

THE SAFE ALLOCATION OF MIDWIVES AND THE QUALITY OF CARE IN THE HEALTH CENTERS OF THE NEIGHBORHOOD OF FORMOSA AND HEALTH CENTER BECORA DILI TIMOR-LESTE, 2023.

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Received: 22 Jan 2023; Accepted: 25 Jan 2023; Published: 31 Jan 2023

Citation: Ivone de Jesus dos Santos. THE SAFE ALLOCATION OF MIDWIVES AND THE QUALITY OF CARE IN THE HEALTH CENTERS OF THE NEIGHBORHOOD OF FORMOSA AND HEALTH CENTER BECORA DILI TIMOR-LESTE, 2023. AJMCRR 2023; 2(1): 1-9.

ABSTRACT

Introduction: The allocation of human resources in obstetrics affects the quality of care provided and has perceived implications for the safety of care. It is essential to have specialized and adequate resources, so that midwives can guide their practice in order to provide quality care that ensures the safety and satisfaction of customers.

Objective: To analyze the impact of midwives' appropriations on the quality of care provided in the Health Centers of Taiwan and Becora Health Center - Dili Timor-Leste.

Methodology: The type of study is descriptive, analytical and cross-sectional, quantitative approach, the data collection instrument used was in the questionnaires applied in the field of investigation.

Results: To analyze the data obtained we recognize that the allocation of midwives is insufficient, in view of the numbers pointed out by health organizations and experts in specialized nursing care, so they choose to perform the most urgent care, establish priorities in care, comply with the routines instituted and not perform some activities that allow them to move on to the next shifts.

Conclusion: The safe allocation of health personnel, particularly midwives in East Timor, is not yet a reality, so we consider that this investigation is the beginning of this process, alerting to some data that show the needs of health care and which favor maternal and infant mortality rates. And we are aware of the difficulties and limitations, but in it emerge a set of work premises that evidence the need for a safe endowment, to raise the quality of health care and decrease the morbidity and mortality and change of priorities in the maternal and child area.

Keywords: Secure Appropriations, Midwife, Quality of Care.

INTRODUCTION

Timor-Leste is located in the Southeast Region of Asia has 1,340,434 inhabitants distributed in 12 Municipalities and 2 Region of Special Administration Oecússi Ambeno and Ataúro Island Municipality (Timor-Leste Ministry of Finances, 2022)¹. Dili is the capital of Timor-Leste, men 163,978 and women 160,291 in general has 324.269 inhabitants sex ratio 102.3 according to indicated sense, and in the two

Health Centers the coverage area is 120.386 inhabitants, (Community of Health Center Becora 85.204 and Community of Health Center Bairro-Formosa with 38.462 Inhabitants respectively)². The World Health Organization also defined health as a state of complete in physical, mental and social status, and not just a health of illness an infirmity. In addition, (WHO, 2021) also defined Primary Health services as "essential health care based on practical methods and technologies, scientifically well-founded and socially acceptable, made within the scope of universal individuals and families of the community, through their full participation and at a cost that the community and the country can afford to maintain at each stage of their development in the spirit of self-confidence and self-determination³. The *maternal mortality rate mentioned in the framework* of the East Timor Health Policy for the year 2012 is 870 per 100,000 live births (live births). In the year 2013 the rate decreased to 650 per 100,000 live births (UNICEF, 2017)⁴. In recent years 2019 -2020, the mortality rate has decreased to 547/100,000 live births (Ministry of Health, UNICEF, 2018)⁵. the Maternal Mortality Rate, due to anemia, is 12%, hemorrhage 4.9.5%, abortion 4.8%, eclampsia 28%, and septicemia 11.2%. Dili is a municipality with more

health professionals, and their workload is very high, with 2 midwives /nurses for 5,406 inhabitants, 2 Doctors for 3651 inhabitants 1 nursing assistant for 31.236 inhabitants (cited by Carlos Tilman & Ivone de Jesus, 2022) according to PEDN 2011-2030⁶. Therefore, the lack of human resources is very small in terms of the numbers of qualified professionals and need to increase in the human resources framework in the future.

To respond to this, the Government authorized the increase in the workload of health professionals, since the health problem is maintained due to the increase in the population. In accordance with the Millennium Development Goals, in order to reduce the infant mortality rate (MRI) and decrease the maternal mortality rate (MMR) in Timor-Leste, the midwife assumes itself as a key professional in this process given that she is a partner, have an important and strategic position in helping in efforts to reduce MMR and MRI especially in improving maternal and child health. Child maternal health has a great positive impact on quality of life for future generations, which is an indicator of the well-being of a nation⁷. The midwife has an important intervention in health counseling and education, not only for women, but also for the family and society. These activities should include pre-natal education and preparation for parent alidade and may also extend on women's health, especially in the area of sexual health and reproductive health and childcare⁸. In Brazil, there has been an advance in the reduction of infant mortality in the last years. For example, the Brazilian infant mortality coefficient (IMC) in 2009 surpassed the dandy developed countries at the end of the 1970

and was about d and three to six times higher than in terms of mental health care, health promotion and that of countries such as Japan, Canada, Cuba, Chile education. The health Centers: PHC, at the level of and Costa Rica" (WHO, 2018, cited by Carlos Tilman & Administrative Posts, will provide the health care of Ivone de Jesus 2022). Based on these aspects, the ade- 5,000to 15,000 inhabitants and administer approxi- quate allocation of midwives and their level of qualifi- mately four Posts of Health's. Fifty-four Health Cen- cation and competence are key aspects to achieve ters will be built in the five municipalities that do not health care safety and quality indices for the target have hospitals¹¹. The resources will be improved by population and for the health organization itself. The the level of one health teacher for every 1,500 people adequate allocation of nursing resources refers to the in Timor-Leste. In the context of promoting the sus- correct allocation of midwives in quantity (number of tainable development of the Timor-Leste Health Sys- full-time effective nurses) and with the quality tem, considering the demographic characteristics of (experience/ training of midwives) required in view the population, health technologies and diversity of of the needs of clients. It is assumed that this is one of management methods/methodologies, it is pressing the favorable conditions for the quality of nursing to reflect on a model of human resources organiza- care provided¹⁰. tion, which guarantees the quality and safety of care delivery, contributing to the strengthening of the im-

Objectives: The general objective and to smooth the impact of midwives' appropriations on quality care, provided in the Health Centers of Formosa and Becora - Dili Timor-Leste. The Nursing Council Portuguese (2016), the statutory body responsible for calculating the allocation needs, which the calculation of Midwives cannot, is limited to the criterion of the number of hours of care per patient and per day or average times used in certain proce-

The specific objectives:

- Determine the factors associated with the ratio of midwives to the client and the quality of care;
- Describe the risks associated with minimum appropriations in the context of care for pregnant women, childbirth and care for Newborns;
- Develop strategies to optimize the safe appropriations of midwives in the health centers of Bairro Formosa and Becora - Dili Timor-Leste.

The theoretical Framework

In Timor-Leste, the primary health network provides a set of health services, consisting of basic care services, vaccination programs, maternal and child health care, provision of nutrition programs, support The National Health System (SNS) of Timor-Leste was established in 2002, it includes 65 Health Centers, 192 Health Posts, four Refer hospitals and National Hospital established in the territory. The National Health Systems of Timor-Leste is almost exclusively ensured by public structures, and the private sector practically still does not exist¹³. The NHS organized

by three levels: primary health services, health services and tertiaries according to the (Health System Act, 2004). The performance of midwives, who are prepared to practice their practices, according to a certain standard of training, and exercise within a system of regulation and supervision, which promotes the highest standards of professional responsibility and safety at work developed¹⁴. Midwives carry out their intervention, with the following objectives: To educate and harass themselves to pray about sexual health and to provide contraceptive methods; to provide support, care and guidance during pregnancy, childbirth and the puerperium; to assist and conduct deliveries; to detect complications and to provide specialized care to address these problems; and provide care to newborns and infants. In Portugal, the profession of midwife rye is assumed by nurses specialized in Maternal and Obstetric Health Nursing (EESMO) and the midwives are recognized by the Order of Nurses, after obtaining the academic qualifications required for the legal practice of the activity, as responsible, autonomous professionals, who work in partnership with women, families and communities, in order to achieve good health outcomes throughout the reproductive cycle of women, namely in pregnancy and at birth¹⁵.

The concept of safe endowment analyzes the methods in existence for their operationalization of the adequate allocation of nursing resources refers to the correct allocation of nurses in quantity (number of nurses or full-time equivalents) and quality. The misall of the calculation of the allocation of nurses, they are methods of organization of human resources, in particular those that refer to nursing, are an im-

portant contribution to the provision of quality and safety care. The Professional Judgement: allows calculating, through the number of nurses desired in each shift, the number of working hours required per week (number of hours in each shift multiplied by the number of nurses in each shift, multiplied by the number of days of the week) being expressed in Full-Time Equivalents (TSIs). The ratio is understood as the proportional relationship between two values, referring to the maximum number of clients to be assigned to a nurse during a shift¹⁶.

METHODOLOGY

An exploratory and descriptive study, with a quantitative approach, which according to several authors has as main objective to explore phenomena, still little studied and describe the variables (Vilelas, 2009; Carlos Tilman & Ivone de Jesus, 2022)¹⁷. The population of our study consists of the top and intermediate managers and midwives of the Health Centers of Formosa and Becora Dili Timor-Leste. The non-probabilistic and intentional é sampling to, our sample is the 25 midwives for the application of the two questionnaires, consists of all managers in office of the health centers of Timor-Leste and by all the midwives of these Health Centers. The method used will be a structured questionnaire, composed of closed questions and data analysis we use the SPSS program.

PRESENTATION OF RESULTS

Table 1 Sample distribution According to age group.

Age category	N	%
30-35	6	24
36-40	5	20
41-50	11	44
51-60	3	12
Total	25	100

According to table 1 above, the majority of the sample falls into the 41-50 age group with 44%. The total sample is female. The time of professional exercises is 13 years and professional exercise time in the service is 12 years.

Table 2 Distribution of the sample according to the professional category.

Professional Category	N	%
Midwife. Diploma I	9	36
Midwife. Diploma III	3	12
Graduate Midwife	10	40
Expert Midwife	0	0
Chief	3	12
Total	25	100

Table 2 above reference shows the distribution of the sample by the professional category, it is observed that the highest percentage of the sample is divided between graduate midwives and midwives with diploma I (40% and 36%), according to the research result, (Carlos Tilman & Ivone de Jesus, 2023).

Table 3 Sample distribution according to work regime.

Work Regime	N	%
Reduced hours	0	0
35 hours	0	0
40 hours	12	48
42 hours	13	52
Total	25	100

Regarding the work regime and according to table 3 above, the sample is divided between the is types of work regimen, 42 hours and 40 hours per week (13; 52% and 12; 48%). The entire sample states that it performs functions in a fixed-term contract, as well as declares that it does not perform functions in another state and private institution according to the research result.

Table 4 Distribution of the second sample the specific training performed and importance attributed.

Training in:	N	Average
Quality Standards	22	4.6
Prenatal Surveillance	23	4.84
Care during Childbirth	23	4.8
Postnatal care	22	4.8

Table 4 above shows that the distribution of the sample according to the specific formation that it performed, as well as the importance it attaches to it. It is observed that the majority-allocated in the specific education, in the prenatal area and care during childbirth, and that it attributes a very important degree (4.84), especially to prenatal surveillance, in the research carried out.

Tables 5 Average distribution of strategies to maintain the quality of nursing care in the indicated place.

Strategies	Average
I organize my work	4.4
I set priorities in care	4.68
I carry out the most urgent care	4.76
I choose to comply with established routines	4.64
I choose to comply with techniques	4.8
I organize my work by effectively managing time	4.44
I report my concerns in charge of the service	4.36
I just have time to focus on priority activities	3.72
I do not perform some activities that move to other shifts	3.8

As for the strategies used to meet insufficient appropriations and according to table 5 mentioned above, the sample states that it complies with the techniques, performs urgent care, establishes priorities in care, complies with the established routines, organizes the work managing time effectively, organizes the work and communicates to the head, with averages between 4.8 and 4.4. Finally emerges the strategy I only have time to focus on priority activities.

Table 6 Opinion of the sample related to training.

Statements	Average
In-service training responds to the needs of the service	3.478
In-service training responds to the needs felt by nurses	4.16
The contents of in-service training are essentially practical	4.36
The time dedicated to in-service training is well used by midwives	4.32
The knowledge acquired in in-service training is used in the work of midwives	4.4
Continuing training allows practice to be more reflected and improved	4.52
I am responsible for updating knowledge to improve my skills	4.44

The sample considers relevant the training performed, highlighting all the aspects described below in table 6 above with the average plus and leads, continuous training arises, this allows the practice to be more reflected and improved (4.52), followed by the item responsible for updating professional knowledge and application techniques that allow to improve skills (4.44), according to the scan result, 2023.

Table 7 Sample view on teamwork.

Statements	Average
Contributes to the provision of quality care	4.04
Contributes to nurses' satisfaction/motivation	4
Allows you to monetize the achievement of common objectives	3.91
It promotes a climate of respect and mutual trust between the	3.91
Promotes cooperation and support in the provision of integrated care	3.91
Encourages nurses to encourage each other to increase the quality of performance	3.87

We verified that, in accordance with table 7 above, the sample is considered that it contributes to the provision of quality care and also to the satisfaction and motivation of nurses working in this nursing area.

Table 8 Opinion of the sample related to the nursing head.

Statements	%
Promotes a humanized environment in service	14.9
Promotes uniformity of procedures facilitating the practice of care	14.9
Encourages midwives to increase the level of training	13.7
Develops activities to promote quality improvement	13.7
Fosters reflection on care	14.3
Requires production of results according to established standards/objectives	14.3
It holds midwives accountable for the care they provide	14.3

According to the table above, the sample is distributed equally by the following statements, we can infer that they consider the role of the head very important, for promoting a humanized environment in the service and the standardization of procedures

that facilitate the practice of nursing care obstetrics. wives and nursing support in teamwork (3.72) and Table 9 Opinion of the sample on issues of profes- work volume (3.6) of research. sional ethics.

Statements	N	%
Lack of human re-	16	14.3
Lack of protocols facil-	19	17
Lack of discussion between different professional groups providing care provid-	16	14.3
Lack of consensus	17	15.2
Inadequate working	24	21.4
It is responsible for the	20	17.9

In table 9 above, based on ethical aspects, the gem sample is a significant sample, the conditions of inadequate work (24; 21.4%) and the lack of accountability for the care provided, with 17.9%, according to the research results, 2023.

Table 10 Sample view of situations of increased liability

Statements	Media
Organizational difficulties	2.04
Customers' requirement	2.04
Requirement of significant cons	1.76
Lack of interdisciplinary support	1.88
Lack of human resources	3.72
Workload	3.6
Other	3.48

According to table 10 above reference, the situations of increased responsibility are related to the lack of human resources exist that provide the care of mid-

DISCUSSION

The participants in this study who have different ages (between 30-60 years), the age group that prevails is that of midwives aged between 41 and 45 years, with 44%, followed by the age group from 30 to 35 with 24%. The law of the civil service does not allow working in retirement, that is, over 60 years. On the other hand, midwives have to develop their specialized training, which justifies the ages found in the study, whether over 30 years of age. Since 2002, midwives have developed their training, of licensees, including those that are part of the quad Rs of these two health centers. Thus, with and the study, 25 midwives were falls, 40% are graded following level I midwives. The working hours of the midwives of the two health centers are 40 hours per week and correspond to 48% of the sample. This last system of working hours, contrary to the time established in the Labor Law of civil servants (Decree law no. 4/2012 of February 21, 2012 Article 2). In labor, it is essential that the midwife establishes a care plan for the systematized and rigorous woman. The midwife must transmit security, calm and objectively inform the woman about all fundamental aspects in her professional work (Barriadas et al., 2015 cited by Carlos Tilman & Ivone de Jesus, 2023). On the strategies to fill insufficient appropriations, we show that midwives, refer sequentially, that in this case first comply with the techniques, then perform urgent care, establish priorities in care, comply with the routines instituted, organize the work managing time effectively, organize the work and communicate

to the management. Regardless of the appropriations, the nurse is responsible for the interventions he performs. Safe appropriations are a critical aspect, as they have a direct impact on nurses' ability to develop an appropriate implementation plan for each person/situation. Low levels of appropriations are a limitation to the provision of safe care services¹⁸ (cited by Carlos Tilman & Ivone de Jesus, 2022).

They focus more on the technique in carrying out urgent care. An excessive workload, affects the safety of personal care, leads to dissatisfaction of nurses, increases absenteeism, and overwhelms the entire work team. This calls into question the continuity and quality of care provided, increasing risk and insecurity¹⁶. The work overload of nurses translates into a provision of care at the level of the minimum required, not being able to meet the nursing care needs of users in real and useful time. The lack of time to provide care, limits nurses in performing some of the activities, or to carry out the care they provide, affects decision-making, due to the limitation of the harvested, reduces communication with the user and team¹⁹. In nursing, situations are transformed and science evolves, the updating of knowledge is essential for a safe, adequate and reliable care delivery, which translates into an effective performance. The self-awareness of the limitation of knowledge by nurses is fundamental, so that they feel the need to invest in their development and updating, and in the improvement of their competencies cited by (Carlos Tilman & Ivone de Jesus, 2023). Well-prepared Health Professionals, which positively implies the development of their autonomy, professional identity and regular decision-making processes²⁰.

CONCLUSION

We suggest as main strategies for optimizing the safe appropriations of midwives, in the health centers of Bairro Formosa and Becora in Dili Timor-Leste, the establishment/ contractualization of more midwives, the increase in the quality of training and the creation of incentives for the career of midwives, recognition of different levels/competences and performance and a reduction in weekly workload. Most of the time immediate care is fulfilled, in normal or emergency situations in a limited and inaccurate way, but the family is not supported in prepartum and postpartum or in family planning. We recognize that managers attribute to the safe appropriations of midwives, little importance, not considering that by ensuring quality and safe care in surveillance, prenatal care, childbirth and postpartum, the complications, perinatal mortality of the hand and infections are reduced, and the rehospitalizations are warmly reduced. We conclude that the majority of midwives in these two Health Centers were trained according to the standard rules/guidelines of the Ministry of Health of Timor-Leste with support from (WHO, 2022). This increase in quality contributes to a good improvement of the care provided by professionals, in the care of women seeking maternal and midwife-health services in their health units, but it is necessary to continue to invest in qualified professionals and in sufficient numbers for a quality care delivery and compliance with good national practices and cited by (Carlos Tilman & Ivone de Jesus, 2023).

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