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A Study to Assess the Effectiveness of an Educational Intervention on Knowledge and Practice Regarding Respectful Maternity Care Among Staff Nurses Working in Selected Hospitals.

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Abstract

Background

Respectful Maternity Care (RMC) is an essential component of quality maternal healthcare that ensures women receive dignified, respectful, and evidence-based care throughout pregnancy, labor, childbirth, and the postpartum period. Despite international guidelines advocating respectful maternity care, disrespect and abuse during childbirth continue to be reported in many healthcare settings. Staff nurses play a crucial role in promoting respectful maternity care through compassionate communication, informed consent, privacy, confidentiality, emotional support, and non-discriminatory practices. Educational interventions can strengthen nurses' knowledge and clinical practice, thereby improving the quality of maternal healthcare.

Objectives

To assess the effectiveness of an educational intervention on knowledge and practice regarding Respectful Maternity Care among staff nurses working in selected hospitals.

Materials and Methods

A quantitative evaluative research approach with a pre-experimental one-group pre-test and post-test design was adopted. The study was conducted among **100 staff nurses** working in selected hospitals. Participants were selected using a non-probability convenience sampling technique. Data were collected using a structured demographic questionnaire, a 30-item knowledge questionnaire, and a 25-item observational practice checklist. After the pre-test, participants received a structured educational intervention consisting of lectures, case discussions, role play, videos, demonstrations, and WHO Respectful Maternity Care guidelines. A post-test was conducted seven days after the intervention. Data were analyzed using descriptive and inferential statistics.

Results

A total of **100 staff nurses** participated in the study. The educational intervention produced a statistically significant improvement in both knowledge and practice regarding Respectful Maternity Care. The mean knowledge score increased from **16.24 ± 3.61** in the pre-test to **26.82 ± 2.58** in the post-test, with a mean difference of **10.58**. The paired *t*-test demonstrated a highly significant improvement (**t = 26.42, p < 0.001**). Similarly, the mean practice score increased from **17.95 ± 3.46** before the intervention to **23.88 ± 1.92** after the intervention, with a mean difference of **5.93**. This improvement was also statistically highly significant (**t = 22.75, p < 0.001**). Furthermore, Chi-square analysis revealed significant associations between post-test knowledge and practice scores and selected demographic variables, including **educational qualification, years of professional experience, and previous training on Respectful Maternity Care** (**p < 0.05**). These findings demonstrate that the educational intervention was effective in enhancing both the knowledge and clinical practice of staff nurses regarding Respectful Maternity Care.

Conclusion

The educational intervention significantly improved the knowledge and practice of staff nurses regarding Respectful Maternity Care. Regular in-service education and competency-based training should be integrated into maternity services to promote respectful, woman-centered care and improve maternal satisfaction.

Keywords: Respectful Maternity Care, Staff Nurses, Educational Intervention, Knowledge, Practice, Maternal Health, Woman-Centered Care.

Introduction

Respectful Maternity Care (RMC) is recognized globally as a fundamental human right and an essential component of high-quality maternal healthcare. It emphasizes maintaining women's dignity, privacy, confidentiality, informed choice, equitable care, and freedom from abuse or discrimination during childbirth. The World Health Organization advocates respectful maternity care to improve maternal satisfaction, increase utilization of institutional delivery services, and reduce preventable maternal and neonatal morbidity and mortality.

Despite growing awareness, many women continue to experience disrespect, neglect, verbal abuse, lack of informed consent, and inadequate communication during labor and childbirth. These experiences negatively affect women's psychological well-being, trust in healthcare providers, and future healthcare-seeking behavior.

Staff nurses spend the greatest amount of time with women during labor and childbirth and therefore play a vital role in implementing respectful maternity care principles. However, limited training and inadequate knowledge may hinder consistent implementation of evidence-based respectful care practices. Structured educational interventions can enhance nurses' knowledge, attitudes, and clinical competencies, ensuring respectful and compassionate maternity services.

Need of the Study

Respectful maternity care is essential for ensuring safe, dignified, and woman-centered childbirth. Although national and international guidelines emphasize respectful care, evidence suggests that disrespect and abuse during childbirth continue to occur in many healthcare facilities. Staff nurses are the primary providers of intrapartum care, making their knowledge and practice critical to maintaining respectful maternity care standards.

Educational interventions have been shown to improve healthcare professionals' knowledge, communication skills, ethical practices, and patient-centered care. Therefore, assessing the effectiveness of an educational intervention on respectful maternity care is necessary to strengthen nurses' competencies, improve maternal satisfaction, and enhance the overall quality of maternity services.

Objectives

1. To assess the pre-test knowledge and practice regarding Respectful Maternity Care among staff nurses.
2. To evaluate the effectiveness of the educational intervention on knowledge and practice.
3. To compare pre-test and post-test knowledge and practice scores.
4. To determine the association between post-test scores and selected demographic variables.

Hypotheses

H1: The educational intervention will significantly improve the knowledge of staff nurses regarding Respectful Maternity Care.

H2: The educational intervention will significantly improve the practice of staff nurses regarding Respectful Maternity Care.

H3: There will be a significant association between post-test scores and selected demographic variables.

Materials and Methods

Research Design

The study employed a **pre-experimental one-group pre-test and post-test research design** to evaluate the effectiveness of an educational intervention on the knowledge and practice regarding Respectful Maternity Care (RMC) among staff nurses. This design enabled the comparison of participants' knowledge and practice before and after the educational intervention.

Research Approach

A **quantitative evaluative research approach** was adopted to objectively assess the effectiveness of the structured educational intervention on Respectful Maternity Care among staff nurses.

Study Setting

The study was conducted in **selected hospitals in Indore, Madhya Pradesh**, providing maternity and obstetric services.

Study Population

The target population comprised **registered staff nurses** working in labor rooms, maternity wards, and obstetric units of the selected hospitals.

Sample Size

A total of **100 staff nurses** participated in the study.

Sampling Technique

Participants were selected using a **non-probability convenience sampling technique** based on the eligibility criteria and willingness to participate.

Inclusion Criteria

Participants who fulfilled the following criteria were included in the study:

- Registered staff nurses working in labor room, maternity, or obstetric units.
- Having at least **six months of clinical experience**.
- Able to understand and communicate in Hindi or English.
- Willing to provide written informed consent and participate in the study.

Exclusion Criteria

Participants with the following conditions were excluded:

- Nursing interns and student nurses.
- Staff nurses on long-term leave during the data collection period.
- Staff nurses who had attended a structured Respectful Maternity Care training programme within the previous six months.
- Staff nurses unwilling to participate.

Research Instruments

Section A: Demographic Profile

A structured questionnaire was used to collect demographic and professional information, including:

- Age
- Gender
- Educational qualification
- Years of clinical experience
- Area of work
- Previous training on Respectful Maternity Care
- Participation in continuing nursing education programmes

Section B: Structured Knowledge Questionnaire

Knowledge regarding Respectful Maternity Care was assessed using a **30-item structured questionnaire** covering:

- Principles of Respectful Maternity Care
- Women's rights during childbirth
- Effective communication
- Informed consent
- Privacy and confidentiality
- Dignity and respectful behavior
- Non-discrimination and equitable care
- Emotional support during labor
- WHO recommendations on Respectful Maternity Care
- Professional ethics and accountability

Each correct response was awarded **one mark**, while incorrect responses received **zero marks**. The maximum attainable score was **30**.

Knowledge Score Interpretation

- **Poor Knowledge:** 0–10
- **Average Knowledge:** 11–20
- **Good Knowledge:** 21–30

Section C: Respectful Maternity Care Practice Checklist

Respectful maternity care practices were assessed using a **25-item structured observational checklist** evaluating staff nurses' routine clinical practices, including:

- Respectful communication
- Maintaining privacy and confidentiality
- Obtaining informed consent
- Providing emotional support
- Encouraging birth companionship
- Ensuring non-discriminatory care
- Respecting women's choices and preferences
- Maintaining dignity during labor and delivery
- Timely response to women's needs
- Proper documentation of care

Each appropriate practice was scored **one mark**, giving a maximum possible score of **25**.

Practice Score Interpretation

- **Poor Practice:** 0–8
- **Moderate Practice:** 9–16
- **Good Practice:** 17–25

Validity and Reliability

The research instruments were reviewed by experts in **Obstetrics and Gynecological Nursing, Nursing Education, Medical-Surgical Nursing, Obstetrics and Gynecology,** and **Biostatistics** to establish content validity.

Reliability of the knowledge questionnaire and practice checklist was assessed using **Cronbach's alpha**, yielding coefficients **greater than 0.80**, indicating good internal consistency.

Data Collection Procedure

Prior permission was obtained from the concerned hospital authorities before commencing the study. Eligible participants were informed about the purpose of the research, and written informed consent was obtained.

A **pre-test** was conducted using the structured knowledge questionnaire and practice checklist. Immediately after the pre-test, participants received the structured educational intervention.

Intervention

The structured **Educational Intervention on Respectful Maternity Care** lasted approximately **60 minutes** and included lectures, PowerPoint presentations, videos, role plays, demonstrations, case discussions, and an educational booklet.

The educational content covered:

- Principles of Respectful Maternity Care
- Rights of childbearing women
- WHO recommendations on Respectful Maternity Care
- Respectful communication techniques
- Informed consent
- Privacy and confidentiality
- Emotional support during labor
- Birth companionship
- Non-discrimination and equitable care
- Professional ethics and accountability
- Documentation of respectful maternity care practices

Participants were encouraged to apply the recommended Respectful Maternity Care practices during routine maternity care.

Post-test Evaluation

A **post-test was conducted seven days after the educational intervention** using the same structured knowledge questionnaire and practice checklist to determine the effectiveness of the educational programme.

Ethical Considerations

Ethical approval was obtained from the **Institutional Ethics Committee** before the initiation of the study. Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the research. Participation was voluntary, and participants were informed of their right to withdraw from the study at any stage without any consequences.

Statistical Analysis

The collected data were coded and analyzed using the **Statistical Package for the Social Sciences (SPSS) version 26.0**. Descriptive statistics, including **frequency, percentage, mean, and standard deviation**, were used to summarize the data. Inferential statistics such as the **paired t-test** were used to compare pre-test and post-test knowledge and practice scores, while the **Chi-square test** was applied to determine the association between post-test scores and selected demographic variables. A **p-value of less than 0.05** was considered statistically significant.

- **Statistical Analysis:** Frequency, percentage, mean, standard deviation, paired *t*-test, and Chi-square test

Results

Table 1. Demographic Characteristics of Staff Nurses (N = 100)

Variable	Category	f	%
Age (Years)	21–25	24	24
	26–30	39	39
	31–35	25	25
	>35	12	12
Gender	Male	16	16
	Female	84	84
Educational Qualification	GNM	38	38
	B.Sc. Nursing	52	52
	M.Sc. Nursing	10	10
Clinical Experience	<2 Years	21	21
	2–5 Years	46	46
	>5 Years	33	33
Previous RMC Training	Yes	38	38
	No	62	62

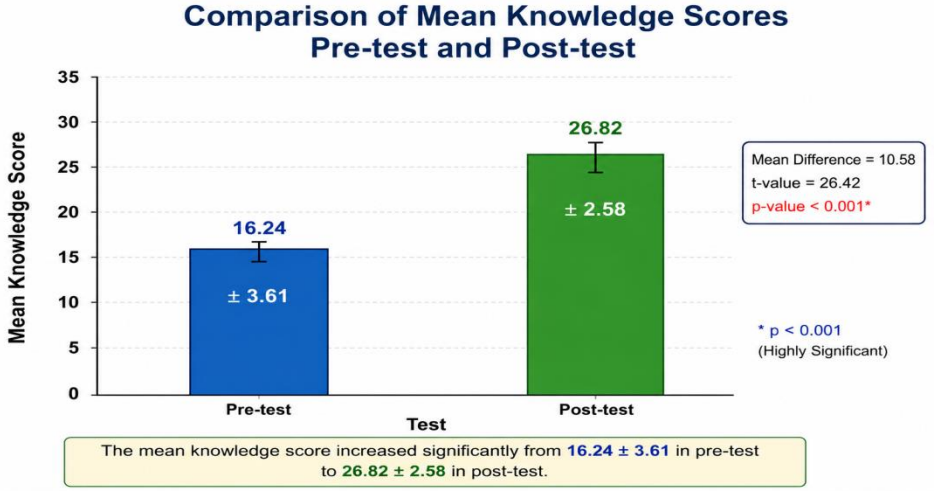
Interpretation

Among the 100 staff nurses, **39%** were aged **26–30 years**, **84%** were female, **52%** held a **B.Sc. Nursing** qualification, **46%** had **2–5 years** of clinical experience, and **62%** had not received any previous training on Respectful Maternity Care.

A total of **100 staff nurses** participated in the study. The effectiveness of the educational intervention was evaluated by comparing the pre-test and post-test knowledge and practice scores. The findings are presented below.

Table 2. Comparison of Pre-test and Post-test Knowledge Scores (n = 100)

Test	Mean ± SD	t-value	p-value
Pre-test	16.24 ± 3.61		
Post-test	26.82 ± 2.58	26.42	<0.001*

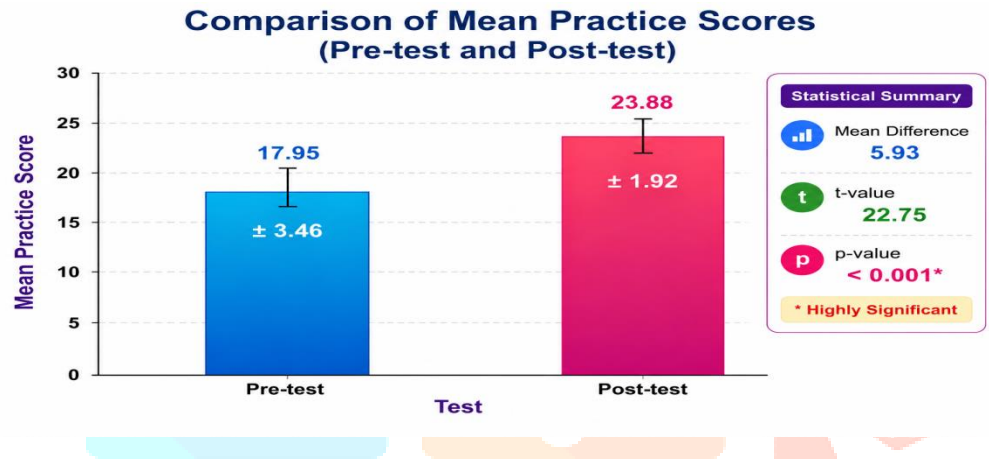


Interpretation

The mean pre-test knowledge score of the staff nurses was **16.24 ± 3.61**, indicating an average level of knowledge regarding Respectful Maternity Care before the educational intervention. Following the intervention, the mean post-test knowledge score increased significantly to **26.82 ± 2.58**. The obtained paired *t*-value (**26.42**) was highly significant (**p < 0.001**), demonstrating that the educational intervention was highly effective in improving the knowledge of staff nurses regarding Respectful Maternity Care.

Table 3. Comparison of Pre-test and Post-test Practice Scores (n = 100)

Test	Mean ± SD	t-value	p-value
Pre-test	17.95 ± 3.46		
Post-test	23.88 ± 1.92	22.75	<0.001*

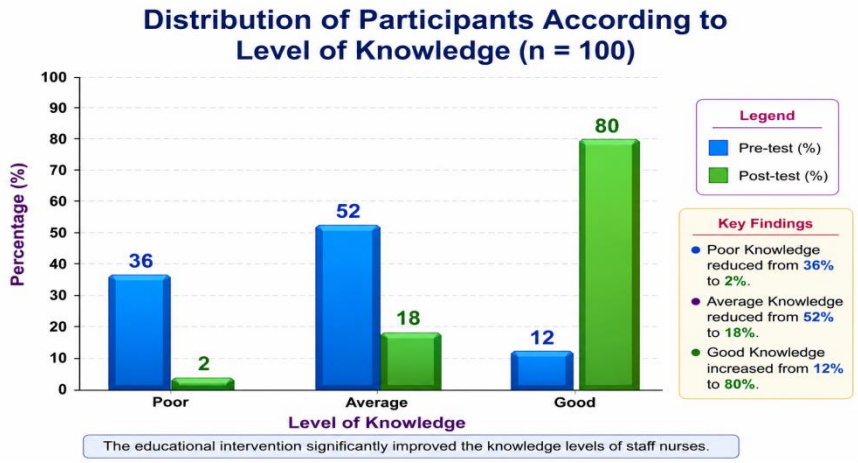


Interpretation

The mean practice score increased from **17.95 ± 3.46** in the pre-test to **23.88 ± 1.92** in the post-test following the educational intervention. The paired *t*-value of **22.75** was statistically highly significant (**p < 0.001**), indicating a marked improvement in Respectful Maternity Care practices among staff nurses after the educational intervention.

Table 4. Distribution of Staff Nurses According to Level of Knowledge (n = 100)

Level of Knowledge	Pre-test (%)	Post-test (%)
Poor	36	2
Average	52	18
Good	12	80

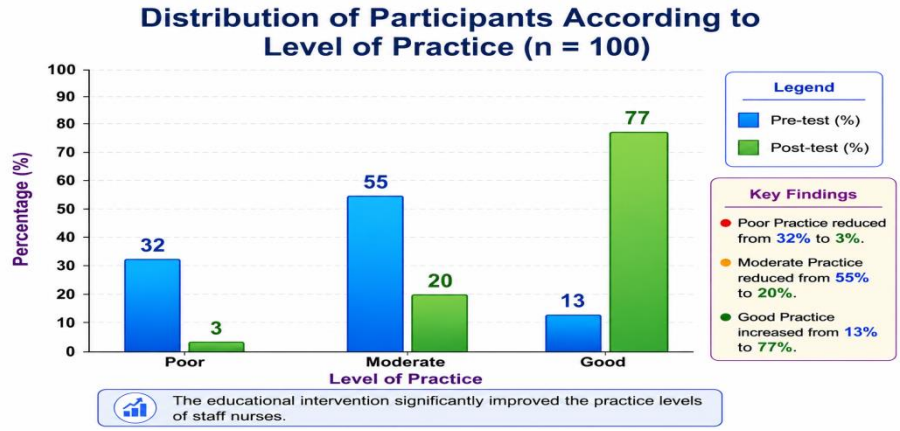


Interpretation

Before the educational intervention, **36%** of staff nurses had poor knowledge, **52%** had average knowledge, and only **12%** demonstrated good knowledge regarding Respectful Maternity Care. After the intervention, the proportion of staff nurses with poor knowledge decreased to **2%**, while **80%** achieved a good level of knowledge. These findings indicate a substantial improvement in knowledge following the educational programme.

Table 5. Distribution of Staff Nurses According to Level of Practice (n = 100)

Level of Practice	Pre-test (%)	Post-test (%)
Poor	32	3
Moderate	55	20
Good	13	77



Interpretation

The pre-test findings revealed that **32%** of staff nurses had poor Respectful Maternity Care practices, **55%** demonstrated moderate practices, and only **13%** exhibited good practices. Following the educational intervention, the percentage of staff nurses with poor practices declined to **3%**, whereas **77%** demonstrated good Respectful Maternity Care practices. This substantial improvement confirms that the educational intervention effectively enhanced the clinical practices of staff nurses.

Overall Findings

The study findings revealed that the educational intervention produced a statistically significant improvement in both **knowledge and practice** regarding Respectful Maternity Care among staff nurses. The highly significant paired *t*-values for knowledge (**t = 26.42, p < 0.001**) and practice (**t = 22.75, p < 0.001**) indicate that the educational intervention was highly effective in enhancing staff nurses' knowledge and promoting respectful, evidence-based maternity care practices. These findings support the implementation of regular nurse-led educational programmes to improve the quality of maternity services and ensure respectful, woman-centered care during labor and childbirth.

Discussion

The study demonstrated that the educational intervention significantly enhanced the knowledge and practice of staff nurses regarding Respectful Maternity Care. Improvements in communication, informed consent, privacy, dignity, emotional support, and woman-centered care were observed after the intervention. These findings are consistent with previous studies that reported educational programmes improve nurses' competencies and promote respectful, evidence-based maternity care.

Conclusion

The educational intervention was highly effective in improving staff nurses' knowledge and practice regarding Respectful Maternity Care. Regular continuing nursing education programmes and institutional training should be implemented to strengthen respectful, ethical, and woman-centered maternity services.

Recommendations

1. Conduct regular in-service training programmes on Respectful Maternity Care.
2. Incorporate WHO Respectful Maternity Care guidelines into hospital protocols.
3. Periodically assess nurses' competencies regarding respectful maternity care.
4. Conduct multicenter studies with larger sample sizes.
5. Integrate Respectful Maternity Care into undergraduate and postgraduate nursing curricula.

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