

# Organisational culture in maternity care: a scoping review

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## Abstract

**Aim.** To present the results of a scoping review of the research literature addressing the influence of organisational culture on the quality of maternity care.

**Background.** Organisational culture is increasingly seen as key in both healthcare system operations and quality of care.

**Design.** A scoping review using a modified version of Askey and O'Malley's (2005) framework to identify: key concepts, gaps in the research and types and sources of evidence to inform practice, policymaking and research. Research databases used were: PubMed, Med Medic, MEDPILOT, Medline, CINAHL, PsycINFO, Cochrane, Social Sciences Abstracts, Web of Knowledge and Scopus.

**Method.** Development of a protocol specifying search terms and inclusion and exclusion criteria.

**Results.** A total of 3521 papers were identified in the search. Following application of the inclusion criteria, 16 papers were eligible for full review. There was a focus on the organisational and cultural barriers to the practice of good maternity care. Most of the studies included consideration of how organisational culture could be influenced or changed and four of the studies evaluated some form of change of practice to find ways of enabling a 'midwifery culture of practice'.

**Conclusion.** This scoping review shows midwives and maternity nurses perceived organisational factors to be important determinants affecting practice. It highlights time pressures, procedural imperatives and professional conflicts to be the main organisational barriers to the practice of good maternity care.

**Key words:** Organisational culture, organisational behaviour, maternity care, scoping review, evidence-based midwifery

## Introduction

Within medical sociology and health policy there have been recent calls for greater attention to be paid to the organisational aspects of healthcare (Currie et al, 2012). Organisational culture is an important part of this organisational focus and is increasingly seen as a key determinant in both how healthcare systems operate and the quality of the care provided (Davies et al, 2009). In the UK, the recent report by Francis (2013), which investigated cases of sub-standard care at a large teaching hospital, recommended a 'fundamental culture change' in order to improve the safety of services – making a clear link between organisational culture and the performance of the organisation.

Academic interest in organisational culture is growing in health services research (Braithwaite et al, 2010), with an increasing number of studies in different areas – how organisational culture affects research utilisation (Scott-Findlay and Estabrooks, 2006), how it affects performance of organisations (Jacobs et al, 2013) and how clinicians utilise clinical information systems (Callen et al, 2007). The purpose of this scoping review was to map the research conducted on organisational culture in maternity care.

How organisational culture should be defined has been extensively debated (Hatch, 2006; Martin, 2002). A common element of many definitions is that it is something shared

between members. For example, Davis defines organisational culture as 'a pattern of shared beliefs and values that gives members of an institution meaning, and provides them with the rules for behaviour in their organisation' (Davis, 1984: 1). However, not all researchers take this view. Meyerson (1991) argues that seeing organisational culture as something shared misses out on important aspects: 'For some cultures to dismiss the ambiguities in favour of strictly what is clear and shared is to exclude some of the most central aspects of the members' cultural experiences and to ignore the essence of their cultural community' (Meyerson, 1991: 132).

These debates over the meaning of organisational culture stem from researchers grounding themselves in different theoretical traditions, such as a modernist or symbolic interpretative approach (Smircich, 1983), that produce different definitions and approaches to the study of organisational culture.

A further conceptual ambiguity in organisational culture research (Martin, 2002) is that researchers often define organisational culture formally in one way, but operationalise it in another when they come to actually studying organisations. In this vein, Martin categorises the approaches found in the research on organisational culture into three main theoretical perspectives: the integration perspective, which focuses on aspects of culture that have mutually consistent interpretations; the differentiation

perspective, which focuses on inconsistent interpretations; and the fragmentation perspective, which focuses on ambiguity rather than clarity. This review presents a critical analysis of the research literature using Martin's three perspective approach to categorise different research studies by conceptualising their working definition of organisational culture to see how these concepts are actually used in the studies. This approach allows a focus on all levels of culture and incorporates a range of perspectives so that studies are not ruled out on definitional or doctrinaire grounds.

This paper considers organisational culture in one specific area – maternity care – an important area of health care that can be used as a marker to measure the quality of the system as a whole (de Vries et al, 2001). There has been a longstanding debate over how to optimally deliver maternity care, with an international movement to 'normalise' birth (Downe, 2008), that moves from the medical model (Tew, 1998) towards more woman-centred care (Leap, 2009). It has been argued that a midwifery model of care, with its low intervention rates for low-risk or moderate-risk women, can produce as good, if not better, outcomes than those of a biomedical model (Hatem et al, 2008; Cragin and Kennedy, 2006). Hence, there is a growing evidence base that, for the majority of women, a midwifery model is the optimal way of delivering maternity care. The organisational setting and culture arguably directly affect maternal and newborn health (Hrešanová, 2008) and rates of medical intervention (Brocklehurst et al, 2012) and also play an important part in facilitating good maternity practice.

### **The review**

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The purpose of this paper is to present the results of a scoping review of the research literature addressing the influence of organisational culture on the quality of maternity care.

### *Aims*

Evidence on how particular organisational cultures can act as facilitators or barriers to good practice in maternity care was sought to determine how care could be improved. It became clear that there was relatively little research in this area and a subsidiary aim became to establish what areas needed further research and to consider how that research might be approached. The review was designed in order to answer the following questions:

- What professional groups, topics and themes have been studied and what do they tell us about the organisational aspects of maternity care culture?
- What tools have been used to measure organisational culture and/or its effects?
- How does organisational culture act as a facilitator or barrier to good practice and how can practice be improved?
- How has the concept of organisational culture been used in research into maternity care?
- How have the studies defined organisational culture (if such a definition is articulated)?
- How have they been operationalised (using Martin's three perspective approach)?

### *Design*

Organisational culture has been studied from a number of perspectives and a scoping review methodology was chosen as it allowed this multiplicity to be reflected. The studies in this area tend to be characterised by a diversity of methods and approaches, a wide range of research questions, different settings and study populations, and are generally not designed to test interventions or treatments. Systematic review and meta-analysis require a clearly defined research question and study design to be specified in advance and this presupposes a certain amount of prior knowledge. Scoping reviews can also be used to determine the value of undertaking a systematic review (Anderson et al, 2008). In this area, there was no such prior knowledge to build on and there was a need for a more exploratory review that could begin to chart the territory. Hence, a scoping review method was chosen as the appropriate methodology to meet the aims of this review.

There are many different definitions of scoping reviews (Davis et al, 2009) and the definition adopted here builds on the work of Arskey and O'Malley (2005), further developed by Levec et al (2010) and Daudt et al (2013). 'Scoping studies aim to map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research' (Daudt et al, 2013: 8). Arskey and O'Malley (2005) set out five main stages of a scoping review: identify the research question; identify relevant studies; study selection; chart data; collating, summarising and reporting results. These stages were employed iteratively so that each stage was engaged with in a reflexive way to ensure good coverage of the literature and concepts (Arskey and O'Malley, 2005).

### *Search methods*

After an initial search of the literature, the review questions and search terms were developed. The searching (and review) was performed by a large, multidisciplinary team from a number of countries. Based on the international composition of the research team, the review was conducted in English, French, German and Finnish.

The following databases were searched: PubMed (articles retrieved in French), Med Medic (a Finnish database), MEDPILOT (a German database), Medline, CINAHL, PsycINFO, Cochrane, Social Sciences Abstracts, Web of Knowledge and Scopus. There were no date restrictions set for the search and studies published up until the end of December 2011 were included. Inclusive search terms, listed on Table 1, were used to generate hits to get the full breadth of literature necessary for a scoping review (Arskey and O'Malley, 2005). The team searched their allocated databases with the same terms and these were translated into German and Finnish. The first search generated 3521 hits. 'Grey literature', such as conference proceedings or dissertation abstracts, was excluded due to quality concerns. The expertise of an information retrieval expert from the library at the University of Ulster was used to ensure a robust literature search.

**Table 1. Search terms**

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|---|
| 1. Midwifery/   |
| 2. Exp pregnancy/ or exp parturition/   |
| 3. Perinatal care/ or postnatal care/ or preconception care/ or prenatal care               |
| 4. Exp Maternal health services/  |
| 5. Nurse midwives/ or nurse practitioners/  |
| 6. Obstetrics/  |
| 7. Exp delivery, obstetric/   |
| 8. Obstetrical nursing/   |
| 9. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8   |
| 10. (organi?ation\$ adj2 (cultur\$ or climate or context\$ or trait\$ or environment\$)).tw |
| 11. Organizational culture/   |
| 12. (work \$ or practice) adj2 (cultur\$ or environment or climate)).tw                     |
| 13. 10 or 11 or 12  |
| 14. 9 and 13  |

### Search outcome

The review focused on empirical research carried out in the area of maternity care and organisational culture. Studies that explicitly addressed organisation culture and those that used organisational culture in their analysis were included. The search also included the different groups of healthcare professionals that could contribute to maternity care: doctors (obstetricians, GPs), midwives, nurses, health visitors, and family counsellors. This was important because the professional groups involved in maternity care differ between different national and regional healthcare systems. There were no exclusions on the basis of research methodology or design.

Studies that did not address or give any indication of organisation culture in their analysis were excluded. With the contested nature of the definition of organisational cultural and a wide variety of elements that could be said to influence an organisation's culture, exclusion of studies on these grounds was not straightforward. To address this, exclusions were agreed by the research team and all papers were reviewed initially by two researchers and disagreements discussed by the team. Studies that focused on organisational structure rather than culture (for example: Walker et al, 2004) were excluded, as were those that examined perceptions of organisational change (for example: Lindberg et al, 2005).

Studies on midwifery culture (for example: Kirkham, 1999) were excluded as they did not consider the culture of the organisational setting, but focused solely on the culture of the midwifery profession. The search produced numerous studies on safety culture (for example: Allen et al, 2010) and these were excluded on the grounds that the construction of safety culture, although closely linked with the organisational culture, is a distinctive subset with its own measurement tools and criteria and this area would have merited a separate review.

The databases were searched and a preliminary review of the abstracts was undertaken. This was done by one primary

reviewer and then checked by a second reviewer. The intention was to remove papers that were not related to the topic (such as articles about cross-cultural maternity care, maternity policy and general place of birth literature). A second more indepth screening of the abstracts was then performed, again with two reviewers. This left 77 abstracts and, once duplicates were removed, 67 papers remained and the full text of these papers was retrieved. The full text of two articles could not be found, leaving 65 papers. This review of the research was done against the criteria outlined above and 49 papers were excluded (nine did not report empirical findings; 35 did not present any indications of organisational culture; five were not conducted in a maternity setting), leaving 16 papers.

The data were synthesised by conducting a thematic analysis of findings, akin to qualitative content analysis (Levec et al, 2010). This was done by a team approach, with all reviewers contributing to developing the themes and coding the studies. Levec et al's three stages of analysis were employed:

- A descriptive numerical summary and thematic analysis
- Presenting the outcome of the study (referring to the overall purpose or research question)
- Consider the meaning of the findings in a broader context (related to the overall study purpose).

The following analytic frame was used for each study, based on Debono et al (2013): year of publication; year study was conducted; country of study; study setting; study objective; participants; methods; main findings and conclusions in relation to organisational culture; definition of organisational culture; organisational culture that is supportive of good maternity care; organisational culture that prevents good maternity care; suggestions for change.

### Quality appraisal

Scoping reviews have been criticised for not including any quality assessment of the reviewed studies, thus reducing their usefulness (Brien et al, 2010). Arskey and O'Malley (2005) recognise that their model has the limitation of not including any guidelines for quality appraisal. The research team recognised that some form of quality appraisal was important for the robustness of the scoping review, so the studies were assessed for quality as well as relevance. The majority of the studies included in this review used qualitative methodologies and, recognising the complexities of assessing quality in this context (Downe, 2008), the team adopted the following quality criteria:

- Database: studies should be peer reviewed in a journal with an abstract presented in an electronic database
- Selection of participants: study participants should be clearly defined and rationale given for inclusion
- Outcome measures: the outcome measurements should be described, preferably including reliability and validity coefficient for quantitative studies and the research questions for qualitative studies
- Study methodology: this should be described in sufficient detail including the recruitment of participants, sampling strategy and description of participants, method and outcome measurements, and theoretical underpinning, based on Purewal and van der Akker (2009).

## Results

### *Key study features*

A total of 16 full papers were reviewed. The studies took place in four countries: England (eight papers), Australia (three papers), the US (three papers) and Canada (two papers). All the research included in this review, except Khokher et al (2009), focused on midwives and/or maternity nurses. Midwives were the subject of the studies conducted in England and Australia; the US papers (Sleutel et al, 2007; Gifford et al, 2002) studied maternity nurses and Kennedy and Lyndon (2008) the relationship between midwives and nurses. In Canada, Collin et al (2000) examined the introduction of midwives into maternity care, and Khokher et al (2009) investigated a maternity ward and included midwives, doctors and nurse.

### *Areas and themes studied*

A number of papers considered the organisational culture of environments where some form of change of practice was being undertaken, or had just occurred. Change in the organisational structure of care provision was the focus of four studies (McKeller et al, 2009; Deery and Hughes, 2004; Collin et al, 2000; Wilson, 2000). Hughes et al (2002) considered policies designed to encourage midwives to become more involved in strategic planning. Halliday (2002) and Lavender and Chapple (2004) examined midwives' views of the changing context of midwifery care.

Traditionally, the organisation of maternity care in a certain setting involves at least two different professional groups, as well as the women in their care. A common theme was midwives' relationships with other professionals working in maternity care: doctors (Hastie and Fahy, 2011; Khokher et al, 2009; Sleutel et al, 2007; Deery and Hughes, 2004; Collin et al, 2000) and nurses (Khokher et al, 2009; Kennedy and Lyndon, 2008; Collin et al 2000). Five studies included midwives' relationships with the women under their care. Dykes (2005) examined women's views of their encounters with midwives when giving breastfeeding support; Halliday (2002) examined women's views of whether customer-orientated care was employed and their relationship with their midwife; McKeller et al (2009) investigated mothers' and fathers' views of postnatal education and support; Sheridan (2010) examined women's views of mother-baby contact on the labour ward; and Walsh (2006, 2007) examined women's experiences of giving birth in a freestanding midwifery unit.

A further area was organisational barriers or facilitators to midwives being able to practise their midwifery skills, specifically in the following areas: promoting breastfeeding (Dykes, 2005); in the delivery suite (Hastie and Fahy, 2011; Sleutel et al, 2007); in postnatal education (McKeller et al, 2009); and in early mother and baby contact (Sheridan, 2010). Most of the studies addressed or touched on midwives and maternity nurses' job satisfaction and nine studies were about temporal pressures that organisational arrangements put midwives under and how this prevented them practising good midwifery care. Walsh (2006, 2007) provided a theoretical explanation for the differences in care provided

in a freestanding midwifery unit and a hospital setting. He argued that 'production line' orthodoxies promoted a form of maternity assembly line in hospitals where women are 'processed', rather than cared for (Walsh, 2006). In the midwifery unit, care was less process driven and more women centred. In general, the findings from this review took these processes and associated temporal pressures to be antithetical to good midwifery practice.

A key determining factor for individual practitioner behaviour was the organisational culture of the unit or hospital. Hastie and Fahy summed this up when they stated: 'The local culture and organisational context at the time of the interaction are more important than the specific individuals in predicting how midwives and doctors will interact in a particular maternity setting' (2011: 77). Deery and Hughes (2004) and Dykes (2005) are the exceptions to this view. Dykes states that 'despite the organisational culture, there are different styles of caring' (2005: 249). Deery and Hughes stated: 'There were many models of midwifery-led care operating, with the result that women's experiences were dependent on the values and practices of the midwife on duty' (2004: 56). Thus, in the midwifery-led unit they studied, there was no single model of care in operation and it was defined more by the practical aspects (such as booking criteria and geography, for example) than any cohesive culture of practice.

### *Tools used to measure organisational culture*

The majority of the studies were qualitative. There was only one quantitative study, Gifford et al (2002), and this was based on the Competing Values Framework (CVF) to assess the impact of organisational culture on labour and delivery suite nurses' quality of work life. As noted by Scott-Findlay and Eastbrooks (2006), a key element in the study of organisational culture is the unit of analysis studied – the individual or the ward or unit and they stated: 'The dilemma is that the variable of interest, culture, is often measured at individual level' (2006: 510). The majority of the studies used individual interviews to infer conclusions about the organisational culture of the care setting and eight studies used some form of observation to draw conclusions about the setting usually in conjunction with interviews and/or focus groups. The approaches used to aggregate data from an individual level to a higher unit level were not made explicit in any of the papers.

### *Facilitators or barriers to good practice and improvement*

Deery and Hughes (2004) used an action research methodology to develop support for midwife-led care in a maternity unit which was moving alongside an obstetrician-led unit. After the first phase of their research, they generated an action plan with the participants: 'The development of a common philosophy alongside shared learning experiences, led to a culture of active physiological birth that all participating midwives could own' (2004: 57). McKeller et al (2009) also used action research to develop educational material for parents in the postnatal ward and then evaluate their success. They found that, due to the culture of the

postnatal ward, some midwives were negative towards the innovation. However, those involved in the research and implementing these new educational materials were more positive. Hughes et al (2002) and Kennedy and Lyndon (2008) both implemented changes in practice designed to address the organisational barriers they found to good practice during their studies. Hughes et al (2002) talked of a 'cultural shift' towards developing midwifery care effectively by creating more senior midwifery posts; improving the skill mix; starting a midwifery forum; and having meetings with the midwives and doctors to improve communication. Kennedy and Lyndon's study (2008) encouraged midwives and nurses to engage with each other more by forming a joint monthly journal club; midwives becoming part of the formal orientation for new nurses; increasing the numbers of midwives during busy periods to cover postpartum care; and debating key issues, such as pain assessment.

There was the only one explicit recommendation for a type of organisational culture to facilitate good practice. Gifford et al (2002) examined what kind of organisational culture best promoted a good quality of work life for nurses in labour and delivery suites using a CVF framework. They found that a 'human relations model' (this is a form of organisational culture that focuses on group cohesion, aims to build trust and is characterised by openness and honesty) was positively correlated with increased job satisfaction, involvement and empowerment and a lower staff turnover. Other findings included recommendations for ways that the organisation of practice could be changed to remove the barriers and facilitate a midwifery model of care that was driven by a philosophy of normal birth. Ways of facilitating this were: improving inter-professional communication and understanding; reinforcing the skill base of midwives (for example, active birth workshops); changing the organisation of routines to give more time to be 'with woman'; and involving midwives in strategic planning. Elements of an organisation's culture that were seen as a barrier to this were: lack of time and a culture of busyness; assembly line care; a dominant medical model of birth; inter-professional conflicts; and organisational priorities taking precedence over supporting women.

#### *Operationalisation of the organisational culture*

One important aspect of this review considered how researchers had defined and operationalised concepts of organisational culture. Sheridan (2010), Khokher et al (2009), Walsh (2007), Halliday (2002) and Wilson (2000) provided an explicit definition of organisational culture. Some studies explicitly took a 'shared assumption' approach, which could be seen as adopting an integrationalist perspective (Sheridan, 2010; Halliday, 2002; Wilson, 2000). Sheridan (2010) examined how there was a difference between the espoused culture (that early skin-to-skin contact was encouraged for mother and baby) and the culture in practice (that early contact was often interrupted). Wilson (2000) discussed the different sub-unit cultures and the importance of becoming 'bi-cultural' to manage change before the 'painful transition to a new culture' can be completed. Other studies implicitly

took an integrationalist approach. For example, Hughes et al (2002) conceived the general culture in the NHS as being a barrier to the development of effective midwifery care – hence this general culture was conceived in integrationalist terms with midwifery sitting outside that. McKeller et al (2009) and Dykes (2005) conceived the culture of the postnatal ward in integrationalist terms – having one, largely negative, culture. Khokher et al (2009), Kennedy and Lyndon (2008), Gifford (2002) and Halliday (2002) operationalised organisational culture in differentiatorist terms. Gifford et al (2002) took a definition of organisational culture based on a CVF approach, which sees organisations as having a number of sub-cultures and hence can be seen as a form of the differentiation perspective. Walsh (2006, 2007) took a postmodern perspective on culture as one of contested dimensions and inherently fluid, an example of the fragmentation perspective.

Organisational culture was seen as being closely related to the professional groups that work in maternity care – creating distinctive sub-cultures along professional lines (Hastie and Fahy, 2011; Khokher et al, 2009; Kennedy and Lyndon, 2008; Sleutel et al, 2007; Lavender and Chapple, 2004; Collin et al, 2000). Khokher et al (2009) explicitly addressed this and also sought to delineate how the two exist concurrently.

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## **Discussion**

### *General characteristics of the studies*

Despite this review considering organisational culture and maternity care in its widest definition, all the research included in this review, with exception of Khokher et al (2009), was about midwives and/or maternity nurses. None of the studies included leaders or those in management roles, but focused on the perspectives of those working at the 'coal face'. The research was generally conducted from an 'insider' perspective – the 'emic'. The researchers were often midwives or nurses who had been involved as practitioners in the clinical setting they were studying. Thus, none of the research teams constructed a classic integrationalist analysis of organisational culture where the perspective of the leadership and/or management is seen to encompass the whole organisation.

The dominance of qualitative research methods in the studies included in this review contrast with the findings of Scott-Findlay and Estabrooks' (2006) review of research on organisational culture in nursing more generally. They found that 76% of their studies sought to 'measure' culture and used quantitative methods. Thus, research in this review can be seen to have a different profile from research on organisational culture in nursing and in organisational studies more generally.

### *Organisational culture and improving practice*

The majority of studies were designed to explore the role of the midwife and the perceptions they had of their practice and, from this, consider how midwifery and maternity practice could be improved. The majority of the authors took the view that facilitating a midwifery model of maternity practice was a desirable end, as this was the

most appropriate form of care for low-risk women. The overarching aim of the research projects was to find ways of enabling a 'midwifery culture of practice' to become predominant in the maternity setting, suggesting ways of influencing and changing the organisational culture of that setting. There was a common theme running through the research findings that there were significant organisational barriers to practising 'proper' midwifery care. For instance, the problem of 'busyness' in nine of the studies was seen as at odds with a midwifery model of care.

The implicit goal of the researchers was to use the findings to create an integrated culture for the unit; one which embraced a midwifery model of care. For example, Deery and Hughes (2004) found a fragmented culture in the unit they studied and they sought to change this to develop 'a culture of active birth' for the whole unit. Thus, fragmentation and differentiation forms of organisational culture were seen as problematic, as it was usually felt midwives were part of a less powerful sub-culture and that prevented them from being able to practise according to their philosophy of care. Whether the goal of an organisational culture that conforms to an integrationalist perspective is possible could be contested (Martin, 2002). However, to enable a midwifery model of care there needs to be an organisational culture that does not subjugate midwifery (for example: a culture of highly medicalised births), and allows different cultures of practice to work alongside each other as equal partners.

#### *Directions for future research*

Methodologically, there was only one quantitative study and it could be argued that this focus on qualitative research may leave aspects of organisational culture under researched. Therefore, a greater use of mixed methods in the study of organisational culture in maternity settings could also provide fruitful area for development. To add to the richness of organisation culture research, Martin's three perspective approach could be utilised to focus on different levels of cultural manifestations. This has been used in a comparative study of two hospitals which 'tested Martin's

typology empirically and found it to be a useful heuristic device for examining the cultural attributes of organisations' (Braithwaite et al, 2005: 1160). Few conclusions can be drawn about measurement tools for organisational culture, as only one study used such tools (Gifford et al, 2002).

#### *Strengths and weaknesses*

This review had a number of strengths. Due to the international composition of the research team, databases in languages other than English could be searched. The benefits of using a multidisciplinary team are well noted in the literature on scoping reviews (Daudt et al, 2013; Levec et al, 2010).

Furthermore, this review drew on the wider recourses of the grant in which this project was a part. Although this review was not a systematic review, due to the nature of the material, the review was approached systematically with clearly defined steps and criteria for search terms and inclusion/exclusion criteria.

There are also, arguably, a number of weaknesses of this review. The subject matter of organisational culture presented challenges when deciding which papers to include or exclude, as many papers did not explicitly define organisational culture and many discussions in the literature could be said to have an impact on an organization's culture. Furthermore, given there is no widely accepted definition of organisational culture papers could not be excluded solely on definitional grounds. This was partly ameliorated by having two reviewers examining each paper and any difficult cases were discussed by the team.

#### Implications for research and practice

This scoping review demonstrates that organisational culture in maternity care is complex and difficult to define and conceptualise. It shows midwives and maternity nurses perceived organisational factors to be important determinants affecting practice. It highlights time pressures, procedural imperatives and professional conflicts to be the main organisational barriers to the practice of good maternity care.

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