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"Working towards being ready": A grounded theory study of how practising midwives maintain their ongoing competence to practise their profession

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ABSTRACT

Objective: to present a grounded theory research study explaining how New Zealand midwives maintain their ongoing competence to practise their profession.
Design: grounded theory, an interpretive emergent research methodology was used to examine the process of maintaining competence in midwifery practice.
Setting: New Zealand urban and rural practice settings.
Participants: twenty-six midwives from across New Zealand were interviewed and asked about maintaining their competence to practise. Five midwives were interviewed twice, to explore the emerging findings and as one method of member checking.
Findings: the grounded theory of 'working towards being ready' describes a continuous process in which midwives engage as they work to maintain practice competence. The component parts comprise professional positioning, identifying needs, strategizing solutions and reflecting on practice. The process is contextual, diverse and is influenced by the practice setting where the salient conditions of resourcing, availability and opportunity for engagement in activities are significant.
Key conclusions: across the midwifery profession, midwives in New Zealand are currently working under the generic umbrella of midwifery practice. Midwives work across a range of practice arenas in diverse ways focussed on providing safe care and require a range of professional development activities germane to their area of practice. When the midwife has access to professional development pertinent to their practice, women and the profession benefit. As there is diversity of practice, then mandated processes for ongoing competence need to have flexibility to reflect that diversity.
Implications for practice: midwives engage in development that allows them to remain current in practice and that enables them to provide appropriate care to women and their babies. As a consequence they can develop expertise in certain aspects of midwifery. Mandated processes that require engagement in activities aimed at demonstration of competence should be evaluated and tailored to ensure they meet the needs of the developing profession.

Introduction

Maintaining the ability to practise their profession is not only a mandatory requirement for midwives in New Zealand, but is needed when practice is evolving in an ever changing world. Midwives in the New Zealand context are required to demonstrate practice currency. Competence in its various forms is identified as a key component of professional clinicians (Austin, 2015; Hodges, 2012) and maintaining competence is identified as a characteristic of the professional midwife (Halldorsdottir and Karlsdottir, 2011; Nicholls et al., 2011; Morgan et al., 2014). Women expect midwives to be competent and knowledgeable (Guilliland and Pairman, 2010; Borrelli, 2014; Borrelli et al., 2016) and this requires that midwives engage in ongoing development activities. It appears to date no research has been conducted that has explored how New Zealand midwives maintain their ongoing competence to practice. While new skill and education programmes are introduced into practice, this can occur without considering the needs of or constraints faced by individual clinicians. Indeed while evaluation may focus on the introduction of tools to support continuous development (Sinclair et al., 2016), across the midwifery profession there is limited research that analyses how midwives as a distinct professional group keep up to date with changes to practice (Webster-Benwell,

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2014).

In New Zealand, all health practitioners are regulated under the Health Practitioners Competence Assurance Act 2003 (New Zealand Government, 2003). This Act allows for the establishment of individual boards and councils for the health professions that thereby regulate their profession. It also grants the boards and councils powers to establish mandatory recertification programmes aimed at ensuring ongoing competence of practitioners. It was under this regulatory framework that the first recertification programme for midwives was established in 2005 (Midwifery Council of New Zealand, 2005). This programme requires midwives to engage in a series of activities, including clinical practice, maintenance of a professional portfolio and attendance at a series of education courses. The programme also requires engagement in profession related activities and a quality assurance, peer and consumer review process (Midwifery Standards Review). All activities are aimed at ensuring that the individual is maintaining their competence to practise. In New Zealand midwives work within the midwifery scope of practice. The scope is a broad statement that describes the work of the midwife and is based on the International Confederation of Midwives (ICM) definition of a midwife (Midwifery Council of New Zealand, 2010). Practising under this generic scope, midwives may be employed or hold a contract with the government to provide maternity services. The self-employed midwives are commonly referred to as lead maternity carer (LMC) midwives who carry their own caseload and are reimbursed through the government funded model. Their employed counterparts who provide care in support of the LMC and for women with more complex needs are referred to as "core" midwives. Midwives may also be employed in education, research, policy and advisory roles. However one key requirement in New Zealand is that any midwife who holds a practising certificate, regardless of her role, is also required to engage in all activities mandated in the recertification programme. Hence midwives whose role is in policy, education or research for example must also engage in some degree of clinical practice and to attend mandated activities required of their counterparts whose work is premised around clinical practice. With no research able to be found that attempted to explain the reality for midwives practising in New Zealand, the study presented in this paper asked the question "how do midwives maintain their ongoing competence to practise their profession?".

Design

Grounded Theory was used to examine and explain the process midwives use to maintain their competence. Grounded Theory is a qualitative methodology originally developed by Glaser and Strauss (1967) and is used to develop theory about social processes that occur within a group of individuals. Apart from the original Glaserian Grounded Theory other variants include advancements from Strauss (Strauss and Corbin, 1990) with specific utilisation in this study of that developed by Corbin and Strauss (2008). Regardless of the approach used, there are common requirements within grounded theory which include the coding of data, constant comparative analysis, memo writing, theoretical sampling and integration into theory (Glaser and Strauss, 1967). While debate exists regarding the timing of a literature review in a Grounded Theory study, for pragmatic and university doctoral requirements, the basis of a literature review was undertaken prior to commencing the study (McCallin, 2003). This is in line with the concept of theoretical sensitivity which suggests that the researcher enters the study with some understanding of the topic in hand, but more importantly with the personal ability to interpret, understand and conceptualise the data in order to develop the theory (Strauss and Corbin, 1998).

Ethical considerations

Ethical approval was granted by the Auckland University of Technology Ethics Committee. Due to the researcher's employed role as a midwifery advisor to the New Zealand midwifery regulator, an intermediary was used to recruit participants. The main ethical consideration in this study was to ensure informed consent for participants and to minimise any potential conflicts of interest. While competence is a business function of the researcher's employer, participants were advised that when undertaking the study she was there as a researcher and that her employer had no knowledge of any participants in this study. Indeed participants were advised that participating in this study would neither advantage nor disadvantage them with regards to the work of their regulator. All midwives in this study either chose or were given a pseudonym. Exclusion criteria included any midwife who was undergoing any regulatory performance or fitness to practise process. This was because these midwives would be managed by the researcher in her professional role. In addition midwives who were required to complete education because they were new to New Zealand or who had not practised in New Zealand for the last three years were also excluded. This is because this group of clinicians have identified learning needs which they were in the process of addressing.

Data collection and analysis

Data collection consisted of in-depth interviews with midwives practising in New Zealand. Twenty six midwives from across New Zealand were interviewed. Midwives varied in the nature, type and location of practice in which they engaged, in their entry qualification, place of education, years of practice, formal postgraduate qualification and engagement with the profession. In all a total of 31 interviews occurred with this group of midwives. All were women and all spoke English as a first language. Initial sampling of participants was purposive in that midwives who the researcher identified would be knowledgeable with regards to the research topic were approached by the intermediary and invited to participate. The midwives approached were seen as being leaders in education or professional leadership and ongoing development was part of their roles. The assumption was made that because they held roles of influence and were identified as professional leaders that they would be able to articulate how they maintained their ability to keep up to date. Approaches were made using professional networks. In the first instance the intermediary contacted any potential participants by email or by phone. She provided them with brief information about the study as well as an information sheet. Potential participants were then advised to contact the researcher if they wanted to participate in the study. There was no compulsion for them to do so and if any potential participant did not contact the researcher there was no follow up.

While the exact questions varied as the research process developed, the initial question asked of participants was "Tell me what competence means to you and please define it?" This then led into the next phase of questioning whereby participants were asked "How do you maintain your competence to practise?" and "how do you keep up to date?" As this is a Grounded Theory study further questioning changed in response to the process of constant comparative analysis prompted by questions that arose from the data analysis.

One element of Grounded Theory is the practice of concurrent data collection and analysis which subsequently guides further participant selection and is known as theoretical sampling (Glaser and Strauss, 1967). Here as data analysis progressed participants were recruited whose experience could explore concepts identified in the process of analysis. For example during the analysis a decision was made to unpack the concept of 'reviewing practice' with a relatively new graduate whose perspective could differ from a midwife who had been in practice for many years.