INTERVIEW WITH JOYCE KORS

Under the supervision of Rashmi Kusurkar, she is currently pursuing her PhD on autonomy support during prenatal consultations, on a part-time basis. She is passionate about answering the question, how midwives and physicians can support parents to come to autonomous decisions about their personal wellbeing and the wellbeing of their unborn child.

What is the project you are currently working on about?
The general topic of my PhD is about how we can educate physicians and midwives in autonomy support during prenatal consultations. Consultations in prenatal care are very delicate as the decisions mothers have to make about their pregnancy and their unborn child can have a major impact on their life and wellbeing. Therefore, the focus of my PhD is mainly on how we can guarantee that the autonomy in parents is supported during those consultations, and find ways to ensure that decisions are not influenced by internal or external pressure. For this, I base my investigation on the self-determination theory. This theory is already well established in education; however, the theory is less known in the field of medical consultation. In a first step, I did a realist review that analyzed autonomy support during consultations. I developed a table of activities that are relevant in each phase of the consultation to enhance autonomy. Based on this review and an instrument used by the Ghent university in chronic care, I created an observation tool to evaluate prenatal consultations in the Netherlands.After a qualitative adaptation and validation of the instrument, I am currently in the process of a quantitative validation of the observation tool.

What are examples of the activities you identified as relevant to support autonomy during a consultation?
First, it is important to know that there are various ways to support autonomy; there is not one right or wrong way. However, healthcare professionals have to be aware of their consultation style and attitude. This awareness can then enhance their ability to adapt their strategy towards the needs of each client or patient. My instrument aims to help professionals to identify their strengths and weaknesses in their consultation style.

Activities I identified as relevant to support autonomy are, for instance, giving information and advice in a non-directive way. The patient or client needs to understand that the given advice is your professional advice but there is freedom to

make a different decision. Furthermore, the client needs to know that there is time to think. It needs to be emphasized that the opinion of close family members or the partner should be taken into consideration as well and that it is not necessary to make a decision right away. To identify whether the patient or client is ready to make the decision is one of the main tasks the physician or midwife has to accomplish and then they must react accordingly.

Why do you thrive on this topic?
Supporting clients to make their own decision is very difficult for all medical professionals. Still, in the upcoming years, technical innovations will challenge parents more and more to make important decisions during pregnancy. Would you like to know the complete DNA profile of your child? Do you decide to have an abortion or do you decide that every child is welcome? Those decisions can have a tremendous impact on your future life. Therefore, it is of great significance that the client has the feeling that it was fully her own decision and not influenced by any external pressure. It is easier to deal with the consequences of a difficult decision if you are confident that it was your own choice. I hope that with my research I can improve the education of healthcare professionals so that they are well equipped to support and accompany parents during this process of making decisions.

How are you planning to implement this instrument in practice?
My main goal is to implement this instrument in the education of healthcare professionals. Furthermore, I will analyze the conversations to identify best practices. This is a method by Elizabeth Stokoe, who found evidence that examples from real life practice are often more helpful for students and professionals to work with. I am hoping to filter various best practices from my consultation observations to offer students and professionals a range of different examples. When you can not identify with the consultation style of one example, you might find another one that fits well for you.

How do you evaluate the extent that the consultant promoted autonomy in the patient? How do you identify best practices?
I will not analyze the interviews just by myself but together with a second researcher, Anne de la Croix. Also, we will not only analyze the words of the midwives or physicians but also consider the reactions of the patients. At the end of the consultation, I will ask the patient how she has perceived the atmosphere of the consultation.

How were you trained in prenatal consultations? Do you remember any memorable class or best practice?
I was trained as a midwife in a completely different time, already thirty years ago. During this time I had many inspiring and interesting teachers. Still, the main teaching format was lecturing. I realized early on that giving lectures is not the most effective way to teach students in becoming a good midwife. This characterized my thinking of education throughout my career. In my work as well as in my PhD, I am working on possibilities of how we can train educators to step away from lecturing students. However, this is difficult to change because some teachers still feel even nowadays that their professional experience is the most valuable knowledge students need to know about.

Where would you be if you would not have pursued a career in academia?
I think I would have always tried to find ways to develop myself further. When I was working in midwifery practice, I was looking for a Master and now I am continuing with a PhD. This constant development really suits me. Still, I see great privilege in doing my PhD part-time. I have a constant exchange between academia and practice and more time to develop my ideas.