ARTICLE IN PRESS

Midwifery ∎ (∎∎∎∎) ∎∎∎–∎∎∎

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

How do midwives in Slovenia view their professional status?

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ARTICLE INFO

Article history:
Received 29 May 2015
Received in revised form
18 August 2015
Accepted 20 August 2015

Keywords:
New professionalism
Old professionalism
Midwifery
Slovenia

ABSTRACT

Objective: the aim of the study was to explore Slovenian midwives' views of their professional status. The influence of participants' educational background on their views was also examined, since higher education is related to professionalism.
Design: this was a quantitative descriptive survey, using postal data collection. The questionnaire comprised of six elements crucial for professionalism – three elements distinctive of 'old' professionalism (power, ethics, specific knowledge) and three characteristics of 'new' professionalism (reflective practice, inter-professional collaboration and partnership with users).
Participants: a total of 300 midwives who were registered in a national register of nurses and midwives at the time of the study. The response rate was 50.7% (152 returned the questionnaire). Participants that were on a probationary period were excluded, leaving 128 questionnaires for analysis (43%). Some 40.9% participants had secondary midwifery education, 56.7% had higher midwifery education and only few (2.4%) finished postgraduate education.
Findings: the majority of participants did not consider midwifery to be a specific profession. Midwives with secondary education were more likely to consider practical skills to be important than theoretical midwifery knowledge. In general midwives did not feel enabled to practice autonomously; and this caused them to face ethical dilemmas when aiming to fulfil women's wishes. All participants with midwifery secondary school education thought that obstetrics jeopardises midwifery scope of practice, but only half of the BSc participants thought this. One-fifth of all participants estimated that midwifery is also threatened by nursing. The respondents reported feeling a lack of control over their professional activity and policy making; however the majority of midwives claimed that they were willing to take on more responsibility for independent practice.
Key conclusions: Slovenian midwifery cannot be considered to be a profession yet. It faces several hindrances, due to its historical development.
Implications for practice: in order to develop a specific professional identity for midwives, the content and structure of education should be analysed and changed in order to improve socialisation and professionalism. In clinical settings, the scope of midwifery practice and responsibilities, as defined by EU directives, should be agreed by all professional groups.

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Introduction

Midwifery care has been identified as an essential component of high quality maternal and newborn health-care systems (Renfrew et al., 2014), yet in some countries the midwife's role is still questioned. The recent Lancet series on midwifery care identified a framework that set out the scope of midwifery care (Renfrew et al., 2014), identified the impact (Homer et al., 2014), and provided a tool for assessment (Van Lerberghe et al., 2014). However, the series recognised that in many countries there is still work to do if midwifery is to be seen as an autonomous profession (Renfrew et al., 2014); with this in mind, this paper explores the issue of midwifery as a profession from the context of the Slovenian health-care system.

Professionalism is connected with the quality of services and with a strong morality of the professionals involved (Abbott and Meerabeau, 1998). People trust professionals because of their expert knowledge and faith in their altruism (Schwirian, 1998),

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http://dx.doi.org/10.1016/j.midw.2015.08.008
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and this is especially important when discussing those professionals involved in health care. With public confirmation, based on trust, professionals gain special status in society, and this provides them with autonomy and respect (Freidson, 1988). Professionalism is attractive to occupational groups since it provides them with this special status, but it is also attractive to service users, because it increases the service quality (Fournier, 1999). Interpretation of professionalism encompasses many and varied aspects. Besides being based on individual characteristics and values, it is largely defined also by context (such as organisational support, workplace, expectations of others, and the specifics of the service users) (Health and Care Professions Council, 2014).

Professionalisation

Professionalisation is a collective strategy used by an occupational group to gain the status of a profession (Larson, 1977; Turner, 1995). Approaches to defining an occupational group as a profession vary (Adams, 2003). The most well-known is the trait approach, which lists the characteristics that an occupational group needs to attain in order to gain the status of a 'profession'. The most commonly quoted attributes of a profession were summarised by Turner (1995) as:

- expert esoteric body of knowledge, specific for the professional group;
- autonomy that sets the grounds for jurisdiction on a certain field of practice and imparts to professionals social power;
- and ethical considerations.

These elements are defined as elements of 'old professionalism', since they describe the characteristics of traditional professions (medicine, law and theology). Some claim that these professions gained their status in different social conditions (Leicht and Fennell, 2001) and as a result the defining elements are inadequate for current occupational groups that would like to become professions today. According to some authors (Davies, 1996; Evetts, 2010; Snoek, 2010) the situation in post-modern society is different; authority and hierarchy of traditional professions are no longer appropriate. New characteristics of professions have emerged, such as:

- inter-professional collaboration;
- partnership with users;
- and reflective practice.

These characteristics bring about the so called 'new professionalism' (Davies, 1998).

These six elements of professionalism, three old and three new, were the theoretical basis for the study performed and described below.

Knowledge

The basic characteristic of a profession is a highly specialised abstract knowledge (Freidson, 2001) that has to be gained through a university education (Abbot, 1988; Evetts, 2003). The activity of professionals is usually not manual; but when it is, the professional is usually highly responsible and deals with patients' bodies, as in the case of medicine (MacDonald, 1995). Theoretical knowledge is more highly valued (Freidson, 2001). This theoretical knowledge needs to be specific – only professionals from certain groups can solve users' problems; and as a result professions are important for society (Leicht and Fennell, 2001). Because this knowledge defines the profession, members of the profession are proud of it and develop it further within the professional group.

Ethics

Every profession needs to develop a professional code of conduct to reassure society that they are behaving in a moral manner, since professions serve to provide for the public well-being. However, the existence of a professional code alone is not a satisfactory assurance; the ideology behind the code must also be instilled in the minds of professionals (Freidson, 2001). Professional associations play a major role in the evaluation of their members' work and sanction members for inappropriate acts (Turner, 1995). The public trusts professionals and grants them respect (Evetts, 2006) and this gives them jurisdiction over a certain scope of practice.

Autonomy

Professionals work independently in their field of work and need specific competencies in order to practise (Fourner, 1999). They take responsibility for the outcomes of this practice. Professional associations supervise them (Freidson, 2001), because only members of a professional group are capable of verifying the appropriateness of another individual's professional work. Professionals have a strong affiliation to their profession (Rainey, 2005) and internalise professional values (Gabe et al., 2004). Society trusts the professional group (Flemming, 1998) and the professional group is also appreciated by other professionals.

Inter-professional collaboration

In order to collaborate inter-professionally, professional groups need to be mutually respectful. The collaboration is based on the feeling of equality (Crozier, 2003); if one profession feels threatened by another, the opportunity to collaborate is weaker (Hartley, 2002). Good co-operation among professionals improves their satisfaction at work (Keleher, 1998) and empowered professionals more easily leave control to the users (Halliday, 2002).

Partnership with users

Only active users, that have a feeling of control, can establish partnerships with professionals. Informed decisions are therefore crucial in order to gain an equal position within a relationship (Richards, 1982; Calnan and Rowe, 2008). However in order to leave control to the user, the professional has to be empowered and autonomous in professional decisions (Rodwell, 1996).

Reflective practice

The users' estimation of professional work is important in the partnership; however the professional's actions must also be self-evaluated through the process of reflection (Plack and Greenberg, 2005) and in a group that offers peer-support. As a consequence, Epstein and Hundert (2002) claim that reflective practice is crucial for professional development.

This paper describes a study that aimed to apply all of these elements of professionalisation to Slovenian midwifery. Since midwifery has a different historical development to that of medicine (Witz, 1992; Symonds and Hunt, 1996; Lupton, 2006) it was anticipated that midwifery would identify more strongly with the elements of'new' professionalism.

Slovenian midwifery

It is worth first considering the specific situation of midwifery within the Slovenian context; a situation that is common to many East European countries, because they underwent a similar historical development (Stromerova, 2012; Fleming and Holmes, 2005).

Slovenia is a small country, with approximately 21,000 births per year (Euro-Peristat, 2010). It has a low neonatal mortality rate; in 2010 the perinatal mortality rate was 2.71 per 1000 live births (RS UKOM, 2012). In the years from 2006 to 2010 the maternal

Please cite this article as: Mivšek, P., et al., How do midwives in Slovenia view their professional status? Midwifery (2015), http://dx.doi.org/10.1016/j.midw.2015.08.008

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