

Evaluation of the Performance of the Health Care Workers in Giving Fertility Counseling

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ARTICLE INFO	ABSTRACT
<i>Article type:</i> Original article	Background & aim: Considering the important role of health counseling in correcting fertility behaviors, the aim of this study was to evaluate the performance of the midwives and other health care providers in the health centers affiliated to the Mashhad University of Medical Sciences in giving counseling about the fertility promotion.
<i>Article History:</i> Received: 05-Dec -2015 Accepted: 09-Apr -2016	Methods: This cross-sectional study was conducted on 107 midwives and health care providers working in the health centers in Mashhad, Iran in 2015. The study subjects were selected using stratified and random sampling methods. Data was collected using an observational checklist and a self-assessment questionnaire and analyzed using descriptive statistics, Independent t-test, One-way ANOVA, Chi-square test, and Pearson correlation coefficient through the SPSS version 16.
<i>Key words:</i> Counseling Fertility Health care providers Performance Self-assessment	Results: The mean performance of the health care providers in fertility counseling was 21.2±12.5 out of 79, which represented a weak level in this regard. Some 86.9% of providers rated their own performance in counseling about fertility promotion as good. The counseling performance had a significant relationship with the education, age of marriage, and husband's job (P<0.05 in all cases). In addition, the mean fertility counseling performance score obtained from the self-assessment was 30.7±3.3 out of 36, indicating a good performance. Conclusion: Applying the observation checklist, the participants' performance in fertility promotion counseling was mostly at a poor level, whereas the majority of them rated their performance as good. It is essential to train the midwives and health care providers about the counseling skills according to the country's new policies in terms of fertility promotion.

► Please cite this paper as:

Rahmati R, Khadivzadeh T, Esmaily H, Bahrami HR. Evaluation of the Performance of the Health Care Workers in Giving Consultation about the Fertility Promotion. Journal of Midwifery and Reproductive Health. 2017; 5 (2): 911- 918. DOI: 10.22038/jmrh.2017.8598

Introduction

The fertility rate in Iran declined from 7.1 children per woman in the early 1980s to 1.9 in 2006 that is the fastest reduction in fertility rate ever recorded (1). Iran have been experiencing the under replacement fertility in the past decade (2). It means that Iran will confront a very aging population in a near future (3). In explaining the reasons for such decline, the past studies pointed to

the role of childbearing motivators (4), social networks members (5), the marital interactions with spouse (6), religious beliefs (7), the influence of gender role and women's empowerment (8) economic status (9), media (10), the role of health related issues such as increase in cesarean delivery (11) and educations and counseling services provided by health care providers (7). Given such fertility decline in the

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recent years, the need to enhance the fertility counseling services is undeniable. Reproductive health denotes that the people should decide about the time and frequency of their childbearing freely and consciously (12). Careful counseling facilitates solving many problems related to fertility. The quality of counseling can be significantly improved by applying the principles of information, education, and communication (13). The counselors should be among the persons interested in the communicating and working with people; furthermore, they should be fully aware of the importance of fertility planning and its benefits (14). Regarding the significance of counseling in fertility planning, the counselor has an important responsibility and should acquire the necessary skills before giving counseling (15). The health care providers as the primary providers of health care services are at the first-line of relationship with the people and has the role of educating and counseling health services to people (16). Therefore, their performance is an important factor in developing the social welfare and Hill Briggs (2007) reported that the performance of the health workers in providing the educational services was inappropriate (18). Likewise, Zare (2014) demonstrated that the performance of the health staff in training the clients of health centers was at an appropriate and acceptable level (19). However, limited studies have investigated the employee performance in providing counseling services. The provision of health care services constitutes a large part of the staff duties. Regarding the needs of the community to reproductive health promotion, the assessment of the staff performance in providing fertility counseling is an important approach to promote fertility. Observation is the common method for measuring the employee performance, which is used in multiple studies. Some previous studies noted that employees have a better understanding of their strengths and weaknesses, so they believed that the use of the self-assessment is an appropriate and reasonable way to evaluate their own individuals' educational abilities (20). The previous studies have emphasized that the health providers' self-assessment and its comparison with the actual performance can be helpful in different ways. With this background in mind, this study was performed to determine the performance of the

health providers of Mashhad University of Medical Sciences in giving counseling about the promotion of fertility using the observation and self-assessment methods in 2015.

Materials and Methods

This cross-sectional study was conducted on 107 employees working in the health centers and community health centers of Mashhad, Iran in 2015. They were selected through multi stage random sampling. The health care centers number 2, 3, and 5 were randomly selected out of five health centers. In the next step, health care providers were randomly selected from 18 health and treatment centers and community health centers, which were covered by these three centers. The inclusion criteria include: 1) a work history of at least six months in the health centers, 2) working at the midwifery, maternal-child, and family planning units, 3) having an academic degree in midwifery, family health, or public health (associate, bachelor's, or master's degrees). On the other hand, the subjects, who were unwilling to participate in the study and those exposed to a major stressful events during the study, were excluded from the study. Data were collected using a researcher-made observation checklist and a counseling performance self-assessment questionnaire. The researcher obtained the approval of the University Research Ethics Committee and performed the necessary coordination. Subsequently, the counseling performance of the health providers was observed and recorded by the researcher (n=107). The observational checklist, which was used to record the performance of health providers in providing fertility related counseling contained 48 items that assessed the observable behaviors including the nonverbal communication (5 items), verbal communication (3 items), the process of counseling (6 items), assessment of the clients' needs and aim (15 items), dialogue and interaction on fertility (5 items), the way of solving the problems (3 items) and managing the counseling session (8 items) and evaluation of counseling session (3 items). This checklist was rated on a three-point rating scale (yes=0, somehow=1, no=2), which was completed by the first author as the observer. Based on the scores obtained from this checklist, the performance of the study

subjects were divided into three groups, including weak (score of ≤ 39.99), moderate (score of 40-59.99), and good (score of ≥ 60) with the maximum score of 79. The counseling performance of the health providers were investigated from their perspective using a self-assessment questionnaire. This questionnaire was obtained from a book on family planning advice, which was compiled by the Ministry of Health, Treatment, and Medical Education, and the United Nations Population Fund. Out of the 107 questionnaires, 3 cases were eliminated due to incomplete filling. This questionnaire consisted of 12 items, which was completed by the subjects. This instrument was rated on a three-point rating scale (yes=1, somehow=2, no=3). Based on the scores obtained from this questionnaire, the subjects were divided into three groups, including weak (score of ≤ 17.99), moderate (score of 18-26.99), and good (score of ≥ 27) with a maximum score of 36. The validity of the checklist and questionnaire was evaluated using the content validity method. The questions were prepared using reference books and journals. To validate the content of these questions, they were evaluated by the professors of midwifery, reproductive health and medical education. Subsequently, the content validity ratio (CVR) and content validity index (CVI) of the questionnaire and checklist were calculated and they were finalized. Cronbach's alpha coefficient was used to determine the reliability of the study instruments, which rendered Cronbach's alpha coefficients of 0.68 and 0.95 (for questionnaire and checklist, respectively). Before filling out the questionnaires and checklists, the objectives of the study and confidentiality of the data were explained to the heads of the centers. The data was analyzed by the SPSS (version 16) using the descriptive statistics (i.e., mean, standard deviation and frequency distribution), independent t-test, one-way ANOVA, Chi-square test, and Pearson correlation coefficient. The p-value less than 0.05 was considered statistically significant.

Results

The mean age of study subjects was 34.1 ± 7.1 and the mean of their marriage age was 24.6 ± 3.6 . According to the results of the present study, the majority of the subjects ($n=52$, 48.6%) were within the age range of 31-41 years. In addition,

69 cases (64.5%) were married. The mean number of their children was 1.2 ± 1.2 and most of them had one to two children (43%). The mean number of sisters 2.3 ± 1.6 and the mean number of brothers was 2.1 ± 1.3 . Most of them had one to two children (43%). As the results demonstrated, Duration of Working experience was 106 ± 87.4 months and 61 participants (57%) were working as contractors. The majority of the subjects ($n=75$, 70.1%) stated that they were not familiar with new fertility policies and did not pass special training in this field. Furthermore, 30 (28%) and 35 (32.7%) cases were working in the midwifery and maternal-child/family planning units, respectively. Additionally, 42 (39.3%) subjects had multiple jobs.

The results showed that 98 health workers (91.6%) had poor and inappropriate fertility counseling performance. Based on the results of the self-assessment, 93 (86.9%) health workers had good and appropriate counseling performance in this regard (Table 1). The mean scores obtained

Table 1. Frequency distribution of the scores of the health workers' fertility promotion counseling performance using self-assessment and observation

counseling performance	n	percent
Observational checklist		
Poor (≤ 39.99)	98	91.6
Moderate (40-59.99)	8	7.5
Good (≥ 60)	1	0.9
Self-assessment		
Moderate (18-26.99)	11	10.3
Good (≥ 27)	93	86.9

Table 2. Mean and standard deviation of health workers' fertility promotion counseling performance using self-assessment and observation

Counseling performance	Mean \pm SD	N
Self-assessment scores	30.7 \pm 3.3	104
Observational checklist scores	21.2 \pm 12.5	107

from the self-assessment questionnaire and observation checklist were 30.7 and 21.2, respectively (Table 2).

The results of the Pearson correlation test showed no significant correlation between the fertility promotion counseling performance scores obtained from the self-assessment and observation ($r=0.20$). In the other words, the subjects who obtained a higher counseling performance score in the self-assessment did not necessarily have better counseling performance score in the observation method.

According to table 3, the health care workers with the bachelor's degree (35.60 ± 9.93) had

better counseling performance than those with associate degree (20.53 ± 12.28 ; $P=0.008$).

Table 3. The mean score of fertility promotion counseling performance of health care workers based on personal characteristics

Variables		n (%)	Mean±SD	Test result
Education level	Associate degree	(4/7) 5	35.60±9.93	t=2.69
	Bachelor's degree and above	(95/3) 102	20.53±12.28	p=0.008
Marital status	Married	(64/5) 69	19.98±12.34	t=1.40
	Single	(35/5) 38	23.52±12.77	P=0/16
Unit of working	Midwifery	(28/0) 30	21/10±13/24	F=0/08
	Maternal-child and family planning	(32/7) 35	21/94±11/07	p=0/91
	Other units	(39/3) 42	20/76±13/46	
Field of education	Midwifery	(57/9) 62	21/56±12/63	F=0/08
	Family health	(6/5) 7	22/00±13/86	p=0/91
	Public health	(35/5) 38	20/57±12/50	
Residency status	Rental	(35/5) 38	20/60±15/70	F=1/52
	Owner	(40/2) 43	19/60±9/69	p=0/22
	Living with parents	(24/3) 26	24/88±11/23	
Income level	Enough	(83/2) 89	21/02±11/44	F=1/22
	Less than enough	(14/0) 15	24/33±17/95	p=0/29
	More than enough	(2/8) 3	12/33±12/05	
History of disease	Yes	(9/3) 10	26/60±17/20	t=1/42
	No	(90/7) 97	20/69±11/95	p=0/15
Type of employment	Formal employment	(42/5) 45	20/51±10/79	t=0/74
	Contractual employment	(57/5) 61	27/00±20/79	p=0/48
Familiarity with fertility promotion counseling	Yes	(29/2) 31	20/48±11/31	t=0/42
	No	(70/8) 75	21/62±13/15	p=0/67

Table 4. Regression of the fertility promotion counseling performance of the health care workers

Variables		B	SD	Confidence interval		P-value
				Upper limit	Lower limit	
Education level	Bachelor's degree or above	36/66	5/55	25/77	47/54	<0/001
	Associate degree	22/35	1/96	18/49	26/21	<0/001
Marital status	Married	3/52	2/40	8/23	1/17	0/14
	Single	0 ^a				
History of disease	Yes	5/28	3/96	2/47	13/04	0/18
	No	0 ^a				

Furthermore, the results of the correlational analysis demonstrated a direct and significant relationship between the scores of the health providers' counseling performance and the marriage age ($P=0.01$). Accordingly, the health care providers who were married at an older age had better counseling performance.

In addition, the husband's job was associated with the performance of health care providers in fertility promotion counseling ($P=0.04$). In other words, the employees whose husbands were employee of governmental offices showed better performance in fertility counseling. The Pearson correlation test results revealed no significant relationship between the counseling performance scores obtained from self-assessment and the demographic characteristics.

Table 4 presents the results of regression analysis regarding the relationship of subjects' counseling performance in fertility promotion with the level of education, marital status, and work experience. There was a statistically significant relationship between the education level and the subjects' counseling performance ($P<0.001$). The impact factors were 36.66 and 22.35 for the bachelor's and associate degrees. Nevertheless, the counseling performance of the health care providers had no significant relationship with the marital status and history of disease ($P>0.05$).

Discussion

In the current study, the health care providers'

performance in the fertility promotion counseling was evaluated using the self-assessment and observational methods. Based on the results obtained from the observational checklist, the participants' performance in fertility promotion counseling was mostly at a poor level, but the results of self-assessment showed that the majority of the participants rated their own performance as good.

As inferred from the findings of this study, the performance of the health workers was affected by many factors. Although the healthcare workers are aware of the importance of the fertility counselling, they have difficulty in applying its correct principles due to various reasons. These reasons include the limited number of staff as compared to the large number of consulters in the health centers, the inappropriate environment for performing a private counseling (i.e., the accommodation of several health care staff in the same room), and the health workers' insufficient knowledge about the principles of counseling.

In this regard, a study conducted by Baghernejad Hesari (2012) noted a lack of resources and facilities for training the health staff. Furthermore, they stated that for the optimal use of limited resources, the limitations and the training needs of the health staff should be identified (21). In a study carried out in Rafsanjan, Iran, Salem et al. (2005) assessed the knowledge, attitude, and performance of the health care workers regarding the family planning. They reported that the performance of 87.5% of the participants was good (22). This result is in line with our findings, which is due to the fact that the mentioned study was descriptive and the subjects completed a self-assessment performance questionnaire like the present study.

Zare et al. (2013) evaluated the performance of the health care workers in training the health centers' clients and employees in Mashhad and reported that their performance was appropriate and acceptable, which is inconsistent with the results of present study. The reason for this discrepancy could be ascribed to the fact that Zare et al. focused on training, and they did not investigate the principles of counseling performance in a particular domain, such as fertility counseling (19). There are other studies in which the performance of the health workers in different areas was reported to be poor. In a study, Rowe et

al. (2005) evaluated the performance of the health workers and reported it to be at an inappropriate level (23).

In another study, Mkopi et al. (2013) indicated the necessity to modify the performance of the health workers in Tanzania, which is consistent with the results of present study (24). Furthermore, Bayrami et al. evaluated the performance of the health workers in Khoy, Iran and reported that the performance of 75% of the family health experts was at a poor level (25). Regarding these studies, it can be stated that better performance is facilitated through increasing the employees' awareness and changing their attitudes. Therefore, to improve the health care workers' performance, we should raise their awareness by holding some training programs to change their attitudes.

Barati et al. investigated the training performance of the health care staff in terms of the communication skills, feedback, and listening skills. They reported that the performance of the majority of the staff was at an appropriate level, which is not consistent with the results of the present study (26). This disagreement was due to the fact that in the mentioned study, the communication skills were partially examined; however, in the present study, we assessed the total counseling process, which embodies the communication skills.

In the current study, the comparison of education level with counseling performance revealed that the education level had a negative effect on the counseling performance of the subjects. In other words, the counseling performance of the people with the associate degree was significantly better than those with other degrees. In this regard, Kiyanian et al. (2014) investigated the educational ability of the health center staff in training the clients using self-assessment and consulters' assessments.

They reported a significant difference between the staff's self-assessment and observation scores that is consistent with the results of this study (27). It demonstrated that the ability of the staff with associate degree in different units, such as vaccination, maternal-child and midwifery, was considerably better than the ability of individuals with other levels of education ($P < 0.001$).

Nevertheless, a study by Salem et al. showed that the education level had a direct relationship

with performance, i.e., people with bachelor's degree had better performance (22). In addition, in this study, the results of the correlation test showed direct and significant relationship between the scores of the fertility promotion counseling performance of the health workers and the marriage age. In other words, the health care workers who were married at an older age had better counseling performance.

In this study, the performance of the employees in fertility counseling was associated with husband's job. Therefore, the employees whose husbands were employed had better performance in providing fertility counseling. Nonetheless, no study was found to confirm this finding. This relationship may be due to the fact that the people whose husbands are employed should consider more criteria for different planning, including childbearing, and that they should be more accurate in this regard; therefore, they apply this trend during their fertility counseling process and act with greater sensitivity.

According to the scores obtained by the two methods of self-assessment and observation, it is recommended that the officials, managers, and health monitoring groups use both direct and self-assessment methods to assess the employees' performance.

The strength of this study was the employment of both self-assessment and observation methods, which facilitated the comparison of the employees' self-assessment with what is performed in practice. On the other hand, the imitation of this study was the large number of the consultants, high workload, and presence of the researcher. However, these factors could not be controlled.

Conclusion

According to the observational data, the fertility promotion counseling performance of the health workers and community health center workers were at a poor level, which had a significant difference with the results of the self-assessment in this regard. This finding indicated the need of training these employees to promote their fertility counselling performance. Therefore, given the country's policies in terms of the fertility promotion and considering the important role of the health staff as consultants and providers of these services, it is recommended to

pay more attention to training the counseling principles to the providers of fertility services and improve their skills.

Acknowledgements

This article is derived from a thesis submitted in partial fulfillment of the requirements for the degree of Master of midwifery. The proposal was approved and funded by the Mashhad University of Medical Sciences with the code of 931438. Hereby, we extend our gratitude to the Mashhad University of Medical Sciences, all the officials, and the health workers who participated in this study.

Conflicts of interest

All the authors declare no conflicts of interest.

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