POSTER ABSTRACT

Visualizing the art of maternity care practice: a video-reflexivity study on communication and collaboration of professionals and parents

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Introduction: Research on communication in maternity care gives little attention to opinions of parents and focuses on the barriers rather than the facilitators of communication (1). To understand how parents and professionals in Dutch maternity care establish and preserve constructive collaboration we examined the way things are actually done on the unit, learning from ‘good practice’, and actively including parents and professionals as co-researchers.

Methods: We used video-reflexive ethnographic methods (2) to study the collaboration of parents and professionals in 9 midwifery practices and 2 obstetric wards in the Netherlands (2013-2015). By filming in situ everyday practices, editing footage, and using clips for co-analysis in reflexivity-sessions we helped professionals and parents to see, relive, and experience things they forgot, took for granted, or ceased to see. Our co-researchers were 26 parents, 24 primary care midwives, 3 secondary care midwives, 11 obstetric nurses, 17 obstetricians, and 7 medical assistants who participated in at least one of 24 reflexivity-meetings. We used inductive content analysis for analyzing transcripts of reflexivity-meetings and fieldwork notes.

Findings: We identified the informal ways of talking and acting that facilitate connectedness. We found that small talk, humor, being familiar with each other, using different senses and taking different positions, e.g., standing, sitting, varying distances, are highly effective for bonding and reducing the stress of caregiving and care receiving. Our colleagues were aware of the pitfalls in communication and collaboration as well, and expressed the need to be sincere and to be sensitive to context, to the values and feelings of others, and to the timing of care.

Discussion: These balancing and sensing competencies turn maternity care into a ‘paradoxical care’, expressed in oxymorons: acts of “regulated spontaneity” and “informal formalities” that must be used in the right dose at the right time and place. Paradoxical care is about concurrent acts based on non-stop probing and fine-tuning, requiring high levels of social sensitivity and self-reflection.

Conclusions: Our study of the actual practice of effective communicating and collaborating with and between all parties in maternity care revealed the use of different informal strategies to establish not just ‘doing’ things together, but ‘being’ together. These strategies require social and self-reflective competencies.
Lessons learned: Different professionals hesitated about the value of video-reflexivity for practice improvement, because they are used to learning from what goes wrong. Use of the method, however, positively influenced their reflecting and collaborating work. Parents appreciated being taken seriously and seeing the dedication of professionals to improving communication and collaboration. Our research underlines the importance of ‘paradoxical care’ – ‘regulated spontaneity’ and ‘informal formalities’ – and the competencies required of professionals to use these to promote good collaboration.

Limitations: Our research focus did not allow us to study explicit factors or barriers for communication and collaboration that also play a crucial role.

Suggestions for future research: Video-reflexivity research on the interactions between informal strategies and contextual factors of maternity care, e.g., architecture and time, will deepen our understanding of the drivers of good collaboration in health care.

Keywords: communication; collaboration; maternity care; interprofessional; patient involvement