional study was conducted from September 1, 2022, to March 1, 2023. We interviewed healthcare providers after observing their interactions with women during labor. **Results:** The mean age of the 71 healthcare providers was 37.4 years. Regarding the perception of working conditions, 95.77% of providers reported being overworked, and 97.18% were satisfied with their job but not with their salary. Regarding the assessment throughout the childbirth process, no provider was uncompassionate, 56.34% were moderately compassionate, and 43.66% were compassionate. For healthcare providers, the main factors affecting their behavior were difficult working conditions. Workplace relationships were the only factor associated with compassionate behavior. **Conclusion:** Despite difficult working conditions, the level of compassionate behavior among providers is generally satisfactory. However, while working conditions and certain practices need improvement, other negative behaviors must be avoided by the healthcare providers.

Keywords

Behavior, Healthcare Providers, Working Conditions, Maternity

1. Introduction

Quality care, including compassionate care, involves care provided with compassion, dignity, confidentiality, the patient's informed choice, and in accordance with current scientific standards and by competent professionals [1]-[6]. Working conditions and resources are indispensable for an environment that fosters compassionate behavior and ensures the quality and safety of patient care [4]. Quality of care and patient satisfaction are current priorities for policies and health facilities worldwide. Providers' behavior is a crucial aspect of patient satisfaction [7]. Thus, providers must deliver compassionate care to clients without distinction [7]. Such compassionate care is particularly important in the maternity ward delivery room and constitutes a universal human right [1].

However, complaints filed by these patients and users are numerous, contributing, on the one hand, to tarnishing the image of maternity wards and, on the other, to disregarding the sacrifices made by healthcare personnel, due in part to the daily workload [3]-[5]. Numerous studies have identified several factors described by healthcare providers that negatively affect their behavior towards maternal health patients. Some studies have shown that compassionate behavior is not always a routine practice for providers in delivery rooms [8]-[11]. Difficult and demanding working conditions, lack of infrastructure, equipment, materials, low pay, and lack of motivation are among the factors identified worldwide, including in several African countries [4].

In Burkina Faso, many initiatives have been implemented to improve the accessibility and quality of maternal healthcare in maternity wards, such as free care provision for pregnant women and children under 5 years of age. Given the ongoing number of complaints, we are interested in studying the compassionate behaviors of healthcare providers in the maternity ward while also considering their working conditions. This could contribute to improving work conditions and strengthening the quality of care provided in the maternity ward of the Yalgado OUEDRAOGO University Hospital (CHUYO).

2. Materials and Methods

2.1. Type, Study Period, Setting, and Study Population

This descriptive cross-sectional study was conducted from September 1, 2022, to March 1, 2023. The study was conducted in the maternity ward of Gynecology and Obstetrics Department of CHUYO. The study population consisted of healthcare providers in the delivery room, namely, doctors, midwives, and male midwives.

2.2. Sampling and Sample Size

Providers were selected using non-probabilistic sampling methods. We calculated the sample size using OpenEpi software with the following formula:
$n = \left[\text{DEFF} * Np(1-p)\right] / \left[d^2 / Z^2_{1-\alpha/2} * (N-1) + p * (1-p)\right]$. The total population N was 83 providers; proportion p = 54.4% (results of compassionate behaviors

observed in the delivery room at CHUYO in 2015 during a study [12]), a confidence level of 95%, and a margin of error d = 5%. The sample size (n) was 71 providers.

2.3. Selection Criteria

All qualified healthcare providers who participated in the care of women in labor in the delivery room and provided their verbal or written, free, and informed consent to participate in the study were included.

Were not included:

- heathcare providers who were not in the delivery room during the study period.
- healtcare providers who were in the delivery room but did not provide care to the woman in labor.
- healthcare providers who cared for women in labor with whom they had familial ties.
- any trainee healthcare provider other than those specializing in obstetrics and gynecology.

2.4. Choice of Variables

The variables were as follows:

- socioprofessional characteristics of healthcare providers: age, sex, professional qualification, and seniority in the department;
- working conditions of healthcare providers: workload, salary, equipment, materials, and infrastructure, workplace relationships, communication with superiors, participation in decision-making;
- providers' behavior: healthcare provider-patient relationship, factors perceived as influencing behavior.

2.5. Data Collection and Analysis

Two forms were developed as data collection tools:

- A grid for observing the provider-patient interaction and the infrastructure, equipment, and medical-technical materials;
- A form for interviewing healthcare providers about socio-professional variables, working conditions, and perceived factors influencing providers' behavior.

The data collection techniques used were interviews and observations of working conditions and provider-patient interactions. We obtained free, voluntary, and informed consent from the healthcare providers. Healthcare providers were included as soon as they started their work shifts. We observed interactions between the provider and patient at different stages of care: reception and initial assessment, labor monitoring, delivery, immediate postpartum, and working conditions. Each provider was interviewed. Data were collected using a personal computer. The analysis was performed using Epi Info version 7.2.

2.6. Operational Definition

The concept of compassionate behavior in maternity care implies that care is extended to include respect for women's fundamental rights, including respect for autonomy, dignity, feelings, choices, and preferences, including the choice of a companion during childbirth. In other words, the relationship between a woman and her maternity care providers during pregnancy and childbirth must be characterized by compassion, empathy, support, trust, empowerment, and gentle, respectful, and effective communication to facilitate informed decision-making [13]. The classification criteria refer to the elements used to assess the healthcare worker's behavior during the different stages of childbirth, based on 37 items (questions) to be answered or checked off with a yes or no on the questionnaire. The questionnaire was designed after a review of the literature on compassionate behaviors. The questionnaire was validated by peers. A "yes" answer corresponds to 1 and a "no" answer to 0. The scores were then summed to obtain a total score for each provider at each stage and for the entire childbirth process. The overall evaluation score was divided into a three-level scale:

- level 1: from 0 to 1/4 of the total score corresponding to non-compassionate behavior;
- level 2: from 1/4 to 3/4 of the total score corresponding to moderately compassionate behavior;
- level 3: from 3/4 to the total score corresponding to compassionate behavior. Thus, we can refer to non-compassionate, moderately compassionate, and compassionate providers according to the following characteristics;
- the healthcare provider's attitude towards the patient during reception, scored out of 8: 0 to 2 for non-compassionate behavior; 2 to 6 for moderately compassionate behavior; and 6 to 8 for compassionate behavior;
- the healthcare provider's attitude during labor monitoring and delivery, scored out of 13: 0 - 4 for non-compassionate behavior; 4 - 10 for moderately compassionate behavior; and 10 - 13 for compassionate behavior;
- the healthcare provider's attitude towards the patient in the immediate postpartum period and counseling, scored out of 16: 0 - 4 for non-compassionate behavior; 4 - 12 for moderately compassionate behavior; and 12 - 16 for compassionate behavior;
- The healthcare providers' overall attitude, taking into account the attitude towards the patient during reception, labor monitoring and delivery, and the immediate postpartum period, scored out of 37: 0 - 12 for non-compassionate behavior; 12 - 24 for moderately compassionate behavior; and 24 - 37 for compassionate behavior.

2.7. Ethical and Deontological Considerations

We obtained authorization from the head of the department. Free, informed, and voluntary consent was obtained from all participants. The anonymity of the data collection forms and confidentiality of the responses were ensured.

3. Results

In this study, we surveyed 71 healthcare providers.

3.1. Socioprofessional Characteristics of the Healthcare Providers

The average age was 37.4 years ± 6.7, ranging from 22 to 54 years. There were 27 male (38%) and 44 female (62 %) providers. The average length of service was 6.45 years ± 4.57, with a range from 8 months to 23 years, and 67.1% had no more than 10 years of service. The socioprofessional characteristics of the workers are presented in Table 1.

Table 1. Socioprofessional characteristics of healthcare providers.

Socioprofessional characteristics	Number	Percentages (%)
Age (years)		
[20 - 30[	14	19.72
[30 - 45[	46	64.79
[45 - 55[	11	15.49
Professional qualification		
Midwives and maieuticians	38	53.52
Doctors	33	46.48
Seniority in the position (years)		
≤5	26	36.62
]5 - 15]	34	47.89
> 15	11	15.49

3.2. Working Conditions of Healthcare Providers

The quality of the infrastructure, equipment, and medical-technical materials in the emergency section of the maternity ward was average or poor in some rooms. These pieces of equipment and medical-technical materials were insufficient in number. The daily healthcare staff consisted of two midwives or maieuticians and three doctors, with a daily workload of approximately 20 - 50 patients. Table 2 presents the healthcare providers' perceptions of working conditions in the maternity emergency department.

Table 2. Healthcare providers' perception of working conditions.

Working conditions	Perception	N	%
Workload	acceptable workload	3	4.23
	Too busy	68	95.77
Degree of knowledge of one's task	Knows their task	55	77.46
	Ignore their task	16	22.54
Perception of Employment and Salary Satisfaction	Satisfied with the job	69	97.18
	Satisfied with the salary	2	2.82

Continued

	Not satisfied with the job	2	2.82
	Not satisfied with the salary	69	97.18
Workplace relationships	Good	31	43.66
	Average	40	56.34
Participation in decision-making	Yes	34	47.89
	No	37	52.11
Communication with the supervisor	With respect and kindness	67	94.37
	Without respect and kindness	4	5.63
Condition of equipment and materials	Bad	59	83.10
	Medium	12	16.90
Quantity of equipment and materials	Sufficient	1	1.41
	Insufficient	70	98.59

3.3. Behavior of Healthcare Providers

3.3.1. Healthcare Providers' Attitudes According to Their Behavior

Providers were evaluated at different stages of childbirth based on their compassionate behaviors, followed by an overall assessment of the entire childbirth process. Figure 1 presents the healthcare providers' behavior toward women in labor.

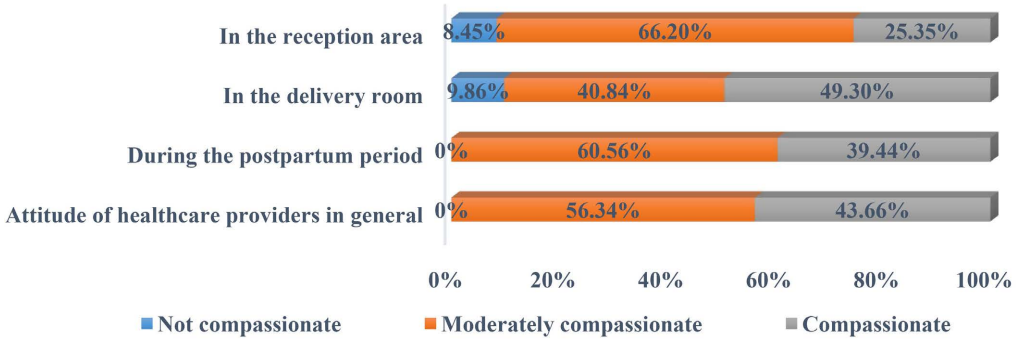

Figure 1. Healthcare providers' behavior towards women in labor during care.

3.3.2. Factors Associated with Healthcare Providers' Behaviors

Table 3 presents the bivariate analysis between socio-professional variables and provider behavior. The workplace relationship was the only factor statistically associated with healthcare provider behavior.

Table 3. Bivariate analysis between socio-professional variables and providers' behavior.

Socioprofessional variables		Behavior		p value
		Compassionate	Moderately compassionate	
Sex	Male	10	17	0.46
	Female	21	23	

Continued

Professional qualification	Doctor	14	19	0.84
	Midwife/maieutician	17	21	
Workload	Charge acceptable	2	1	0.57
	Too busy	29	39	
Perception of Employment	Satisfied	29	40	0.18
	Not Satisfied	2	0	
Workplace relationships	Good	19	12	**0.008**
	Moyenne	12	28	
Condition of equipment and materials	Bad	25	34	0.62
	Medium	6	6	
Participation in decision-making	Yes	12	22	0.17
	No	19	18	
Communication with the hierarchical superior	With respect and kindness	29	38	0.792
	Without respect and kindness	2	2	

3.3.3. Factors Perceived by Providers as Influencing Their Behavior

Figure 2 presents the factors perceived by healthcare providers as influencing their behavior in the maternity emergency room.

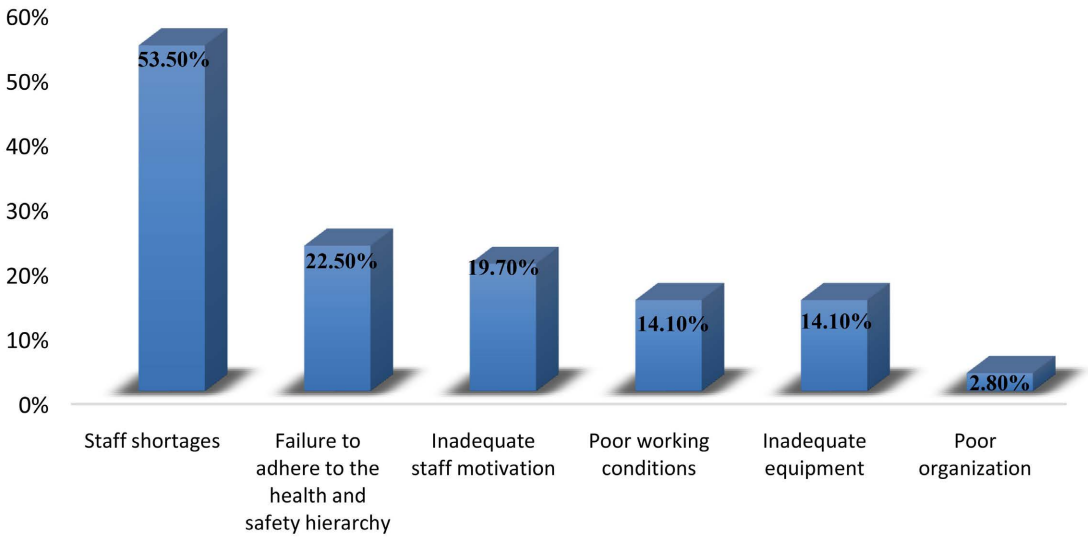

Figure 2. Factors perceived by healthcare providers as influencing their behavior.

4. Discussion

The objective of this study was to evaluate the working conditions of providers and their impact on healthcare providers' behavior towards patients. This study included 71 healthcare providers. The average age was 37.4 years ± 6.7, with a majority being female and belonging to the midwives-maieuticians category, and the average length of service was 6.45 years ± 4.57. Regarding the perception of

working conditions, 95.77% of healthcare providers reported being overworked; 97.18% were satisfied with their job but not with their salary; 83.10% considered the materials, equipment, and infrastructure to be of poor quality, and 98.59% considered them to be insufficient in quantity. Overall, 44.29% of the providers displayed compassionate behavior throughout the process. According to providers, staff shortages were the main factor behind poor behavior in 53.5% of cases, and workplace relationships were the only statistically significant factor associated with providers' behavior.

4.1. Socioprofessional Characteristics of Healthcare Providers

The average age of the healthcare providers was 37.4 years ± 6.7, with a range of 22 - 54 years. Our result is close to that of Zongonaba's 2015 study on compassionate behavior in the delivery room in the same service, which found an average age of 35.34 years [12], Naseri's in Iran, 31.84 years among nurses [14], Ergin's in Turkey, 37.47 years [15], and Wesson's in Namibia, 37.4 years [16]. In Kenya, 68.8% of healthcare providers were under the age of 40 [7]. These results reflect the youth of the study population. This youthfulness may be explained by the general youth of our population and the need to assign young staff owing to the workload in emergency services and the presence of resident doctors, who are relatively younger.

Females predominated, accounting for 62% of the providers. Several authors have also reported this female predominance [2] [5] [14] [17]. For example, Afulani in Kenya [7], Ndwiga in Kenya [18], and Wesson in Namibia [16] reported female proportions of 62.5%, 82.1%, and 91.1%, respectively. However, in Kasaye's study, males predominated at 55.4% [19]. Our results could be explained by the fact that the study was carried out in the maternity delivery room, where there were more midwives (MWs).

In our study, 53.5% of the participants were MWs/maieuticians, which might be explained by the country's healthcare system, where the number of paramedical staff is generally higher than that of physicians. However, the relatively high number of physicians in our study may be due to the presence of residents in the obstetrics and gynecology department. Our results are similar to those of other studies in the literature, where the MWs, maieuticians, and nurses category predominated, ranging from 55.72% to 95% [16] [18]-[21].

The average length of service was 6.45 years, ranging from 8 months to 23 years. More than half of the respondents (67.6%) had between 0 and 10 years of service. Naseri *et al.* reported a similar average of 5.71 years [14]. The same was true in Fachon's study in the United States, where 58.7% had less than 10 years of service [2]. According to Afulani, 93.7% of providers held their posts for no more than four years [7]. In another study, 78.3% had no more than 10 years of service in the health facility [15]. This could be explained in part by the majority presence of residents, whose training lasts four years, representing different cohorts, and in part by the youth of the study population.

4.2. Healthcare Providers' Perceptions of Working Conditions

Workload

Healthcare providers face a heavy workload due to insufficient staff and a large number of patients attending the maternity ward. Moreover, 95.8% of the providers felt that they were overworked at their workplace. The findings of the literature support our findings. In fact, 59.73% of healthcare providers had a high workload [17]. Provider overload has been noted by many worldwide [3] [4] [7] [16] [22]-[27]. This excessive workload is a source of stress that impacts providers' psychological health, the quality of relationships with patients, and the quality of care provided, leading to dissatisfaction [22].

Perception of employment and salary

The majority of surveyed agents (97.18 %) were satisfied with their jobs, but less so with their salaries considering their workload. This finding is similar to that of Garcia, where 88.47% of health workers reported job satisfaction [17]. Providers were proud of their usefulness and enjoyed their work, even though they faced difficulties [23]. According to Rahmani, in Afghanistan, 87.6% of providers were at least partially satisfied with their jobs [15]; 70.9% were happy with their work, and 65.5% were satisfied with providing maternal health care [19]. Job satisfaction is an important element of workplace well-being, enabling workers to contribute to the development of businesses and society and provide quality services to clients. For midwives, low pay and delays in promotions were sources of dissatisfaction at work [27]. The salary dissatisfaction found in our study has been reported in several countries (studies) according to Reddy, Carvajal, and Mannaya in their reviews [22] [26] [28]. This indicates that the salary situation in Burkina Faso is not an isolated case but an almost global reality. In Ghana, midwives complained about the lack of bonuses, rural allowances, and compensation, which were demotivating [24]. Low salaries were also reported by doctors in Afghanistan [23]. In Wesson's study in Namibia, only a minority (12.1%) of providers were satisfied with their salary [16]. Salary dissatisfaction leads to worker demotivation and impacts providers' health and quality of care. Governments must establish fair remuneration mechanisms for care providers to meet their essential needs.

Workplace relationships

Relationships at work were good in 43.66% of cases, according to healthcare providers. This rate is not satisfactory because the quality of relationships at work is a key factor in the smooth functioning of work. Indeed, psychological balance allows one to be in a good frame of mind to provide humane care, as good communication habits among providers create a positive work climate in which providers thrive in their tasks. Our results are close to those of Kasaye, where the relationships among health professionals were good in 51.4% of cases. Healthcare providers worked as a team with mutual respect in 63.5% of the cases [19]. However, as in our study, difficulties with relationships, cooperation, autonomy, and support between work teams or between subordinates and superiors or managers have been reported [16] [25] [26] [28].

Equipment, materials and infrastructure

Moreover, 83.1% of the providers felt that the equipment was in poor condition, which often made their work difficult. Regarding the quantity of equipment, 98.6% of the providers considered the work equipment insufficient. Our findings, namely, the absence or insufficiency of equipment, materials, and infrastructure in both quantity and quality, are supported by several authors, especially in developing countries such as those in Africa [22]. According to Garcia, 42.55% of caregivers had inadequate working conditions [17].

4.3. Healthcare Providers' Behavior

Attitude of healthcare providers

The evaluation of the entire childbirth process found no non-compassionate healthcare providers (NCPs), 56.33% moderately compassionate providers, and 43.66% compassionate providers. Similar results have been reported by several researchers. In Tarekegne's series, 88% of patients stated that providers treated them with respect; 93.7% and 98.5% were not victims of verbal and physical abuse, respectively [29]. In the USA, over 84.8% of the staff reported that they most often treated patients with respect [2]. In Kenya, 84% of caregivers treated patients with respect and dignity most of the time or always [7]. According to a literature review, women experienced compassionate or positive behaviors and attitudes—sympathy, friendliness, kindness, politeness, attentiveness, helpfulness, good communication, and welcoming—from the health staff [28]. These results demonstrate the commitment of care providers to deliver quality, dignified, respectful, and compassionate care to achieve the goals of risk-free maternity and maternal health. However, the evaluation noted approximately 10% of non-compassionate behaviors in delivery rooms and at reception in our study. This finding is not isolated. According to Wesson, 31.2% of providers reported witnessing non-compassionate behaviors towards patients in their health facilities [16]. Non-compassionate behaviors (physical, verbal, poor communication, lack of support, and lack of autonomy) have been corroborated in several studies in various countries around the world [4] [5] [19] [22] [28]. In Ethiopia, most providers reported non-compassionate behaviors towards patients. Approximately one-third of providers commit verbal or physical violence against patients [19]. Such behaviors, regardless of their type or form, must be banned from healthcare facilities and daily life. The causes raised by providers were numerous: work overload, staff shortages, lack of infrastructure, equipment, materials, low salaries, tensions with superiors, managers, and colleagues, stressful working conditions, stress, lack of support and recognition, lack of career or training prospects, and lack of transparency and fairness [22] [28].

Factors perceived by healthcare providers as influencing their behavior

Providers mentioned reasons that negatively influenced their behavior, such as: The most common reasons were staff shortages (53.5%), noncompliance with the healthcare pyramid (22.5%), and inadequate staff motivation (19.7%).

Our finding that insufficient staff negatively affects providers' behavior toward parturients and patients in general has been reported in the literature [3] [4] [7] [16] [21] [22] [24] [25]-[28] [30]. In Namibia, more than 80% of providers reported insufficient staffing relative to the workload [16]. Carvajal *et al.*, in a literature review of 70 studies, noted understaffing in several studies as a source of work overload and stress, thereby impacting the quality of care [26]. Providers and patients have denounced understaffing in health facilities [4]. In Ghana, the lack of midwives is a major concern in health facilities, causing midwives to work 24-hour shifts [24]. In the USA, barriers to compassionate care include workload (76.1%) and fatigue (60.9%) [2]. Staff shortages lead to work overload and stress and compromise the quality of care in a context where clients are increasingly demanding and impatient. Quality of care is at the forefront of national and international policy concerns, as well as those of health facilities and patients [26]. Under these conditions, neither the patients nor the providers are satisfied. This situation undermines the quality of the patient-provider relationship and even the physical and mental health of the providers.

Noncompliance with the healthcare pyramid results in parturients who could have been seen at lower levels ending up at the university hospital alongside patients referred from other lower-level facilities. This could be explained either by proximity to the university hospital, because the patient was followed up there during pregnancy, or because of a preference for giving birth in a better-equipped medical environment to deal with any eventuality. The same observation was made in Tanzania, where patients did not adhere to the healthcare pyramid [25].

Inadequate staff motivation, whether moral or financial, can undermine morale and providers' commitment to delivering quality patient care. Several studies have highlighted the issue of inadequate motivation among providers, both generally and in maternal health services, leading to demotivation, dissatisfaction, low morale, and negatively impacting providers' engagement, quality of care, and patient-provider relations [16]. The causes of demotivation include work overload, stressful and restrictive working conditions, insufficient resources, staff shortages, low salaries, lack of recognition, support, career planning and advancement opportunities, poor management, and poor workplace relationships [16].

Factors statistically associated with healthcare providers' behavior

The relationship at work was the only factor statistically associated with compassionate behavior in our study, with a p-value of 0.008. All other factors, such as workload, equipment, salary dissatisfaction, and job satisfaction, were not statistically significantly associated with compassionate behavior. Our result could be explained by the fact that good workplace relationships are a source of psychological fulfillment, mutual support and assistance, and motivation that can enable employees to overcome the material and physical conditions of their work.

4.4. Limitations of the Study

Our study aimed to gather providers' opinions on working conditions in the ob-

stetrics and gynecology emergency department at CHU-YO and assess their impact on compassionate provider behaviors. Knowing that they were being surveyed may have influenced the providers to modify their behavior toward parturients and the care they provided. The limited sample size and the fact that the study was conducted in a single health center prevent generalization of the results. Nevertheless, it provides an idea and overview of the behaviors and working conditions in the CHUYO maternity ward. A study with a larger sample size and in several health centers, even at the national level, should be considered in the future.

5. Conclusion

This study allowed us to observe the impact of working conditions on compassionate behavior in the delivery room. The factors identified in this study included infrastructure, equipment, significant work overload, work intensity, and service management. In light of these results, concrete actions must be taken to improve the working conditions of emergency staff, motivated by their love for the profession and their perseverance in caring for and staying close to patients despite the numerous challenges they face. Clearly, we were unable to fully grasp the scope of the situation. A multicenter study to estimate the prevalence of compassionate maternity care in Burkina Faso is warranted.

Conflicts of Interest

The authors declare no conflict of interest.

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