

This item is the archived peer-reviewed author-version of:

Proactive behavior in midwifery : a qualitative overview from midwifery student's perspective

Reference:

Mestdagh Eveline, van Rompaey Bart, Peremans Lieve, Meier Kate, Timmermans Olaf.- Proactive behavior in midwifery : a qualitative overview from midwifery student's perspective
Nurse education in practice - ISSN 1471-5953 - 31(2018), p. 1-6
Full text (Publisher's DOI): <https://doi.org/10.1016/J.NEPR.2018.04.006>
To cite this reference: <https://hdl.handle.net/10067/1510630151162165141>

Title

PROACTIVE BEHAVIOR IN MIDWIFERY: A QUALITATIVE OVERVIEW FROM MIDWIFERY STUDENT'S PERSPECTIVE

Word Count

Abstract + highlights + manuscript + references = 194 words + 45 words + 4971 words + 907 words = 6117 words

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Acknowledgments

Eveline Mestdagh wishes to thank all midwifery students of the midwifery department as well Luka Van Leugenhaege, the midwifery lecturer who thought the student-research team, at the Artesis Plantijn University College for their interesting contribution.

Conflict of interest

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No conflict of interest has been declared by the author(s).

Funding Statement

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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ACCEPTED MANUSCRIPT

Proactive behavior in midwifery: a qualitative overview from midwifery student's perspective**Abstract**

In the process of continuing developments and contemporary working conditions, this study provides an in depth exploration of proactive behavior in midwifery. Exploring 55 midwifery students' perceptions on facilitators and/or barriers of proactive behavior in midwifery practice, this study uncloses additional insights of proactive behavior in midwifery and aims to confirm and/or supplement previous results. Four key themes were identified: 1) Nature-nurture, supported by good communication and lifelong learning. 2) Willingness, regulated by the midwife's norms and values and the organizational culture of the midwifery team. 3) The impact of awareness and feedback on the reflective tendencies to strengthen the midwife's beliefs and convictions to behave proactively. 4) Time was identified as something gained in the presence of proactive behavior as well as a barrier if time was limited. Providing midwives with knowledge of the key factors required to successfully effect proactive behavior in midwifery, this study has merit for future midwifery education, policy and practice. Strengthening intrinsic motivation of midwives integrated into midwifery education, focus on feedback as part of the daily routine of the midwife and the gaining of time as an effect of proactive behavior, needs clear attention in midwifery practice.

Highlights

- Midwives demonstrating proactive behavior can cause ~~for~~ organizational success.
- Midwifery education should focus on the nurturing aspect of proactive behavior.

- Behavioral feedback should be integrated in the daily routine of the midwife.
- The efficiency of proactive behavior needs to be highlighted in the midwifery field.

Introduction

Considering the constant developments and contemporary working conditions in the scope of midwifery practice, researchers of this study focus on proactive behavior in midwifery (Mestdagh *et al.*, 2016). Midwives behaving proactively see changes in midwifery practice as an opportunity, anticipate possible future barriers to practice, continuously focus on the identification and improvement of poor practice and are in search for viable alternatives to carry out the work as efficiently and effectively as possible. Proactive midwives maintain a constant focus on quality improvement, work-efficiency and coping attitudes to increase stress resistance (Griffin, Neal, & Parker, 2007; Parker & Sprigg, 1999).

Midwives are expected to adapt quickly to keep up with the continuous state of change due to savings, restructuring and centralization of care (Carman *et al.*, 2010; Lemieux-Charles & McGuire, 2006). These organizational changes might cause changed job conditions and job uncertainty (Watkins, Nagle, Kent, & Hutchinson, 2017). For the health and wellbeing of midwives, both objective and perceived working conditions are important. Recent studies highlight predictive work related factors, such as awareness of the emotional well-being of the midwife (Dixon *et al.*, 2017) and an increased level of working autonomy (Yoshida & Sandall, 2013), as important strategies in maintaining a healthy midwifery workforce.

Crant (2000) and Frese and Fay (2001) identified proactive behavior as a possible determining factor of organizational success, as it leads to increased job satisfaction, commitment and work-efficiency in the midwife's team. Also, in a qualitative study by Seefat *et al.* (2011), pregnant women require proactive support from their midwife. From this societal point of

view, the researchers of this study identified that proactive behavior of the midwife might add significant value to their role to support the challenges of continuous adaptation in midwifery care.

In order to successfully integrate the appropriate professional competences (Bharj *et al.*, 2016) and professional behavior (Goldie, 2012), midwifery education has a key role. The educational context could integrate awareness of proactive behavior into the basic education towards a future qualified midwife. Properly informed and educated students and midwives are associated with improved outcomes in midwifery and could be most effective when integrated at the accurate time in the ideal place in the healthcare system (Kloek-Wielenga, 2012; Renfrew *et al.*, 2014).

A cross-sectional study by Mestdagh *et al.* (2018) indicated the association between midwifery students' individual and contextual antecedents and their proactive behavior. A follow-on study (*under review*) including a sample of qualified midwives revealed that there are still unknown reasons, which were not explored in the questionnaire being used in the study, that affect whether midwives behave proactive. Therefore, this qualitative study aimed to look for possible unknown or unexplored stimulators and barriers associated with proactive behavior in midwifery practice to possibly add or verify the existing knowledge. Student midwives observe many midwives during their internships in different clinical and ambulatory settings, and in their role as future maternity care providers, their experiences can contribute to the theoretical understanding and theory building of the influences on professional behavior. Without narrowing the researched concept to a single variable or descriptor, a qualitative research method has been chosen, guided by the research question "how do midwifery students experience proactive behavior in midwifery practice?" The aim is to

develop a contemporary theoretical interpretation based on the data. A direct translation of a behavioral theory to the applied practice, in this case midwifery, can create clear and usable insights and could be a first step in broadening the awareness of the consequences of proactive behavior in midwifery.

Methods

Design

In order to summarize experiences in a comprehensive way, a qualitative descriptive approach was applied to focus on proactive behavior in midwifery from a midwifery-student perspective. Individual semi-structured interviews were conducted to explore students' perspectives of proactive behavior in midwifery.

Ensuring adherence to qualitative reporting standards, the 32-item consolidated criteria for reporting qualitative studies (COREQ) checklist was followed (Tong, Sainsbury, & Craig, 2007).

Settings and participants

Purposive sampling was used to select midwifery students enrolled in the bachelor in midwifery education at the Artesis Plantijn University College in Antwerp, Belgium.

Respondents sharing similar characteristics, with a minimum of 270 hours of recent-student-midwifery internships and with the potential to provide relevant, diverse and rich data related to the research question, were selected. The participants were recruited by use of personal contact, email-contact and/or social media. Interviews were conducted at the University College.

A total of 55 midwifery students participated in this study (Table 1). All students were female and their mean age was 22 years. On average, they had completed 2.5 years of the 3-year study program. All students were Dutch speaking. One student was Belgian, 22 were Dutch and the nationality of the remaining 32 was not registered in the transcripts.

Personal characteristics		n	%
Age	19	5	9
	20	9	16
	21	13	24
	22	7	13
	23	9	16
	24	5	9
	25	3	5
	26	4	7
Nationality	Belgian	1	2
	Dutch	11	20
	Unknown	43	78
Year of the educational program	1	3	5
	2	24	44
	3	28	51
Gender	Female	55	100
	Male	0	0

Table 1: students' personal characteristics

Ethical considerations

The management team and the research director of the midwifery education at Artesis Plantijn University College approved the research method and design. Furthermore, an informed consent form with information about the aim and design of the study was given to the respondents. All participants (n = 55) gave written consent. Anonymity and confidentiality were guaranteed. As one of the researchers is the head of the midwifery department, the participant information sheet explicitly stated that comments made in the interviews will only be used for this study and would not be referenced in any other educational-based interaction.

Data collection

All face-to-face interviews were conducted between September 2016 and December 2016 by well-trained last year midwifery student research teams. All student-interviewers participated in a 16-hour scientific training in conducting semi-structured interviews. As part of their education to become a qualified midwife, the knowledge and skills of performing practice-oriented research is an important competence that, by performing this, is trained. None of the student interviewers was part of the surveyed population. To ensure consistency of terminology and in understanding the concept, students explained the focus and design of the study - based on the concept analysis of proactive behavior in midwifery made by Mestdagh *et al.* (2016) - by means of clear and applicable practice examples. Thereafter at least four open-ended questions, based on the topic list (Table 2) were asked. Due to the semi-structured design, participants and researchers could deviate from the topic list and ask questions as required.

A total of 55 one-to-one interviews, which lasted between 32 and 55 minutes, were audio-recorded by use of smartphones, laptops and/or digital recorders. The student research

teams regularly met the primary researcher of this study to examine the interview data, to monitor the accuracy of the research and to further train each step of the interview and research process.

During their one-to-one contact, it was checked if the participants understood the informed consent, whether they met the selection criteria and if they had questions about this study. After their consent, the context of the study was introduced by clarifying the concept of proactive behavior in midwifery with clear and relevant examples. Secondly the midwifery-students' experiences were questioned by help of a topic list (Table 2) to make sure that all interviews covered the same areas of discussion and to help maintain focus during the interview.

Topic list	
<i>First, the concept of proactive behavior in midwifery is elaborated and the understanding of the concept and of the difference with indicative concepts such as entrepreneurship, job crafting...is checked. Use the concept analysis of Mestdagh et al. (2016) as a guideline. Ask per topic:</i>	
1	The description of moments during their internships(s) in which they saw midwives (not) showing proactive behavior?
2	The indication of what they think are the pre-requisites to show proactive behavior?
3	The indication of what they think are possible barriers to show proactive behavior?
4	Thoughts on if proactive behavior can be learned?

*Table 2: topic list***Analysis**

All audio-recorded interviews were transcribed verbatim. In a first phase, all interviews were read and re-read to become familiar with the data. Secondly, each research team created a code list based on the written interviews without any pre-conceived framework (open coding). Thirdly, related codes were combined into themes that captured similar concepts supported by quotes from the transcripts. Both the midwifery-student-research teams, under the expert guidance of a research lecturer, and the first author of this study carried out all three phases. Codes and themes of the midwifery-student-research teams and the first author of this study were compared and revised by the research team of this study. A final set of themes that captured the essence of the interviews was developed. Finally, by re-revising the raw data again, further refining by merging, adding and removing redundant themes, four themes were identified.

Findings

Four key themes were conceptualized from the midwifery students' perspective on proactive behavior in midwifery (Figure 1): Nature-Nurture, no time to waste, reflection and willingness. All allegations were clarified by quotes, whom were translated and re translated, from the transcripts. After each quote, the ID number of the participant is given.

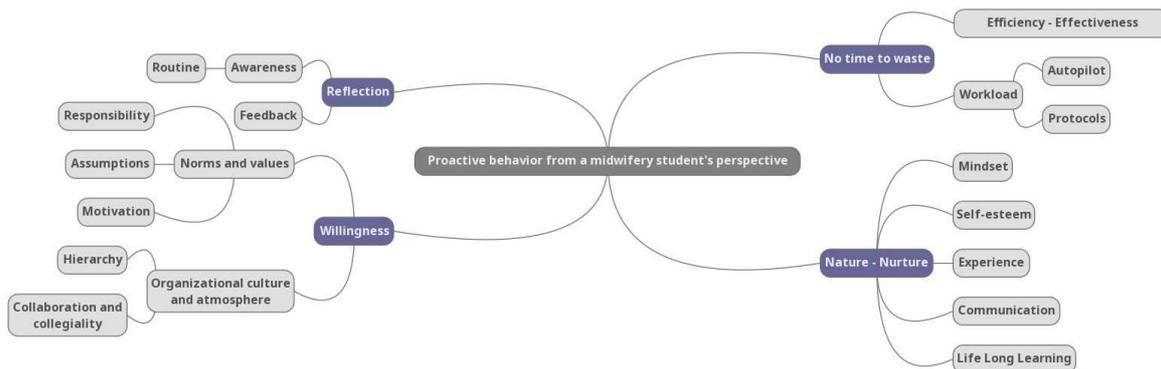


Figure 1: Key themes emerged from the transcripts

Nature – Nurture

Many of the participants highlighted the nature aspect of proactive behavior by stating that it is a **mindset** that you must own. Even going further that it is a necessary innate attitude to be a good midwife.

- “You must have it kind of in you” (S4);
- “It must be a bit in your own nature” (S28); “One must have an extrovert character to show proactive behavior” (S50);
- “It is a typical behavior for midwives with a lot of patience” (S42);
- “Proactive behavior is a basic attitude of a good midwife” (S36);
- “A good midwife needs to show proactive behavior in all cases, not just in pathological situations but always one step ahead all the time” (S7).

Three distinguished personality traits, being **self-esteem**, **fear** and **uncertainty**, were repeatedly mentioned in the transcripts.

- *“The more self-confident you are, the easier it gets to behave proactive (S5); Being afraid of the reactions of your coworkers” (S9); “Being afraid to make mistakes” (S3); “They didn’t dare to propose another technique because of the hierarchical status and chose to take a passive position” (S55).*

The learning aspect of proactive behavior, also mentioned as the nurture side is clearly stated by participants. They discuss the need for **experience** to gain more knowledge and insight and show proactive behavior. Experience can contribute to avoid future problems.

- *“By gaining more insight, you can anticipate better and work preventively” (S25);*
- *“Insight can grow with experience; I’ve also seen that midwives can indicate in advance, only on the basis of clinical observation, that the woman will deliver in a foreseeable future” (S7); “Fingerspitzengefühl (intuitive flair or instinct)” (S27);*
- *“She prepared everything for a secondary emergency section because from her experience she could already tell that this was going to happen” (S3);*
- *“Because you don’t know that much from the beginning, you automatically adopt from others” (S37); “You make better choices when your knowledge level is higher” (S22); “As a student you lack some knowledge which makes it difficult to behave proactively in certain circumstances” (S4); “I think you will not learn it until you apply it in practice” (S19).*

The knowledge aspect was also clearly discussed by the participants as being something that can be corroborated by clear and good **communication**. This could be divided in two different

approaches being the dare to communicate with each other as co-workers to learn from each other and the **lifelong learning** sharing culture.

- *“The midwife was not afraid to discuss the functioning of the team with the other co-workers. She was open to other ways and policies and not only attached to her own convictions. She was actively working on improving care” (S41); “I do think that midwives still can learn from each other by communicating and showing willingness to change” (S46); “The woman’s pain could have been avoided by better communication among the midwives” (S55); “By discussing care together, one could create a proactive atmosphere” (S48)*
- *“The midwife had learned a new technique at a training and she wanted to build the enthusiasm of her coworkers about it” (S15); “Occasionally some special cases were discussed with all health coworkers to check if the policy was still correct or changes were required” (S41); “A midwife implemented recent research-based recommendations about the duration of cord clamping related to the bilirubin value into her daily practice” (S17).*

No time to waste

All participants mentioned the concept of time in this study. Time has an important role in the field of proactive behavior, according to the midwifery students, but it works both ways. First, there is the time saving aspect, which was linked to proactive behavior leading to **efficiency** and **effectiveness** in healthcare. When students were asked for examples of proactive behavior during their internships, many labor shortening positions, tricks for successful

breastfeeding and anti-swelling-tips after an episiotomy were mentioned as actions that could lead to better and safer healthcare.

- *“They used a new procedure of measuring the oxygen level of the baby during the first 24h after birth to estimate the risk of cardiac failure in a possible later phase of his or her life. This proactive act contributes to early detection and quality of health care in the long-term”* (S8);
- *“The briefing was always a time-consuming and chaotic part of the shift so this midwife created a new model of briefing sheet in which standard data already were pre-written. This created a clear focus for the briefing midwife and yielded enormous time savings”* (S53);
- *“Proactive behavior could lead to a better team spirit”* (S11);
- *“Team spirit could lead to more efficiency”* (S20).

On the other hand, time was also mentioned as a barrier. Due to the constantly evolving reproductive healthcare system, the midwifery **workload** had grown immensely. Therefore, midwives tend to ‘stick to the old’ because it is known by working in an **autopilot**-state and revert to fixed routines and existing **protocols**. The midwifery students indicated that an action must be preceded by a thought and that thinking takes time which lacks mostly. Others observed that some midwives are attached to their habits because they feel uncomfortable with changes or do not see or feel the need to change.

- *“As soon as there is more workload and you have to do a lot of things at the same time, often there is a motivational-lack to think forward”* (S1);

- *“Because of the workload you are always busy and then it is difficult to step out of it and execute a helicopter view to rethink or reprocess the work you are doing”* (S14).

Reflection

Based on the statement *“they don’t tend to take time to reflect their behavior because it might be easier to just do what they are told instead (S30)”* reflection is clearly a beneficial factor in order to create **awareness**. Midwives are not always aware or ignorant of how they behave and this could hinder proactive behavior.

- *“We should strive for good quality by continuous reflection”* (S13); *“Helicopter view”* (S14); *“You should continuously ask the “why” question”* (S16); *“It must be a way of thinking to not copy everything without fuss”* (S17); *“Proactive behavior is about making conscious choices in situations to prevent or improve”* (S34).

The transcripts also reveal the fact that midwives are not always aware of the fact that they work very **routine-based**.

- *“One midwife disinfected the umbilical cord of the newborns twice a day and when I said that we have learnt about the natural drying method she simply said that this is what they always do and that’s why we do it”* (S17);
- *“Some midwives just do what they are told by the doctor without reflecting”* (S43);
- *“The midwife chooses to complete her paper file first instead of checking the blood loss of a woman of which I mentioned it was in my opinion more than normal”* (S24).

One of the participants (S11) beautifully stated that it might be hard to learn how to behave proactive, but it certainly is possible to unlearn non-proactive behavior. **Feedback** can be seen as an essential element to allow midwives reflecting on their behavior and to self-assess their skills and capabilities.

- *“You receive tips and tricks from your coworkers and you see what you’re up to and how you can handle it differently next time” (S45).*

Willingness

The theme of willingness was by far the most cited through all transcripts. The level of willingness was discussed in the transcripts in very different ways. First personal **norms and values** of the midwife came up. To what extent is the midwife able to set aside her own norms and values?

- *“There was a woman in labor who needed guidance and would like to take up other labor positions to alleviate the pain. I helped her and she found it luminous. The midwife found that I had to go out of the room and did not feel that I helped, she suggested giving an epidural. This was in clear contradiction to the wishes of the women in labor” (S22);*
- *“That, as a midwife, you do not choose for own ideas, but for the group and therefore act less proactively” (S27).*

A common norm in the transcripts was the degree of **responsibility** that a (student) midwife wishes to take in the context of proactive behavior.

- *“Midwives sometimes feel less triggered to behave proactive when they are not responsible for making the final decisions. During my internship at the labor ward, I saw that the midwives often just followed protocols ordered by the obstetricians. For example, when determining the blood iron level of the maternity woman, they only looked at the blood results, and not at the clinical aspects of the woman. Every obstetrician had his own blood level limits when to start medication and there was no midwife who tried to discuss this way of working. They just act whenever which obstetrician is in charge in that day” (S46); “A lot of the labor inductions are started by midwives, even when they might not agree, for no reason” (S39+S43+S47+S52); “The midwife frequently stated that she won’t decide, that she waited for the doctor’s decision even in normal labor situations” (S53).*

The transcripts also regularly indicated that sometimes proactive behavior lacks due to the fact that midwives make **assumptions**.

- *“Assuming that the woman will call herself if necessary and no help was offered during the first moments of breastfeeding because the midwife considered that a multiparous woman would be able to do it herself” (S9); “Midwives already fill in some thoughts for the woman without asking” (S40).*

Seven of the participants mentioned the extent to which the midwife is motivated to show proactive behavior.

- *“So there was a vulnerable pregnant women who clearly had a rough psychological time and could use some extra attention, only the midwife just did not do anything*

about it (S1); They just don't feel like doing it" (S11); "It takes too much energy" (S13 + 14).

Many of the respondents mentioned the importance of the **organizational culture and atmosphere** as the second impact factor on the willingness to behave proactively. Their experiences at the internships also gave them insight in some different workplaces. Midwifery students felt a good coach or mentor creates a safe feeling and is thus a great incentive to act proactive. Although often students get the feeling that they are a burden for some midwives and thus proactive behavior is less likely fueled. The role of the midwifery manager was also highlighted as an important factor.

- *"Managers who radiate confidence evocate proactive behavior of their team" (S26); "The team has to be open for proactive behavior" (S47); "When there is no room for personal ideas" (S42); "A feeling of safety and stimulation" (S40); "By discussing topics in team and thinking together about their actions you create a proactive atmosphere on the floor" (S48).*

A part of the organizational culture is determined by the **hierarchical** status between midwives and obstetricians, which was very often addressed in the transcripts. There is a certain authoritarian relationship which could lead midwives to turnover in a wait and see attitude or do not dare to speak up to the doctor.

- *"You have to get the chance to show that you can think and act for yourself before they've given the answer" (S8); "When you do want to, but your mouth is shut then at a certain point you think well not then" (S18); "Whenever the doctor enters the room, the proactivity sort of faints. Afterwards the midwives do discuss this,*

they know what to do, but they just don't do it" (S18); "When the obstetrician is open for the midwifery contribution, proactivity will raise" (S48).

The level of **collaboration and collegiality** came out as a second determiner of the atmosphere on the working space. The midwifery students' proactive behavior also seemed to be determined by this factor because not all midwives like to guide student midwives thus could be a big hurdle in order to show proactive behavior as a student.

- *"Learn to avoid mistakes through communication and collaboration (S2 + S18); Teamwork to improve efficiency" (S20); "Be open to discuss, it is nor black nor white" (S31); "I think they can still learn from each other and grow by staying open and communicating from both sides" (S46).*

Discussion

The research question for this study focused on exploring student midwives' experiences through their internships of proactive behavior in midwifery practice. The researchers wanted to look at gaps in existing knowledge or uncover possible underexposed aspects in the original concept analysis and ongoing research. A translation of a behavioral theory directly in midwifery practice, can create clear and eligible information.

A first important added value of this study was the involvement of students' views and perceptions in the discussion of the changing maternity care system, since they are the future maternity care providers and are entering the system (Warmelink *et al.*, 2017).

Secondly, there is **the nurture part** of proactive behavior. The emphasis on good and clear communication and the need for a lifelong learning attitude were highlighted. In Belgium,

midwifery education and practice primarily focuses upon the physical and mental care for women. Additional advanced behavioral skills, such as proactive behavior, have not been delineated. A beneficial effect of this study might be that those student midwives now are immersed with the concept of proactive behavior and realize the dos and don'ts in order to behave proactive. Being conscious of your actual behavior should be a standard mindset that could be trained even during the educational period. Although these findings cannot be generalized, both midwives and educational providers should use the knowledge generated by this study because it provides a level of insight into the challenges faced by midwifery students.

Thirdly, **the role of feedback** came forward. A simple trick to help each other out by giving feedback is something that could easily be administrated in the daily routine of midwifery.

Fourth, there is the need for attention of **norms and values**. The participating students were simultaneously immersed with the concept of proactive behavior and the salient outcomes it might yield. Midwifery students need to acquire knowledge and skills for practice and should have the intrinsic motivation to adopt the values and norms of the midwifery profession (Jong, Kool, Peters, & Jansen, 2017). The more midwifery students dare to take responsibility and the less assumptions are made, the more likely proactive behavior will occur.

Fifth, **the level of efficiency and effectiveness** of proactive behavior came forward. Noticeable in the stories is that proactive behavior is often seen as making changes, which sometimes is the case, but it does not always cost more time nor energy. In contrast, it could bring serious time gain. There is still effort and work needed to sensitize the concept of proactive behavior and the benefits it can bring.

Findings of this study partly match the individual and contextual antecedents of proactive behavior in other scientific essays. There is Casey *et al.* (2017) stating that a greater reliance on the right caregiver could save costs. In addition, the supportive effects of a safe organizational culture and working environment was described as a stimulating factor of proactive behavior by (Belshak, 2010; Edmondson, 2004).

The identical philosophical issue found in Parker, Bindl, and Strauss (2010) stating that proactive behavior is partly a personality trait and partly a mutable state was reflected in the transcripts of this study. Even going further that it is a necessary attitude to be, what is stated by Borrelli (2014), a good midwife. Paying attention to self-esteem is needed to enhance midwives mental health and success which are both needed to be able to show proactive behavior (Janati *et al.*, 2012). As a midwife, it is almost a prerequisite being able to function properly to be a responsible medical health care provider. The routine-aspect, which was described as a consequence of the immersing workload, could not be linked as a positive stimulator for proactive behavior opposite on the findings of Ohly, Sonnentag, and Pluntke (2006). According to Stevens & McCourt (2002) midwives are challenged to find a positive way of dealing with this pressure especially in upcoming times of accreditation and quality improvement communities. The attention to proactive behavior could create resilience and support for midwives and (future) mothers and fathers to cope with fast societal changes. This might be an answer to work-related stress reported in the campaign for health workplaces by the Royal College of Midwives (2016).

A first limitation of this study is that purposive sampling was used so this study may not have captured the whole range of student midwife's experiences. Nevertheless a large number (n = 55) of students were heard.

Secondly, the research team has properly considered the extended role of the midwifery student-researchers. A concept like proactive behavior is not easy to explain. Therefore, all student-interviewers were taught about the concept of proactive behavior based on the same original concept analysis of Mestdagh *et al* (2016). In this concept analysis clear and applicable examples applied directly in midwifery practice are elaborated in order to understand the concept

Thirdly, to interpret or estimate observed behavior, might be difficult for a student, and maybe more for a first year student compared to a senior student. Only three of the interviewed students were first year midwifery students. The research team believes that on a total of 55 participants this is acceptable. However, the main goal of this study was to elaborate their perspective, experience and interpretation of what they have observed, so we believe their judgement is equally valuable.

To ensure the generated themes were an accurate representation of the participants' experiences, a member-check of the data would be a strength. However, credibility of the findings was strengthened by: (1) thick descriptions, both in depth and contextually based, of the data by use of many quotes (Morrow, 2005); (2) direct quotations while presenting the data (Cooney, 2011; Thomas & Magilvy, 2011); and (4) peer debriefing, discussing and interpretation of the findings from a professional and well experienced midwifery background between the midwifery students and the research team (Morrow, 2005). The already extensive in-depth knowledge of the research team concerning proactive behavior in midwifery, was a helpful strength in the substantive sensitivity necessary to generate categories and properties. The responsibility of the research team was to remain open and free to what is actually happened in the data.

Many of the findings and challenges from this research are universal and therefore transferrable to other international midwifery practices, nevertheless some outcomes might be typical for Flemish or Dutch midwifery practice. Although sharing these experiences and results with other international midwives, could be the next step in the ongoing search to understand proactive behavior in midwifery practice.

Conclusion

Based on the analysis of the transcripts this study showed that midwifery students perceive the existence of proactive behavior because of four adjustable key components. The nature-nurture part referring to the combination of a certain mindset and self-esteem a midwife must own as well as the learnability of this kind of behavior. Important conditions to stimulate this are a good communication and the constant attitude of lifelong learning. A second key role is the level of willingness, which on his term is regulated by the norms and values of the midwife as well as the organizational culture of the team the midwife is working in. The third determining factor was the reflective nature of the midwife who is clearly not always aware of her own thinking pattern or behavior. Creating an open atmosphere with clear and useful feedback could strengthen the midwives believe and conviction to behave proactively. The last part is a frequent stated complaint in all kind of sectors being the time-aspect. In this study, there was a clear focus on the time-gaining aspect of proactive behavior as well on the limitations of time to always be conscientious and at ease to behave proactive. Examining the presence of proactive behavior is essential in order to understand the barriers, enhancers and possible future consequences. Further research is recommended to combine both perceptions of the student midwives as well of the midwives themselves. The challenge for future research lays in the transfer of recommendations in daily midwifery educational

programs and practice. An ongoing study protocol has been created to stimulate proactive behavior already during the educational program. First results will be expected in August 2018.

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