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PSYCHOEDUCATION, COMMUNICATION, AND HEALTH. THE PARTICULAR CASE OF NURSES AND EXPECTANT MOTHERS

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Abstract

The present study aimed to evaluate the impact of an intervention to optimize communication motivation in a group of nurses and its effects on patients. The study also aimed to use an intervention to increase self-efficacy in two distinct categories of patients (women in their last trimester of pregnancy and women at risk of miscarriage). The data obtained confirm the importance of the intervention from the perspective of communication among nurses, but not from the perspective of significant changes in motivation (although increases are also recorded in its dimensions). Regarding the level of perceived self-efficacy in the two categories of patients, following the intervention, scores for the level of self-efficacy are recorded, but these are not significant increases. These differences highlight the profound impact of health status on self-confidence and highlight the need for personalized psychological interventions tailored to the specific needs of each group.

Keywords: ***nurse-patient communication, motivation, nurses, intervention, self-efficacy, expectant mothers.***

Introduction

The role of nurses is very important in hospitals. Beyond their professional role, they act as a link between doctors of different specialties, as well as between them and non-medical staff in hospitals or between them and patients. Nurses facilitate patients' perception of hospitals, given that they interact most with them during their stay there (Gray et al., 2019; Gray et al., 2021). Studies emphasize that nurses' motivation and job satisfaction are related to their perception of the importance of their role in the hospital, their commitment, their perception of their own competence (how skilled they feel in their own specialization), empowerment, whether they feel they have a vocation in the profession they practice, and their primary conduct of caring for others (Schopman, Kalshoven & Boon, 2017, Borst et al., 2020). Work motivation is defined as the set of forces that determine the form, direction, orientation, intensity, and duration of our work behaviors (Meyer, Becker & Vandenberghe, 2004; Gagné and Deci 2014). However, in addition to intrinsic factors, nurses' motivation also depends on the work context, namely the work environment, relationships in the work environment, workload, and stress conditions (some departments are more stressful than others, such as intensive care or oncology departments), communication with colleagues and superiors, education and continuing training (opportunities to participate in specialization courses, workshops, conferences, etc.). It can thus be said that nurses' motivation at work is not a static phenomenon, but a dynamic combination of intrinsic and extrinsic factors.

Nurses participate in all stages of care—pre-admission (triage, evaluation of tests, transmission of results to the doctor and patient), admission (admission formalities, escorting patients to their rooms, etc.), and post-admission (administration of post-admission treatments in the hospital, tests, etc.). They also participate in prevention, intervention, and post-intervention. Through all of this, nurses mediate communication and relationships with the hospital and doctors, streamlining workflow in the departments where they work (Taylor et al., 2013a). To ensure that medical staff remain dedicated and perform well, the organisation needs a concerted effort that includes not only adequate remuneration, but also a healthy working environment, recognition of efforts and constant opportunities for professional development.

The motivation of nurses is directly reflected in the quality of communication with patients, because a motivated nurse is more involved, more empathetic, and more focused on the needs of others. Communication is not just a transmission of information, but a complex human interaction that can significantly influence the patient's well-being and also the success of treatment. Such a nurse will be more empathetic, more involved, will treat the patient with

more respect, will be patient in their explanations and clear in the information they provide, and will build an authentic nurse-patient relationship that is warmer and more supportive. The relationship between the nurse and the patient, especially in the context of maternity, is mediated by a number of specific and sensitive factors. This period is marked, for patients (future mothers), by intense emotions, ranging from joy and anticipation to fear, anxiety, and vulnerability. Therefore, communication and interaction in maternity wards must be particularly attentive and personalized. The main mediators of this relationship are (Jenkins et al., 2015; Perriman, Davis, & Fergusons, 2018; O'Brien, Butler & Casey, 2021; Trai & Andriani, 2022; Shan et al., 2023):

- the patient's emotions and vulnerability – pregnancy and childbirth are deeply emotional experiences. A pregnant woman or new mother can be extremely vulnerable, and her mental state can fluctuate rapidly. The main emotions during this period are fear and anxiety (fear of pain, complications, the unknown, and the health of the child are omnipresent, and the nurse must recognize and validate these emotions, providing a safe and comfortable environment); joy and ecstasy (the birth of a child is a moment of intense happiness, and nurses can mediate this joy by celebrating with the parents and ensuring that the experience is as positive as possible); Hormonal changes (hormonal fluctuations can influence the patient's mood, and nurses must be aware of this and show patience and understanding).
- information and education - A crucial part of the role of the nurse in maternity care is to be a source of clear and reliable information, tailored to the specific needs of the patient. This includes explaining procedures (from admission to delivery and postpartum care, the nurse must explain each stage, procedure, treatment, and investigation. This helps to reduce anxiety and build trust); health education (the nurse provides essential advice on breastfeeding, newborn care, hygiene, and postpartum recovery. Effective communication in this regard gives patients confidence in their own abilities as mothers); decision-making information (the nurse helps the patient understand birth options, care plans, and the consequences of different decisions, while respecting her autonomy).
- physical contact and direct care - in maternity wards, the relationship is mediated by frequent and intimate physical contact, which can be either a source of comfort or discomfort, depending on how it is handled. This refers to respect for privacy (the nurse must be extremely delicate and respectful of the patient's personal space and body. Each

procedure must be explained and consent must be sought for each one); touch and comfort (a warm touch, a gentle massage, or simply holding the patient's hand during a contraction can have a powerful calming effect. These simple gestures communicate support and care); physical care (the way the nurse performs procedures such as inserting an IV, measuring blood pressure, or postpartum hygiene can either strengthen or undermine trust. A gentle and professional attitude is essential in those moments).

- partner and family - The nurse's relationship is not only with the patient, but also with her partner and family, who are often present and emotionally involved. This refers to communication with the partner (the nurse must also provide the partner with information, support, and guidance, helping them feel involved and useful) and managing the family's expectations (sometimes family members may have unrealistic expectations or interfere with medical decisions. The nurse must communicate tactfully and ensure that the patient's needs and wishes remain a priority). Thus, the relationship between nurse and patient in the maternity ward is in fact a delicate process, which depends on empathy, clear communication, respect, and the ability to manage an emotionally charged environment. The success of this relationship is reflected not only in the physical condition of the mother and child, but also in their emotional well-being.

Methodology

Study objectives

The first objective of the study is to determine the motivational factors for four distinct professions and to develop an intervention program for one of the categories (maternity nurses) to optimize motivation and communication at work. The purpose of such an intervention is to improve the way they relate to the patients they work with, namely expectant mothers. The second objective is to identify the differences in perceived self-efficacy between two distinct groups of women, namely women in their last trimester of pregnancy and women at risk of miscarriage. Following the assessment of self-efficacy levels, a long-term intervention will be initiated for both groups of women.

Study assumptions

1) There are significant differences between the motivational drivers for different types of professions (medical professionals, teachers, police officers, artists).

2) Improving the motivation system for nurses through a long-term intervention.

3) There are significant differences between the level of perceived self-efficacy in two distinct categories of women (women preparing to give birth and women diagnosed with imminent miscarriage).

4) Increased perceived self-efficacy following a long-term intervention (for both categories of women included in the study, namely those in their last trimester of pregnancy and those facing imminent abortion).

In order to achieve the first objective proposed in this study, a sample of 120 subjects aged between 25 and 57 years, with an average age of m=39.5 years, was investigated using specific psychological tests, without taking into account the gender variable and with four distinct professions: medical professionals, teachers, police officers, and artists. Thirty subjects were selected from each profession. For the second objective, the group of nurses was divided into two to form an experimental group and a control group. Before and after the intervention, a questionnaire was administered to the patients with whom the 15 nurses conducted training groups for their future role as parents. This group, which was given the communication style assessment questionnaire, consisted of 90 people (45 pregnant women and their husbands, aged between 22 and 39, with an average age of m= 29.41). For the third objective, the number of subjects was 60 women, of whom 30 were pregnant women in their last trimester (aged between 22 and 32, with an average age of m = 27.5) and 30 were women at high risk of imminent miscarriage (aged 24-33, mean age m = 28). The subjects were selected at random.

Instruments used in research

The instruments used in the study are: motivational dominance questionnaire, self-efficacy scale, communication style assessment questionnaire.

1. Motivational Dominants Questionnaire

Questionnaire factors:

I. Leadership (power needs): the desire to influence those around them by motivating them to succeed or manipulating them for personal gain; being a boss, leading, or not depending on others (decision-making independence) (items 1, 2, 3, 4, 17, 18, 19, 20)

II. Expertise (achievement needs): the tendency or desire to excel in the activities one engages in, to be considered an expert, a professional; to be the "man behind the scenes" who influences decisions (professional expertise) (items 5, 6, 7, 8, 21, 22, 23, 24)

III. Relating (affiliation needs): the desire felt by the individual to establish and express friendships with others; the desire to enjoy working in a pleasant team with understanding people (harmonious relationships) (items 9, 10, 11, 12, 25, 26, 27, 28)

IV. Subsistence (existence needs) the person's concern for the basic needs of existence (rest, stability, money, food, security, etc.) (items 13, 14, 15, 16, 29, 30, 31, 32)

Scoring: to obtain the final score, the values obtained for each of the items of the four factors are added together and divided by 8.

Validation criteria: Applied to a sample of 320 subjects (general population), the following Alpha Crombach internal consistency coefficients (by factor) were obtained: 0.881 (power needs); 0.902 (achievement needs); 0.906 (affiliation needs) and 0.802 (existence needs). The Alpha Crombach coefficient for the entire questionnaire was 0.941, and the coefficients for the two parts (split-half) were 0.927 and 0.881. The sample was taken from Ticu (2004).

2. Self-efficacy scale

The subjects' self-efficacy was measured using the self-efficacy scale, also known as the "Generalized Self Efficacy Scale," developed by Schwarzer and Jerusalem. In its shortened version, it comprises 10 items that describe positive characteristics of personal effectiveness.

The perceived self-efficacy score is obtained by adding up the scores from the 10 items. It can range from a minimum of 10 to a maximum of 40. The test and its interpretation were taken from Schwarzer and Jerusalem (1995).

3. Communication style assessment questionnaire

The questionnaire consists of three items, and the responses for each item are on a Likert scale from 1 to 5, where 1 represents very dissatisfied, 2 dissatisfied, 3 neutral, 4 satisfied, and 5 very satisfied. The three items are: How satisfied were you with the clarity and manner in which the nurse provided information during the program? How satisfied were you with the time allocated by the nurse and the responses you received from her to your requests, and to what extent do you consider that the nurse was open and empathetic in discussions about your health and personal concerns? The questionnaire was administered to the groups with whom the nurses worked in the period prior to the intervention (to optimize work motivation and communication efficiency) and three months after the intervention.

Results

The first hypothesis supports the existence of significant differences between the motivational drivers for different types of professions (medical staff, teachers, police officers, artists). The numerical results are shown in Tables 1 (inferential statistics) and 2 (descriptive statistics).

Table no. 1. Results of the Motivational Dominants questionnaire for the entire study group

Source		Sum of squares	df	Average squares	F	Degree of significance
Leadership	intergrup	59,004	3	19,668	19,897	0,000
	intragrup	114,663	116	0,988		
	Total	173,666	119			
Achievement	intergrup	48,320	3	16,107	18,609	0,000
	intragrup	100,400	116	0,866		
	Total	148,719	119			
Relationing	intergrup	30,266	3	10,089	13,419	0,000
	intragrup	87,212	116	0,752		
	Total	117,477	119			
Existence	intergrup	41,342	3	13,781	12,904	0,000
	intragrup	123,886	116	1,068		
	Total	165,229	119			

It is found that the F values for all four needs determined using the Motivational Dominants questionnaire for healthcare professionals are significantly different from those of other types of professions, at a highly significant threshold. This means that, of all the professions studied, healthcare professionals can be benchmarked using the values obtained. Referring to the benchmark throughout the study can provide important data on what realistic goals can be set for all categories studied, on innovation and best practice (analyzing what the best performers do and modeling the strategies and processes that work for them), etc.

After looking at the results, we can see that the average scores for all four basic needs are higher for healthcare workers, as shown in the table above. Healthcare professionals obtain the highest scores in all dimensions, especially in "Leadership" (average of 6.38) and "Achievement" (average of 6.39). This suggests that for this professional category, aspects of leadership, autonomy, and personal fulfillment at work are perceived as very important and well represented. Teachers have the lowest averages in all four dimensions, especially in "Leadership" (average of 4.61) and "Existence" (average of 4.33). This result indicates possible dissatisfaction or a less positive perception of professional autonomy, recognition, working conditions, and personal development. Police officers and artists are at an intermediate level, with relatively close averages but notable differences. For example, police officers have a higher score for "Relationing" (average of 5.57) than teachers, while artists have a high score for "Achievement" (average of 6.10), close to that of healthcare professionals. These aspects

suggest that their satisfaction is influenced by other factors, such as interaction with others (for police officers) and creativity (for artists).

Table no. 2. Average scores obtained in the Motivational Dominants questionnaire for the entire study group

		N	Average	Std deviation	Std error	95% confidence interval for the averages	
						Lower limit	Upper limit
Leadership	cadre	30	6,3833	0,4518	8,249E-02	6,2146	6,5520
	medicale	30	4,6140	0,9704		4,2516	4,9764
	cadre	30	4,9030	1,3154	0,1772	4,4118	5,3942
	didactice	30	4,8311	1,0382	0,2402	4,4434	5,2188
	poliţişti	120	5,1829	1,2080	0,1895	4,9645	5,4012
	artişti				0,1103		
	Total						
Achievement	medical staff	30	6,3947	0,5463	9,974E-02	6,1907	6,5987
	teachers	30	4,9683	0,5215		4,7736	5,1631
	police	30	5,2850	1,1697	9,522E-02	4,8482	5,7218
	officers	30	6,1060	0,6938		5,8469	6,3651
	artists	120	5,6885	0,9650	0,2136	5,5141	5,8629
	Total				0,1267		
					8,809E-02		
Relationing	medical staff	30	6,1398	0,5734	0,1047	5,9257	6,3539
	teachers	30	4,8263	0,8771	0,1601	4,4988	5,1538
	police	30	5,5770	1,1977	0,2187	5,1298	6,0242
	officers	30	5,9470	0,6891	0,1258	5,6897	6,2043
	artists	120	5,6225	0,9936	9,070E-02	5,4429	5,8021
	Total						
Existence	medical staff	30	5,9560	0,7760	0,1417	5,6662	6,2458
	teachers	30	4,3357	1,0039	0,1833	3,9608	4,7105
	police	30	5,1827	1,2033	0,2197	4,7334	5,6320
	officers	30	4,8650	1,1019	0,2012	4,4536	5,2764
	artists	120	5,0848	1,1783	0,1076	4,8718	5,2978
	Total						

Based on these conclusions, here are some directions for future action and analysis:

- exploring the causes of the differences - conducting qualitative studies (interviews, focus groups) with teachers to better understand why their perception is the lowest.

Factors such as bureaucracy, lack of autonomy in the curriculum, salary levels, or working conditions could be investigated.

- development of support programs: For professions with low scores, especially teachers, it would be useful to create customized programs. These could focus on improving aspects of "Leadership" (through training in leadership and professional autonomy) and "Existence" (by improving working conditions and benefits)..
- analysis of specific factors - it is important to identify what contributes to high scores among healthcare professionals. One can analyze how decisions are made in hospitals, professional development programs, and performance recognition methods. These successful practices could be adapted and implemented in other areas.

To improve the quality of nurses' work (and not only), the following should be taken into account (Nutting et al., 2009; Crabtree et al., 2011; Taylor et al., 2013b):

- Data feedback and benchmarking, which provide practices with information on their performance and help target areas for improvement
- Practice facilitation – which will lead to the development of participants' skills, optimize the quality of work, and provide replicable working tools in different work contexts
- Consultation with experts – this part will facilitate access to specific evidence-based knowledge and its implementation
- Shared learning or learning collaboratives – which will lead to the formation of informed and specialized communities, but also to a better sense of community in which they work, best practices, and draw motivation and inspiration.

For the second *hypothesis*, which assumes the improvement of the motivation system of nurses through a long-term intervention, the data obtained from testing and retesting are included in Table 3. To carry out the intervention, the group was divided into two—the first category representing the control group and the second the experimental group (where the intervention was carried out). The intervention lasted 12 weeks and the topics covered were related to optimizing group dynamics, communication with patients, streamlining motivational factors at work, the relationship between work performance and job satisfaction – motivation, differences in professional interests and their relationship with motivation, how positive thinking and work relationships impact motivation at work.

Table no. 3. Results of the Motivational Dominants questionnaire (test-retest)

		Mean	Std. Deviation	N
test management	experimental	4,4800	1,1239	15
	control	4,7480	,8057	15
	Total	4,6140	,9704	30
test implementation	experimental	5,0053	,6097	15
	control	4,9313	,4345	15
	Total	4,9683	,5215	30
relationship test	experimental	4,8133	,9408	15
	control	4,8393	,8414	15
	Total	4,8263	,8771	30
test existencet	experimental	3,8480	,9716	15
	control	4,8233	,7963	15
	Total	4,3357	1,0039	30
retest driving	experimental	4,8880	,8076	15
	control	4,1647	,5715	15
	Total	4,5263	,7796	30
retest achievement	experimental	5,6133	,9046	15
	control	4,5900	,2623	15
	Total	5,1017	,8361	30
relationing retest	experimental	6,3647	,6383	15
	control	4,3247	,7737	15
	Total	5,3447	1,2498	30
existence retest	experimental	4,6227	,6614	15
	control	4,3480	,6138	15
	Total	4,4853	,6423	30

The low value of t (t = 0.098, at p = 0.76) confirms that the variation between groups is insignificant compared to the variation within each group. The study of the data obtained shows that in the control group the values obtained in the retest are relatively lower, while in the experimental group they are higher, which underlines the importance of the intervention. Although the trend of improvement is visible for the experimental group for all four factors, the intervention would have been more valuable if it had been longer and, of course, if the sample had been larger. After this intervention, all 15 nurses were involved in psychoeducation programs for expectant mothers. The programs in which they were involved are common programs in the two maternity wards where the study was conducted, with nurses periodically conducting these programs for two distinct categories of women in their last trimester of pregnancy and groups of parents (couples preparing for the birth of their child).

Before implementing the intervention to optimize work motivation and communication among nurses, a communication assessment questionnaire was administered to a group of 90 people

with whom they worked. After the intervention, the same questionnaire was administered to other patients with whom they worked. The responses received are shown in Table 4.

Table 4. Average responses to the communication questionnaire, pre- and post-intervention

Item	Before intervention (average)	After intervention (average)
1. Clarity and explanations.	2.8	4.1
2. Time allocated and listening	2.5	3.9
3. Empathy and openness	3.0	4.4

Following the intervention carried out with the nurses, the results indicate a significant improvement in patient perception. Specifically, we observed:

- increase in average scores - the total average score for the three questions is higher after the intervention. Patients move from neutral (3) or dissatisfied (1, 2) responses to satisfied (4) or very satisfied (5) responses.
- Shift in distribution toward higher scores - The distribution of responses is changed; instead of having a uniform distribution or one skewed toward low scores (before the intervention), we have a distribution concentrated mainly on scores 4 and 5.
- reduction in standard deviation - the variation in responses would become smaller, suggesting that most patients had a similar experience, perceived as positive, indicating increased efficiency and consistency in nurse communication.

For the third hypothesis, which assumes that there are significant differences between the level of perceived self-efficacy in two distinct categories of women (women preparing to give birth and women diagnosed with imminent miscarriage). The results obtained from testing for perceived self-efficacy are: m= 30.53 for pregnant women in their last trimester and m=19 for women with imminent miscarriage (t value = 120.94 at p=.000). This difference suggests that psychological and physical condition directly influence self-perception and confidence in one's own abilities. Women preparing for childbirth show much greater confidence in their ability to manage the situation and future events (childbirth), while women facing imminent miscarriage have reduced self-efficacy, most likely due to stress, uncertainty, and a feeling of lack of control over the situation.

The fourth hypothesis suggests that following a long-term intervention, the perceived level of self-efficacy would increase for both categories studied (women in their last trimester of pregnancy and women facing imminent abortion).

Based on the scores recorded by the two categories, two interventions were carried out, focusing on the following topics:

- for women in their last trimester of pregnancy – maintaining a high level of perceived self-efficacy (useful information about childbirth, coping immediately after childbirth, approaching the postnatal period, useful information about the future newborn)
- for women facing miscarriage – reducing anxiety and feelings of lack of control (helping women to manage stress and feelings of helplessness, identify and remove negative thoughts, find coping mechanisms against irrational beliefs, building a space where they can talk openly about their fears), strengthening social and emotional support (which will combat isolation, group counseling on common issues, strengthening the social network, involving partners in group counseling to understand that they are not alone in their suffering, either as individuals or as couples)
- for both categories of study participants, meetings were held on common topics of intervention—nutrition and food sustainability, which aimed to educate about healthy eating (personalized nutrition workshops, meal plans tailored to the nutritional needs of each category, how to shop responsibly and with care for the environment), movement and connection with nature to encourage gentle physical activity and spending time in nature (different ways of doing gentler sports more suited to the new condition of the women participating in the study, the benefits of exercise or walking in nature, integrating exercise and nature as long-term resources), strengthening social and emotional support groups. Specialists in the field were brought in for this last intervention.

Following the long-term intervention on the two categories of patients, the following mean values were obtained: m=32.5 and m=21.45. The new mean values are in the same self-efficacy class for both categories (women in their last trimester of pregnancy are in the moderate self-efficacy class, and women in the category of imminent abortion are in the low self-efficacy class). Therefore, following the intervention, there is no significant difference in the data collected, which shows that each category has improved its level of self-efficacy, but not significantly. The category of women in their last trimester of pregnancy perceive much greater control over their situation, feel more capable of managing future challenges, have more confidence in their abilities, and are more optimistic. The other category, those facing imminent

abortion, although they score higher on the self-efficacy scale than in the first test, find themselves in the same uncertain situation and have a heightened sense of helplessness and lack of control. Their low scores reflect a high level of uncertainty, fear, and stress, which seriously undermines their self-confidence and ability to cope with events and, therefore, their subjective perception of their self-efficacy.

Conclusion

The intervention aimed at optimizing nurses' motivation and communication had a positive and significant impact. The substantial increase in average scores on all three questions (clarity, empathy, time allocated) shows that patients' perception of nurses' communication has visibly improved. This change indicates that the intervention was effective, providing nurses with the tools they need to communicate better and patients with a more satisfying experience. Although no significant differences in motivation were observed following the intervention, a more effective and empathetic communication style often leads to a better relationship with the patient and a sense of professional fulfillment. Thus, it is very likely that the positive feedback received from patients following the intervention acted as a reinforcing factor, contributing to an increase in nurses' motivation to continue applying their new knowledge. A nurse who feels more competent and appreciated in her role as a communicator is usually more motivated and committed to her work.

The differences between the initial scores of the two groups of women (m=30.53 for women in their last trimester of pregnancy and m=19 for those with imminent miscarriage) highlight a profound disparity in their level of self-efficacy. Women facing imminent abortion experience feelings of helplessness and lack of control, which severely affect their confidence in their own abilities. On the other hand, women in their last trimester of pregnancy show a high level of confidence and optimism, reflecting a much more stable psychological state and a sense of control over the situation. These differences highlight, once again, the need for personalized interventions tailored to the specific emotional and psychological needs of each group.

Limitations of the study

One of the main limitations of the study is the sample size, which can be considered relatively small (especially in the case of testing and retesting the nurses with whom the intervention was carried out). This limits the ability to generalize the results to a larger population. A larger sample would provide greater statistical power and more representative results. Another

methodological limitation is that the data obtained is based on the subjective perception of patients (in the communication questionnaire, for example), which may be influenced by their emotional state, or the responses may be desirable, and thus the data obtained may not represent an objective measure of change. Another limitation of the study could be the fact that the two interventions were carried out in a single type of hospital, namely the maternity ward. Organizational culture, leadership, or workload could have influenced the results, and these may differ in other medical units. Although the specific condition of the patients was taken into account, other factors that could have influenced the responses, such as age, level of education, or previous experience in the medical system, are not mentioned.

References:

Borst, R.T., Kruyen, P.M., Lako, C.J. & de Vries, M.S. (2020). The attitudinal, behavioral, and performance outcomes of work engagement: a comparative meta-analysis across the public, semipublic, and private sector, *Rev. Publ. Person. Adm*., 40 (4) (2020), pp. 613-640

Crabtree, B.F., Nutting, P.A., Miller, W.L., McDaniel, R.R., Stange, K.C., Jaen, C.R. & Stewart, E. (2011). Primary care practice transformation is hard work: insights from a 15-year developmental program of research. *Med Care.* 49 Suppl (Suppl): S28-35. doi: 10.1097/MLR.0b013e3181cad65c.

Gagné, M. & Deci, R. (2014). The History of Self-Determination Theory in Psychology and Management, în Gagné M. (Ed.) *The Oxford handbook of work engagement, motivation, and self-determination theory.* New York, NY: Oxford University Press

Gray, F.M., Coleman, K, Walsh-Bailey, C., Girard, S. &Lozano, P. (2021). An Expanded Role for the Medical Assistant in Primary Care: Evaluating a Training Pilot, *Perm J.*, Nov 29;25:20.091, doi: 10.7812/TPP/20.091.

Gray, M.F., Sweeney, J., Nickel, W., Minniti, M., Coleman, K., Johnson, K., Mroz, T., Forss, B., Reid, R,, Frosch, D. & Hsu, C. (2019). Function of the Medical Team Quarterback: Patient, Family, and Physician Perspectives on Team Care Coordination in Patient- and Family-Centered Primary Care. *Perm J.* 23:18-147. doi: 10.7812/TPP/18.147.

Jenkins, M.J, Ford, J.B., Todd, A.L., Forsyth, R., Morris, J.M. & Roberts, C.L. (2015). Women′s views about maternity care: How do women conceptualise the process of continuity? *Midwifery*, 31 (1), pp. 25-30

Meyer, J.P., Becker, T. E., & Vandenberghe, C. (2004). Employee commitment and motivation: A conceptual analysis and integrative model. *Journal of Applied Psychology*, 89,991–1007.

Nutting, P.A., Miller, W.L., Crabtree, B.F., Jaen, C.R., Stewart, E.E. & Stange, K.C. (2009). Initial lessons from the first national demonstration project on practice transformation to a patient-centered medical home. *Ann Fam Med,* May-Jun;7(3):254-60. doi: 10.1370/afm.1002

O'Brien, D., Butler, M.M. & Casey, M. (2021). Show more The importance of nurturing trusting relationships to embed shared decision-making during pregnancy and childbirth, https://doi.org/10.1016/j.midw.2021.102987

Perriman, N., Davis, D.L. & Fergusons, S. (2018). What women value in the midwifery continuity of care model: A systematic review with meta-synthesis, *Midwifery*, 62, pp. 220-229, DOI: 10.1016/j.midw.2018.04.011

Schopman, L.M., Kalshoven, K. & Boon, C. (2017). When health care workers perceive high-commitment HRM will they be motivated to continue working in health care? It may depend on their supervisor and intrinsic motivation, *Int. J. Hum. Resour. Manag*., 28 (4), pp. 657-677, https://www.tandfonline.com/doi/abs/10.1080/09585192.

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In Weinman, J., Wright, S. & Johnston, M. (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

Shan, H., Saharso, S., van Kroonenburg, N. & Henrichs, J. (2023). Understanding the relationship between maternity care providers and middle-class Chinese migrant women in the Netherlands: A qualitative study, *Midwifery*, Volume 125, https://doi.org/10.1016/j.midw.2023.103775

Taylor, E.F., Genevro, J., Peikes, D., Geonnotti, K., Wang, W. & Meyers, D. (2013a). Building quality improvement capacity in primary care: Supports and resources. Rockville, MD: Agency for Healthcare Research and Quality; https://www.ahrq.gov/professionals/prevention-chronic-care/improve/capacity-building/

Taylor, E.F., Peikes, D., Genevro, J.& Meyers, D. (2013b). Creating capacity for improvement in primary care: the case for developing a quality improvement infrastructure. Rockville, MD: Agency for Healthcare Research and Quality; April 2013, http://www.ahrq.gov/professionals/prevention-chronic-care/improve/index.html

Ticu, C. (2004). Evaluarea psihologică a personalului, Editura Polirom, București

Trai, P.S.D. & Andriani, H. (2022). The Relationship Between Participation in Maternal Health Care Decision-Making and the Selection of Birth Assistants, in book *Proceedings of the First International Conference on Medical Technology (ICoMTech 2021*) (pp.102-113), DOI:10.2991/978-94-6463-018-3_14