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**COMPARISON THE EFFECTS OF COMMUNICATIVE SKILLS TRAINING TO  
MIDWIVES AND THEIR COMMUNICATIVE BEHAVIOR WITH PARTURIENT IN  
TWO METHODS: ROLE PLAYING AND VIDEO FEEDBACK**

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**ABSTRACT**

**Introduction:** This study was conducted to compare the impact of communicative skills training with two methods of role playing and videotape feedback on communicative behavior of midwives.

**Methods:** This was an interventional experimental study that was done with 47 midwives who working in maternity ward of educational hospital. Samplings divided randomly to two groups, role play (N=24) and videotape feedback (N=23). Per each midwife 3 parturient selected for steps of before, 2-4 weeks and 4-6 weeks after intervention. Data collected with valid and reliable researcher questionnaire and observational check list of communicative behavior.

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Intervention included communicative skills training workshops for two days held for each groups, that the first day was similar in both groups. The second day in each groups, education was run through four scenario in steps of (admission, labor, delivery and post-partum period) by role playing and videotape feedback. Data analyzed by SPSS 16 and tests of Independent t, Mann wittny and Wilkinson.

Result: Comparing the score mean of communicative behavior of midwives with parturient from observational check list of communicative behavior and questionnaire of admission, labor, delivery and post-partum was significant in two groups, before and after intervention ( $p=0.001$ ), but the score mean of communicative behavior of midwives in two groups before, 2-4 weeks and 4-6 weeks after intervention was not significant ( $p\geq 0.05$ ).

Conclusion: Both of education methods, role play and videotape feedback has the same effect in improvement of communicative behavior of midwives with parturient.

**Key words: communication, communicative skills, role play, videotape feedback, midwife, parturient**

## INTRODUCTION

Suitable communication is the essential key for determining the level of satisfaction of mothers from the hygienic services. Having effective communication and emotional support the parturient lead to promote the psychological conditions and reduce the stress and pain during partum, and the final result and progress are influenced by that, while, in recent decades, the report indicate that the communication process in mother care is contradicted. Many theorists believe that communication should be considered as a clinical skill, and however, communicativeskills are the complex behaviors, these can be taught and learned. Among the employees of hygienic sector, the

midwife should have an extensive communication with the patients due to her role. Therefore, it can be said that communication is an important principle in midwifery cares. Despite, the severe need for being able to communicate with the patient in specific condition for partum, the level of awareness, attitude, and the skill of employees especially the midwives are not desirable.

The results of Sgerson's research (1997) that is entitled "review of partum result in 100 women with high stress in Sued indicated that not having trust to the midwife and lack of suitable communication with her are the reasons of the parturient women for 73% [4].

Hores and et al. (1989) in their research have found that the psychological support of the midwife from the parturient during partum caused the reduction of partum duration, cesarean, using ----, instrumental partum, and Apgar minute 5 lower than 7. In addition, the mothers who are supported, they have a positive perspective to the partum [11].

The mother during the partum in addition to clinical care needs to be understood, sympathy, guidance, and support. But today, dependency to using technology in partum care cause to ignorance of the human aspects. The sense of being among those who like her and mother's trust to their skills cause the positive experience of partum for the mother. Someone who accepts the responsibility of partum should sympathizes with the mother, pay attention to her needs, respect her beliefs, and provide an environment for her partum. The research of Taqizadeh and et al. (2006) showed that the level of using communicative skills (verbal and nonverbal) by the midwives (orderly 68%, 54%) is not suitable, and the level of satisfaction for the parturient women from the verbal and non-verbal communicative skills of the midwives (orderly 50%, 4%, 48.4%) that have a significant relationship with the level of

using communicative skills by the midwives [10].

Zerric believes that the increase of work experience is not enough for improving the person's communicative skills [16]. Despite the positive effect of communicative skills teaching in most of researches, Brown and et al. (1999) didn't observe any change at the patients' level of satisfaction after communicative skills teaching [15].

The useful communicative skills teaching depends on the type of educational design, and there are many psychological challenges in the method of teaching these skills [19].

However using theoretical teaching methods can be effective in creating positive skills to the use of communicative skills, practical exercise of skills can enable the learner in the practical use of these skills [19]. There are certain documents that show the methods based on experience are better than theoretical methods. The methods based on experience means the methods that involve learners actively in learning process. The difference between the theoretical methods and methods based on experience is the difference between knowing the effective communication and being able to have a positive communication. Different types of these methods include teaching by the real patients, teaching in the role of patient,

teaching by role playing, using cassette player, and video recorder [20].

For communicative skills teaching, the methods that provide the similar experiences like real conditions like role playing method are focused [17]. Role playing is one of the active teaching method that tries to help people to know themselves in society and use the social group for making decisions in difficult situations [20].

In this method due to concentration on senses and high emotional relationship, learning can be more effective, and the learners can predict their attitudes, values, and concepts and disspread their attitudes and the skills of solving the problems [21].

The available documents showed that the most important point in communicative skills teaching is to give feedback to the learners after any kind of communicative exercise [19]. Video feedback method was the easiest method and it was the most complete method [19]. Video feedback is a useful method for promotion of communicative skills in medical sciences and in this method the learners can evaluate themselves by reviewing the recorded films, and by this method they can do self-study and the persons' performances are reinforced [24]. In learning each skill self-observation is so helpful. Recording encourages the

concentrating approach on learning. In this method, the learner can actively participate in analyzing interview and enable the learner to evaluate himself. Recording can prevent the wrong imagination and what happened in real. Accuracy and validity of feedback is high.

Knowles in a research that the communicative skills were accomplished by feedback method showed that feedback method is more effective than other methods and learning is more in this method. The results of Schimzo's research showed that role playing and video feedback can increase the communicative skills of the nurses and reduce their occupational depress [24].

Due to the importance of achieving the communicative skills and using that in midwifery services, there have not been yet a research in our country. There is also a few studies about detecting the most effective methods of communicative skills. So we have tried to do a research with the aim of determining the effect of communicative skills teaching in role playing and video feedback methods in the educational hospitals in their communicative behavior with the parturient.

#### **METHODOLOGY**

This method was a kind of research that had semi-empirical that was done in Mashhad

medical sciences on 47 people of the midwives in the educational maternities in Mashhad Qaem (Peace be upon Him), Imam Reza (Peace be upon Him), Omolbanin, and ShahidHaseminejad in 2014. The input criterion were: midwifery license, employment in different shifts, clinical work experience for 1 year in maternity, not participating in the workshops related to communicative skills in recent 6 months. Lack of tendency to continue the research and lack of presence in the sessions of the workshop were the output criterion.

The size of sample was calculated by determining the size of sample for comparison of the mean of the independent groups. Mean and SD of communicative behavior variable were taken from the evaluation of communicative performance of the students.

The size of sample was 25 people at the confidence level 95% and the power test 80%. 60 people were estimated in two groups that 13 people were omitted due their absence in the sessions that totally 47 people were obtained (24 for role playing group and 23 for video feedback). Three parturient women for each midwife in each level 2-4 weeks before education, 4-6 weeks after education that in each level, 141 parturient

women and totally 423 parturient women were participated in research.

Data collection tools and evaluation methods after holding educational workshops include: selection of center form, personal characteristics questionnaire of research center, checklist of observing the communicative behavior of midwife and the questionnaire of measuring the communicative behavior with the parturient that the checklist was filled by the researcher and the questionnaire was filled by the parturient women after transferring to the post-partum sector. The validity of checklist and communicative behavior questionnaire was determined by content validity that was given to ten teachers of nursing and midwifery department after confirming by counselor professor. This was used as the final instrument after using the recommendations. The reliability of the research tools were confirmed by correlation coefficient alpha Cronbach.

The ancillary tool was two days educational workshop for 10 hours. The general workshop about the communicative skills by speech method, power point, showing movie, and group discussion was presented for two groups by the researcher and a clinical psychology.

In role playing group, four scenarios that were the common issues of the maternity in four fields (admission, labor, partum, and post-partum) were given to each group and they were asked that two of them should be as the midwives and parturient and the others as the observers, they conduct each of the scenarios for 45 minutes. The levels are as follows: Level 1 (making the group aware and solving the problem), second level (selecting the respondents), third level (scene process), the fourth level (preparing the observers), fifth level (display), sixth level (argument and evaluation), and the seventh level (common experiences and generalization). After role playing, each groups played their reformed roles at the stage for 10 minutes, and the learners discussed on the roles for 30 minutes and expressed their experience for the others.

In video feedback group, before the educational workshop four parturient women were asked to play the role of the midwives in each four levels the same as the midwives at their real workplace. Scenarios were the same for two groups and the time for each group was 10 minutes. The interaction between midwife and the parturient was recorded, and the recorded films were montaged. In the first day of educational workshop, they discussed on the

communicative skills in speech method, showing power point, and group discussion by the researcher and the clinical psychologist compatible with educational content. In the second day, the montaged films were displayed, and the participants were asked to evaluate their performance and the performance of their colleagues according to the teachings about the communicative skills. Finally, the data was analyzed by 16 spss and t-statistical tests and Wilcoxon.

### **FINDINGS**

The average age of the research centers was  $58/9 \pm 21/39$  that was 22 to 57 years old. The results of t-test showed that there is no significant difference between two groups in terms of age and two groups are homogenous in this variable. Most of the research centers in two groups were married (83%) and the work experience was 1 to 29 years. In this study, the midwives were 47 people, and the parturient women were 423, three parturient women were for each midwife at every level. The average age of the parturient women was  $84/5 \pm 46/25$  that was 15 to 42 years old.

The results showed that the score of the midwife's communicative behavior before education was  $p=0/57$ , 2-4 weeks after education was  $p=0/08$ , 4-6 weeks after

education was  $p=0/82$ . There was no significant difference between two groups.

**Subsidiary Findings of Research**

The comparison of checklist scores of the midwife's communicative behavior in the parturient woman's perspective in two groups role playing and video feedback at levels, 2-4 weeks before education and 4-6 weeks after education showed that the average score at the levels before education was ( $p=0/40$ ), 2-4 weeks after education was ( $p=0/27$ ), and 4-6 weeks after education was ( $p=0/15$ ), there was no significant difference between two groups. (Table 2)

The comparison of the midwives' communicative behavior in two groups, role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after

education showed that the mean score before education was  $p=0/73$ , 2-4 weeks after education was  $p=0/21$ , and 4-6 weeks after education was  $p=0/25$ . There was no significant difference between two groups. (Table 3)

**The midwife's communicative behavior at levels (labor, delivery, admission or post-partum) in the parturient woman's perspective:** the comparison of the midwife's communicative behavior at levels (labor, partum, admission or post-partum) in the parturient woman's perspective in two groups, role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education showed that there was no significant difference between two groups in terms of mean (Tables 6, 5, 4).

**Table 1: The comparison of mean and SD of the communicative behavior scores of the midwives with the parturient women in two groups, role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education**

Levels	Group		Group		The result of intergroup test comparison and level of significance
	Video feedback		Video feedback		
	Mean± SD	Number	Mean± SD	Number	
Before education	08/7±42/86	24	00/7±60/87	23	t58/0- = p =57/0
2-4 weeks before education	86/6±76/97	24	98/8±99/101	23	t82/1- = p =08/0
6-4 after education	63/4±99/96	24	53/3±71/96	23	t23/0= p =82/0

**Table 2: The comparison of mean and SD of checklist scores of communicative behavior of the midwife in the research's perspective in two groups role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education**

Levels	Group		Group		The result of intergroup test comparison and level of significance
	Video feedback		Video feedback		
	Mean± SD	Number	Mean± SD	Number	
Before education	88/10 ±71/66	24	26/11±13/69	23	Z84/0- = p =40/0

2-4 weeks before education	43/13±83/86	24	14/11±96/91	23	Z 10/1- = p =27/0
6-4 after education	23/10±17/89	24	66/6±87/92	23	t46/1- = p =15/0

Table 3: The comparison of mean and SD of the communicative behavior scores of the midwives with the parturient women in two groups, role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education in the parturient woman perspective

Levels	Group				The result of intergroup test comparison and level of significance
	Video feedback		Video feedback		
	Mean± SD	Number	Mean± SD	Number	
Before education	23/7±99/92	24	87/7±75/93	23	t35/0- = p =73/0
2-4 weeks before education	33/6±40/101	24	48/9±40/105	23	Z25/1- = p =21/0
6-4 after education	42/4±60/99	24	95/4±00/98	23	

Table 4: The comparison of mean of the communicative behavior scores of the midwives with the parturient women in labor level in the parturient woman's perspective in two groups role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education

Levels	Group				The result of intergroup test comparison and level of significance
	Video feedback		Video feedback		
	Mean± SD	Number	Mean± SD	Number	
Before education	75/9±13/93	24	87/11±09/92	23	Z43/0- = p =67/0
2-4 weeks before education	55/9±58/103	24	10/13±91/107	23	Z96/0- = p =34/0
6-4 after education	24/5±08/99	24	94/6±65/95	23	Z77/1- = p =08/0

Table 5: The comparison of mean of the communicative behavior scores of the midwives with the parturient women in partum level in the parturient woman's perspective in two groups, role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education

Levels	Group				The result of intergroup test comparison and level of significance
	Video feedback		Video feedback		
	Mean± SD	Number	Mean± SD	Number	
Before education	01/10±63/92	24	17/11±00/94	23	t45/0- = p =66/0
2-4 weeks before education	19/10±54/101	24	43/12±17/103	23	Z 44/0- = p =66/0
6-4 after education	08/5±87/100	24	85/7±17/98	23	Z52/1- = p =13/0

**Table 6: The comparison of mean of the communicative behavior scores of the midwives with the parturient women in (admission or post-partum) level in the parturient woman's perspective in two groups, role playing and video feedback at levels 2-4 weeks before education and 4-6 weeks after education**

Levels	Group				The result of intergroup test comparison and level of significance
	Role playing		Video feedback		
	Mean± SD	Number	Mean± SD	Number	
Before education	56/8±21/93	24	97/7±17/95	23	t81/0- = p =42/0
2-4 weeks before education	76/7±08/99	24	76/11±18/105	23	Z13/1- = p =26/0
6-4 after education	89/7±83/98	24	24/6±17/100	23	Z62/0- = p =54/0

### ARGUMENT AND CONCLUSION

The general result of research showed that both of these methods can be used in promotion of the midwives' communicative behavior with the parturient women.

The results of this research was consistent with the results of the researches done by Manaqeb and et al. The results of the researches done by Schemizo and et al. (2011) showed that both of these methods increased the nurses' communicative skills and reduced the occupational depression. Manaqeb and et al. (2011) showed that both methods role playing and group discussion were effective in promotion of the interns in transferring bad news, but role playing method was more effective than group discussion.

The result of research was consistent with the results of researches done by Nestle, Taireny, Cashing and zerric, but it was inconsistent with the results of researches done by Randle Cortiz, Roling and Roberts.

The results of researches done by Nestle, Taireny (2007) showed that 5/96% of students knew the role playing method effective in teaching skills. In Cashing's research (1997), role playing caused to promotion of the medical sciences' awareness in communicative skills. Zerric (2003) showed that role playing increased the students' communicative skills with the patients who suffer speech disorder in comparing to speech.

While in Randle Cortiz (2013), communicative skills teaching based on role playing and assimilation in comparing to the common method in the nurses and local residents not only improved the quality of relationship with the patient, but also it slightly increased depression symptoms in role playing group comparing to the common method. Lin and Roling (2007) declared that the effect of communicative skills teaching in assimilation method and role playing is ambiguous with so many limitations. Roberts

(2001) showed that the nurses do not prefer to participate in role playing plan for learning communicative skills.

In the present study, there was no significant relationship between the personal characteristics of the parturient women such as age, marriage, interest to work experience, partum satisfaction and marital satisfaction with their scores in communicative behaviors. In terms of age and marriage, the results of this research was consistent with the results of Heidarzadeh and Peiman's research, and it was inconsistent with the results of Taqizadeh' research.

The results of Heidarzadeh's research (2007) showed that among the contextual factors: age, marriage, experience in running the clinic, sex, and clinic specialization of the interns, assistants, and the members of director of boards, only experience in running the clinic factor has a positive relationship with their awareness and attitudes about communicative skills [82]. In Peiman's research (2011) there was a positive relationship between the teachers' communicative skills with their sex, while there was no relationship between the history of teaching and scientific grade, there was correlation between marriage and the amount of using non-verbal communicative skills [14].

Some of limitations of this research are the personal differences of the parturient women, their psychological status during filling the questionnaire affect the manner of answering the questions. So, the researcher tried that the questionnaire be completed in the peaceful environment that the mother should be ready for answering the questions by the interview method. Also, the personal differences of the midwives, psychological characteristics, and their presences at the maternity could affect their communicative behavior with the parturient. So, the researcher controlled the research centers as follows: observing the research centers in different shifts at the equal rate. At night shift, the midwives' behaviors were observed up to 12 o'clock. The shift of research centers were not concise at the time of observance.

According to the present study, it is recommended that the managers by holding educational sessions for the midwives have been successful in improving and promotion of the communicative behavior of the midwives with the parturient women. Also, these results can be a good guidance for the teachers of medical sciences especially for the medical teaching and midwifery department for teaching communicative skills to the students. As the present research is the first study in the midwifery field with

the direct role of communicative skills by the active methods in their communicative behavior with the parturient. So according to the results of this research, it is possible to do further researches about the communicative behavior of the midwives with the parturient by the use of new methods of teaching.

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