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Developing competence and confidence in midwifery-focus groups with Swedish midwives

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ABSTRACT

Background: Midwives have a significant impact on the clinical outcome and the birthing experience of women. However, there has been a lack of research focusing specifically on clinical midwives' learning and development of professional competence.
Aim: The objective of the study was to describe how midwives reflect on learning and the development of professional competence and confidence.
Methods: A qualitative study based on focus groups with midwives employed in maternity services.
Findings: Four categories describe the results: (1) Feelings of professional safety evolve over time; (2) Personal qualities affect professional development; (3) Methods for expanding knowledge and competence; and (4) Competence as developing and demanding. The meaning of competence is to feel safe and secure in their professional role. There was a link between the amount of hands-on intrapartum experience and increasing confidence that is, assisting many births made midwives feel confident. Internal rotation was disliked because the midwives felt they had less time to deepen their knowledge and develop competence in a particular field. The midwives felt they were not seen as individuals, and this system made them feel split between different assignments.
Discussion: External factors that contribute to the development of knowledge and competence include the ability to practise hands-on skills in an organisation that is supportive and non-threatening. Internal factors include confidence, self-efficacy, and a curiosity for learning.
Conclusions: Midwives working within an organisation should be supported to develop their professional role in order to become knowledgeable, competent and confident.

Statement of Significance:

Issue

There is a lack of research focusing specifically on clinical midwives, their learning and striving to gain professional competence.

What is already known

Midwifery competence is related to confidence, and it is a lifelong learning process. Midwives need to be strong and confident to meet the expectations of their position.

What this paper adds

Insight into how clinical midwives reflect on competence and how to develop confidence.

1. Introduction

Midwives have an important and significant impact on the medical outcome and the birthing experience of women.[1–3] The midwifery profession requires knowledge, competence, confidence and skills, and the competent and confident midwife can make the difference between life and death.[4] The profession of midwifery is based on the standards of the International Confederation of Midwives (ICM).[5] The ICM is a federation of midwifery associations representing countries across the globe. ICM has developed a

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description of competences that are required for becoming a midwife, and a definition of the scope of practice for midwives.

Midwifery training and education varies across the globe and the content, length and level of curriculum differ among countries.[5] The field of midwifery in the Swedish context has gradually broadened and extends to professional work with and for woman's sexual and reproductive health from a life cycle perspective.[6,7] A growing body of research has resulted in new professional domains, such as counselling and support to women with childbirth fear, and those who need help with contraception and ultrasound scans.[8] Professional competence in several areas is also required for midwives working in small units with internal rotation between labour wards, postnatal and gynaecological wards.

The concepts of competence and confidence are not synonymous, but may be linked. Confidence is defined as "a feeling of self-assurance arising from an appreciation of one's own abilities or qualities". Competence is defined as "the ability to do something successfully or efficiently".[9] There are three influencing attributes to confidence: dispositional (attitudes, personal traits and motivation); situational (depends on personal time and recourses); and institutional (structure and pedagogy of educational programmes).[10–13] Increased levels of confidence may not be in proportion to increased competence, but decreased confidence could be linked to a reduction in skilled performance.[14]

Midwives have to incorporate theoretical knowledge, practical skills and also use their personal attributes, like empathy and intuition.[15] Further, midwives have to interact with women in a personal and professional way. On the personal level there is a need for self-efficacy. Self-efficacy is described, as "the belief in ones capabilities to organise and execute the courses of action required managing prospective situations".[16] Berggren has described midwives' attitudes relating to the development of professional competence; competence was said to grow with the everyday practice of hands-on skills.[17] Norman and Hyland point out that development of professional competence depends on circumstances related to the workplace and confidence can be increased or diminished. They meant that confidence can be linked to a feeling of personal security, and may be increased when a person feels secure and receives positive feedback.[10] In a midwifery context, organisational factors such as the influence of colleagues, perceived autonomy and a sense of familiarity can contribute to enhancing confidence. It is clearly important for midwives to improve their confidence and the organisation should engage in considerable efforts to do so.[18]

The concepts of knowledge and competence are complex and include hands-on skills training, but also personal factors, such as self-efficacy, confidence and a capacity for critical thinking. Strong and confident midwives are needed in the profession. Midwives who feel well prepared to meet a pregnant woman's needs and have the opportunity to practice within the full scope of their role to become autonomous practitioners.[12,19,20]

Research clearly demonstrates the importance of being a competent midwife with the confidence to practice, including the ability to make critical decisions in urgent situations; therefore, professional autonomy is crucial. However, there is a lack of research that focuses on clinical midwives and the processes followed to enhance competence. This study intends to explore how midwives reflect on learning and the development of professional competence and confidence in a working context.

2. Methods

2.1. Design

A qualitative design was used; the intention was to understand the midwives' experiences of developing professional competence. Focus groups were used to collect the data. Focus groups offer a major advantage in that they are efficient and the researchers can obtain the viewpoint of many people in a short time.[21]

2.2. Setting and sample

The study used a purposive sample of midwives from four county hospitals in central Sweden. The hospitals where the focus groups took place varied in size from 299 to 1972 births per year.

The homogenous and purposive sampling was used with the intention to deepen the understanding of how midwives reflect on learning and the concepts of knowledge and competence. A letter was sent to four department managers asking for approval to conduct focus groups. The inclusion criteria were midwives working in labour wards who were interested to share their experiences of gaining and developing knowledge and competence in clinical settings.

The information letter described that the discussion would take place during working hours when the shifts overlapped. All managers approved the study, and they also provided oral information to the midwives attending a regular labour ward meeting. The managers of the hospital clinics were provided contact details of midwives who were interested to participate. Twenty midwives from the four hospitals expressed interest to participate in the study and were sent written information about the study prior to the focus groups.

In the information letter, they were informed about the purpose of the focus groups. It was also clarified that participation was voluntary and if they wanted to withdraw they could do so at any time without further explanation. The midwives were guaranteed full confidentiality. The time and the location of the interviews were agreed upon.

Four focus groups were carried out with 14 participants. The number of midwives in each group varied between two and six. The professional experience of the midwives ranged from 7 months to 27 years, and the median experience was 15 years. Most of the participants had long experience, but there were a few who were newly graduated. Internal rotation was applied in the hospitals where the focus groups were conducted. All midwives participating in the focus groups rotated between the delivery ward, postpartum care and gynaecological ward. Some groups were small, which was an advantage since the researchers could focus on what was said in the discussions to ensure that the data would meet the research goals.[22]

2.3. Focus groups

The locations selected were comfortable, accessible, easy to find and acoustically amenable to audiotape recordings.[21] Two researchers conducted the interviews; one acted as a moderator and the other as an observer. The moderator led the discussions, and the observer handled the technical equipment and took notes. The moderator started by posing open questions, such as: "What is knowledge in midwifery, and how do you gain knowledge?" "What is competence?" "How do you achieve competence?" More probing questions were also asked, such as "What do you think about…" "Can you explain…" or "Tell us more about that". The interviews lasted between 42 and 54 min; the median time was 50 min. All interviews were tape recorded and transcribed verbatim by the first and the third author.

2.4. Data analysis

Qualitative content analysis was used.[23] The text of the interviews was read repeatedly in order to develop a deeper understanding. The analysis was guided by the aim of the

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