

MIDWIFERY COMPETENCY: CONCEPT PAPER

Tirivanhu Angeline, TogarepiAnoldis, Mugadza Gladys and Bere Mary.
Department Of Nursing Science, University Of Zimbabwe

ABSTRACT

The maternal health care environment is constantly changing requiring greater flexibility in the midwifery profession. Midwives must be competent to fulfil a number of functions within maternal and child health. It is essential that midwives expand in their area of competence to achieve excellence in care.

Objectives

The objectives of this paper was to have an in-depth description of midwifery competency and assigning to it antecedents and attributes so as to enhance understanding among midwives.

Methodology

Walker and Avant (2005) theory of concept analysis was used to analyse the concept of interest. Literature search was done using the following search engines: Google Scholar, Pub Med, and Midline to select articles relevant to the concept of interest.

Results

Midwifery competencies evidence based practice is not clearly spelt out.

Conclusion

Evidence based practice is an important competent of midwifery competency. It helps Midwives to provide the best treatment available.

Keyword: Midwifery competency, Walker and Avant

INTRODUCTION

The availability of a health provider with specific midwifery skills and competencies, particularly the lifesaving functions of basic emergency obstetric and neonatal care , working within a supportive and enabling environment is acknowledged to be a key component of any safe motherhood strategy (Bullough et al., 2005; Carlough& McCall, 2005; Hofmeyr et al., 2009; Lee et al., 2009)

A very complex body of literature has generated a certain consensus about the components competency; but no common definition of the construct has been uniformly favoured (Fernandez et al., 2012). In general, competency is discussed in relationship to the personal characteristics that underpin the performance of those tasks (Fullerton et al., 2011, International Confederation of Midwives, 2011).

Competency, in its turn, has been variously described as a multidimensional construct that involves a complex interaction of cognitive concepts related to the gathering of information, and the processing of that information for translation into action. Competency, viewed as an

integrated concept, implies that three intellectual and cognitive actions take place concurrently, i.e., a consideration of the relevant intellectual content, the enactment of activities conducted at a specified level of performance, and the situations in which those activities are to be performed. Thus competency is a complex know-how that is based on combining and mobilising knowledge, skills and abilities and external resources and then applying them appropriately to specific types of situations. It considers the context in which a task needs to be performed, thus allowing one to deal with different situations by drawing on concepts, knowledge, information, procedures and methods, (Goudreau et al., 2009)

The International Confederation of Midwives (ICM) developed its first list of midwifery competencies in 2002, with evidence-based updates in 2010 and 2013 (International Confederation of Midwives, 2010 International Confederation of Midwives, 2013). The competency list defines the basic content of a pre-service midwifery education programme for the fully qualified midwife.

Essential Competencies For Basic Midwifery Practise 2010 Revised 2013.

Competency1: Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

Competency2: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

Competency 3: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

Competency4: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

Competency 5: Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

Competency 6: Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

Competency7: Midwives provide a range of individualised, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols, (ICM, 2011)

Problem Statement

It is clear that evidence-based practices help midwives provide the best treatment available and allow evaluating their impact. It is also clear that since evidence-based practices are continuously improved and updated, midwives should continuously evaluate their use. In this view midwifery competency should encompass research skills to ensure they practice using empirical data. It is against this background that the researchers advocate for addition of research component in the meaning of midwifery competency.

Objective

To appraise the existing midwifery competency by adding the research component

Significance Of Concept

The reason for writing this concept analysis paper was to help midwives have a clear definition of midwifery competency that is anchored on empirical data and its importance in midwifery education. The clinical practice offers ground for practice and research informs practice. This will assist midwives to have a mutual understanding of the empirical knowledge and skills required to respond adequately to the demands of their professional responsibilities.

Purpose of Analysis

The purpose of the concept paper was to modify the existing midwifery competency definition by adding research component.

LITERATURE SEARCH

Author/year	Journal/Definition	Antecedents	Attributes	Comments
(McMullan et al 2003)	Journal Of Continuing Education	behaviour that underpins the competent performance	Present	focus on the individual's Present Both
(Alexander, 2014)	Journal of nursing publications	interpersonal decision making	Present	Application of knowledge and Definition lacks most antecedents.
(Policy plus. Evidence, issues and opinions in the health care, 2009)	Policy Plus Evidence, Issues And Opinions In The Health Care.	Skills and ability to practice safely without supervision.	Present	Policy Plus Evidence, Few antecedents and attributes
ICM(2011)	ICM Global standards for midwifery regulations.	psychomotor, communication, and decision making skills.	Present	Combination of knowledge, Present No
(Fullerton et al, 2011)	International journal of childbirth.	skills.	Present	A combination of knowledge, and Definition is limited on antecedents
(Jesmondsharples, 2016)	Nursing Services Directorate/ Information Booklet.	Knowledge, judgement and skills.	Present	Competency Framework; Present Both
(Abbas Karami et al, 2017)	PLOS/ONE	Correct judgement	Present	Present
Seemasanghi/ 2007	Handbook of competency mapping.	achieved.	Nil	Behaviour by which competence is One attribute and no antecedents.

MATERIALS AND METHODS

Walker and Avant's strategic eight steps were used to analyse midwifery competency. According to Walker and Avant, the eight steps include selection of concept, purpose and aim of the analysis, determine uses of the concept, determination of defining attributes, identification model case and additional cases, identification of antecedents and consequences and definition of empirical evidence. The following search engines were used for literature search; Google

Scholar, Pub Med, Medline. 17 articles were identified and 8 which were relevant to this concept were used in this article. The rest were dropped because of irrelevant information.

Definition Of Concept

The combination of knowledge, psychomotor, communication, and decision making skills that enable an individual to perform a specific task to a defined level of proficiency. (ICM, 2011)

Working Definition

The researchers defined midwifery competency as combination of empirical knowledge, psychomotor, communication, and decision making skills that enable a midwife to perform a specific task to a defined level of proficiency.

Defining Antecedents

Antecedents are incidence that occur prior the prevailing concept, (Walker & Avanti, 2005) Events or incidents that must happen before the concept. The midwife must first identify the problem. The midwife must understand the importance of research in midwifery. In applying evidence based practice, the midwife must identify and uphold the patient/family preferences and values. Another antecedent for midwifery competency can be role models and/or mentors for midwifery. If individuals see competent midwifery supervisors or mentors in practice, they are more likely to value it as clinically important and be motivated to acquire the relevant skills and knowledge. Additional antecedents for midwifery competency can be knowledge and skill sets necessary to practice. There should strong advocates

Defining Attributes

According to Walker and Avant (2005) attributes are characteristics which make it possible to measure a concept objectively. The midwife will exhibit knowledge or cognitive understanding incorporated into skills informed by research and behavioural modification. Midwifery tutors, who are competent in research can evaluate their work, plan accordingly and has a potential to published research articles in collaboration with their students.

DISCUSSION

Competency based practice is one of the key stone towards midwifery competency. Sound judgement and decision making will remain unjustifiable if research is nor given prominence in midwifery practice. It is in light of this stance that the researchers of this paper sought to review the existing midwifery competencies by adding a research component. In this concept analysis, midwifery competency was explored by examining attributes, antecedents, consequences, and empirical referents. Midwifery competency concept has been discussed much in literature with implications for education and practice. Regarding midwifery competency definition, literature concentrated more on the cognitive and psychomotor skill domains with no reference to research. While the midwife would have acquired the necessary skills and knowledge regarding her practice, research will allow here to render service that is evidence based. Evidence practice as a product of authentic research will allow the midwife to remain accountable of her practice. (International council of nurses. (2012). Apart from being accountable, research will pave a way towards high levels of quality care which can be standardised throughout the midwifery profession.

Based on this analysis, it is proposed that midwifery competency be defined as combination of

empirical knowledge, psychomotor, communication, and decision making skills that enable a midwife to perform a specific task to a defined level of proficiency.

Model Case

Midwife A admits a woman in latent stage of labour. She is HIV positive and not on antiretroviral treatment because of her religious beliefs. After counselling she still refused treatment. The Midwife allows labour to progress. The Midwife prescribes 4 hourly vaginal examinations and half hourly fetalheart monitoring vigilantly avoided artificial rupture of membranes and an unnecessary episiotomy. The woman progressed well and had spontaneous rupture of membranes at 9cm cervical dilatation and delivered her baby through normal vaginal delivery. The baby was given Nevirapine for prophylaxis for six weeks. The woman was supported to exclusively breastfeed her baby. At six weeks, the baby received an HIV test through dry blood sport which came out to be negative. Continued support and education was rendered to the woman to reduce chances of mother to child HIV transmission.

Analysis

Studies have proved that an HIV exposed infant can have less chances of contracting HIV if the following is observed:

Reducing frequency of vaginal examinations, avoiding episiotomy and artificial rupture of membranes and avoiding mixed feeding of the baby. The midwife used evidence based practice to protect the baby from contracting the HIV infection. Repeated vaginal examinations will promote ascending infection to the baby. Artificial rupture of membranes also promotes ascending infection especially when time from rupture to delivery is prolonged. Episiotomy increase the baby's exposure to maternal blood which is HIV infected.

Contrary Case

Midwife B assisted delivery of a baby who could not immediately establish respirations. The midwife went on to beat/ strongly pat the baby on the back in trying to stimulate respirations. Baby responded with a weak cry, and resuscitation was done by bagging and the baby improved the respirations. Later the baby established normal respirations and was in a stable condition.

Analysis

In trying to stimulate the baby, the midwife pats the baby on the back. This has been the practice in trying to stimulate the baby but there is no evidence to this effect. Instead it's believed to cause injuries to the baby. The baby does not require painful stimuli to initiate breathing. Studies have proven that touching and changes in temperature can stimulate the baby enough to stimulate respirations.

Empirical Reference

Empirical referents are ways in which to show or measure the existence of a concept (Walker & Avant, 2005). In the context of this study, the empirical referents which are fundamental are better effective antenatal care, skilful deliveries, post-partum care and healthy infant and mother.

Consequences /Outcomes

Consequences are "events or incidents that occur as a result of the occurrence of the concept. There is bridging of gap Between Knowledge and Practice. Validate Effectiveness of Midwifery Interventions using evidence based data. There is also credibility of the Midwifery Profession,

and there is accountability for Midwifery Practice.

Recommendations

Midwifery has been practised from time immemorial and the approach has been changing with moving time. It is through research that practice has been changing. It is therefore recommended that all midwives should do research and of paramount importance dissemination of findings for uniform practice among midwives.

CONCLUSION

The purpose of the researchers in writing this paper was to have an in depth description of midwifery competency. Antecedents of midwifery competency include upholding the patient/family preferences and values as well as being a role model or mentors for midwifery. Knowledge and skills are the other necessary midwifery competency antecedents. The attributes for midwifery competency are knowledge, or cognitive understanding, skills and behavioural modification.

REFERENCES

1. Fernandez, N., Dory, V., Ste-Marie, L.-G., Chaput, M., Charlin, B., & Boucher, A. (2012). Varying conceptions of competence: an analysis of how health sciences educators define competence. *Medical Education*, 46(4), 357–365.
2. Fullerton, J. T., Ghérissi, A., Johnson, P. G., & Thompson, J. B. (2011). Competence and competency: core concepts for international midwifery practice. *International Journal of Childbirth*, 1(1), 4.
3. Fullerton, J. T., Thompson, J. B., & Johnson, P. (2013). Competency-based education: The essential basis of pre-service education for the professional midwifery workforce. *Midwifery*, 29(10), 1129–1136.
4. Fullerton, J. T., Thompson, J. B., & Severino, R. (2011). The International Confederation of Midwives essential competencies for basic midwifery practice. An update study: 2009–2010. *Midwifery*, 27(4), 399–408.
5. International council of nurses. (2012). Closing the gap from evidence to action .Geneva Switzerland.
6. Karami, A., Farokhzadian, J., & Foroughameri, G. (2017). Nurses' professional competency and organizational commitment: Is it important for human resource management? *PloS One*, 12(11), e0187863.
7. McMullan, M., Endacott, R., Gray, M. A., Jasper, M., Miller, C. M., Scholes, J., & Webb, C. (2003). Portfolios and assessment of competence: a review of the literature. *Journal of Advanced Nursing*, 41(3), 283–294.
8. Sanghi, S. (2007). *The handbook of competency mapping: Understanding, designing and implementing competency models in organisations*. New Delhi.
9. Tilley, D. D. S. (2008). Competency in nursing: A concept analysis. *The Journal of Continuing Education in Nursing*, 39(2), 58–64.
10. Walker, L.O. and Avant, K.C.(2011). *Strategies for theory construction in nursing 5th edition* ,Boston, Prentice Hall /Pearson.