



DISCUSSION

Support for midwives – A model of professional supervision based on the recertification programme for midwives in New Zealand



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ABSTRACT

Following a traumatic practice experience the physiological and psychological effects experienced by midwives are exacerbated as a result of dysfunctional health organisations and the counterproductive behaviours therein. It is suggested the stress experienced would have been reduced if support in the form of professional supervision had been available.

The aim of this article is to demonstrate that professional supervision should be viewed as a competency requirement by the Midwifery Council of New Zealand and incorporated into the midwifery recertification programme. A model of professional supervision for midwives based on the recertification programme is introduced and the importance of reflection on practice emphasised. Providing support by means of professional supervision in the midwifery recertification programme, has the potential to make midwives feel valued, improve their job satisfaction, reduce violence in the workplace, aid in the attrition rate and improve the care for the childbearing woman.

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1. Background

My interest in professional supervision was evoked following my Ph.D. research which explored the Effects of a Traumatic Practice Experience on the Midwife.¹ This qualitative research is an investigation of relationships at play influenced by power games and their consequences creating conflict and the subsequent stress for the participating midwives. The study demonstrated that partnership and autonomous midwifery practice are the key drivers that make New Zealand (NZ) midwives more liable to experience emotional stress and their competency in practice challenged. Midwives working in partnership with women negate domination and subordination of the traditional patient/health practitioner relationship for collaboration and as a result challenge the values and beliefs of the dominant groups of medicine and management. Midwives questioned why when they had coped with similar situations in the past was this incident 'the straw that broke the camel's back'. The investigation uncovers that the trauma experienced was prolonged due to a breakdown of relational trust in organisations, management, colleagues, women and self. The breach of trust altered the meaning of the traumatic event for the midwives which impacted on their personal and professional identities creating biographical disruption and

exacerbating the initial stress reaction. Loss of personal and professional identities elicited grief which in most cases was disenfranchised and therefore not supported. Grief associated with maternal death was supported. As a result of the increase in emotional stress some of the midwives suffered illness such as anxiety, post traumatic stress disorder and chronic back pain implying that the aetiology of the disease could be emotions. These illnesses experienced by the midwives contributed to workforce attrition which they contend would have been prevented or lessened if support had been available.

The research findings support the advice of the experts in the field of traumatology^{2,3} that it is not the trauma that exacerbates the physiological and psychological effects rather the impact of the social structures involved and the environment of response. One of the main features of a positive environment of response is support and this feature was absent for the midwives in the study. Professional supervision by someone with a knowledge of midwifery, from outside of the organisation, was viewed as paramount by the participants to lessen the impact of the trauma. The importance of support in the form of professional supervision for midwives has been stressed by other researchers and educators in New Zealand^{4–7} yet still no formal process for midwives exists.

2. Support for midwives

The WHO (2011) suggests that due to challenging situations faced by health practitioners, midwives world wide would benefit

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from support in the form of supervision. This type of supervision is not a form of surveillance but an avenue where two professionals meet in an environment of mutual respect. The supervisor should be trained in the field, one level above the basic midwifery training⁸ but does not have to be part of the supervisee's profession or workplace.^{9,10} The literature suggests that professional supervision is a voluntary interaction between the supervisor and the person receiving the supervision with the aim of assisting the latter to effectively help people.^{6,7,10,11} Through regular meetings the supervisor guides and supports the supervisee to discuss issues of concern, reflect on their practice^{1,5–7,10,11} confront experiences,¹² discover meaning and recognise different ways of knowing.¹³ It promotes self-awareness¹⁰ by assisting the practitioner to see their strengths and weaknesses.¹³ Supervision supports the growth and development of the supervisee's personality¹⁴ and their commitment to self care as well as caring for others.¹¹

Professional supervision by qualified personnel is a method of providing non-judgemental support in relation to the ethical decisions made by the health professional whether based on moral or professional grounds.¹⁵ It can assist in preserving the person's integrity by providing an environment where guilt associated with grief can be removed. It is argued that supervision can help the practitioner understand the politics and the social context of the situation under discussion¹⁵ as well as support the isolated practitioner and introduce them to the cultural norms of the environment.¹⁰ Pack¹³ suggests that supervision can have a buffering effect by maintaining resilience when dealing with traumatic events. It is also suggested that rather than engage in victim blaming, supervision enables the practitioner to reflect on case events and consider alternative options^{10,16} subsequently reducing violence in the workforce. The reflective component of the concept enables the practitioner to become more self-aware of how their own prejudices and assumptions as well as those of the environment, influence the meaning of events.¹⁶ Finding meaning may resolve the work problems thus reducing stress and assisting practitioners to cope¹⁴ thereby highlighting the therapeutic process attached to professional supervision. It must be acknowledged that this therapeutic process is not a therapy.¹⁷

The benefits of professional supervision are supported by the New Zealand Nurses Organisation and are practiced particularly within the areas of palliative care and mental health nursing. In New Zealand professional supervision is also part of the core competencies for occupational therapists, psychologists, physiotherapists and social workers which is understandable as its primary focus is the safety of the client.^{10,18}

3. Safe practice

The regulatory framework established as a result of the Health Practitioners Competence Assurance Act (HPCA Act, 2003) has as its primary focus the protection of the public. Each regulatory body is responsible to ensure their practitioners are competent and fit to practice. In order to meet the competency requirements and receive an annual practicing certificate, the Midwifery Council of New Zealand (2004) requires midwives to participate in the recertification programme. The purpose of the recertification programme is to ascertain if the practitioner is competent and working within the midwifery scope of practice. The content of the programme contains compulsory education as well as education selected by the practitioner that has the approval of the MCNZ. Practitioners are also required to participate in professional activities such as preceptoring student midwives or mentoring colleagues new to the area or have returned to practice. Another requirement of council is a biannual Midwifery Standards Review (MSR) which is organised by the New Zealand College of Midwives (NZCOM). The MSR is a confidential process performed by a

midwife and a consumer trained in the field. They measure the midwife's practice against the standards for practice providing feedback and recommendations for professional development. As a part of the legislative requirement midwives are also required to have their portfolios audited. The auditing of portfolios is undertaken by trained auditors contracted by the MCNZ.

At the Midwifery Council Forum in 2008 the council appeared confident that the recertification process ensures public safety. I suggest they enhance this aspect even further by considering the emotional health of the midwife. Taking into account the emotional aspect of competency as a part of being safe recognises "how it was like to be there at the time"¹⁹ (p. 202) and adds a new dimension to competent practice.²⁰ In order to acknowledge the emotional component of practice, support for midwives in the form of professional supervision that has as its primary focus restorative practice should be implemented. It must be stressed that this support is not a form of surveillance.

Current literature suggests that the main functions of professional supervision is still considered to be educative (formative), administrative (normative), or supportive (restorative).^{9,21,22} It is evident from the above information that the formative and normative concepts attached to professional supervision²¹ are a legislative requirement for midwives in NZ. The third concept as discussed by Procter,²² support, is an expectation of the Code of Ethics cited in the New Zealand College of Midwives Handbook for Practice (2008) yet no formal support process is available to all midwives unless litigation is pending. The decision for the provision of this support, which is access to the Employee's Assistance Programme (EAP), is at the discretion of the lawyer at NZCOM. Three sessions of EAP is offered to core midwives by District Health Board's (DHB) but is sometimes difficult to access due to the lack of response from counsellors or the site of contact at the DHB.¹

The Midwifery Council of New Zealand Code of Conduct section Professional Behaviour expects midwives to ensure "they are fit and able to carry out the practice of midwifery".²³ Yet when midwives in NZ indicate they feel unsupported and stressed their cries for help are ignored.¹ Supervision can provide protection from the stressful working conditions⁹ that exist in dysfunctional health organisations and the counterproductive behaviours within.¹ Dysfunctional health organisations are a result of structural changes that introduced competitive based productivity into health care resulting in counterproductive behaviours such as workplace bullying.¹ Enabling the midwife to understand the changes in the social structures that impact on practice and elicits these behaviours can assist them to develop a plan of action to cope with similar situations in the future.

Midwives are at the forefront of traumatic clinical situations, dealing not only with the woman's physical and emotional well-being but supporting her partner and family. They are exposed to the impact of drug and alcohol addiction, family violence, potential child abuse, congenital abnormalities, neonatal issues and death. Now with the expectations surrounding the Ministry of Social Developments White Paper on The Vulnerable Child (2012) their workload will increase as they deal with the mandatory requirements attached to this stressful issue. Therefore in order to prevent or lessen the stress associated with midwifery practice I believe all midwives deserve emotional support in the form of professional supervision. Evidence suggests that lack of understanding of the concept of professional supervision causes confusion among practitioners¹ and needs to be addressed.

4. Confusion

A dichotomy exists between supervision as a form of surveillance or a form of support^{4,24,25} and creates confusion both

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