

Midwives' Attitudes Toward Their Professional Competences

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Summary. Rapidly developing health care technologies and e-medicine and increased health literacy of patients place demand on the quality of health care services. The competences, autonomy, and interdependency of health care specialists are required to meet high standards of care. The aim of this study was to analyze differences in the midwives' attitudes toward their professional competences when working in outpatient and inpatient health care facilities.

Material and Methods. A survey based on a structured questionnaire composed of 17 closed-ended questions was carried out among midwives working in Kaunas and Kaunas region from April to May 2010. The Likert scale was used for the assessment of competences with the following scores: 1, unachieved competence; 2, partly achieved competence; 3, sufficiently achieved competence; 4, well-achieved competence; and 5, very well-achieved competence. If the mean score was less than 3, it was considered that the competence was insufficiently achieved by the midwives. The questionnaires enclosed in envelopes were distributed to 240 midwives. Of all, 215 questionnaires were returned (response rate, 89.58%).

Results. It was established that the midwives' self-assessment with respect to achieved competences was rather high. The midwives reported that their best-achieved competences included personal and collective efficiency (a score of 3.94), and less-achieved competences included interpersonal influence and specialized competences (a score of 3.62 each). According to the midwives working in outpatient health care facilities, prenatal care was the best-achieved competence (a score of 4.42), while for the midwives working in inpatient health care units, it was care. The lowest assessment was given to knowledge of a foreign language by the midwives working in both outpatient and inpatient health care facilities (scores of 2.68 and 2.53, respectively). Activity/being active, scientific literacy, and the main principles of national and international health politics were also assessed by the midwives as insufficiently achieved competences. The midwives stated that 6 most necessary and most frequently used competences (where the competence listed in the first place is considered to be the most important and the following ones as less important) were the following: 1) natal care; 2) assisting at childbirth; 3) prenatal care; 4) quick response to a situation; 5) assessment of a condition; and 6) sense of responsibility.

Conclusions. The midwives reported that the specialized professional competences were the most important for their practice; however, the general competences were considered as better achieved. After assessing the achievement of individual competences, in the opinion of the midwives, the best-achieved specialized competence was prenatal care and the general competence of care, while the least-achieved competence was knowledge of a foreign language. Achieved competences were better assessed by the midwives with longer work experience working in outpatient health care facilities, while the midwives with college/university education considered that their achievement of leadership competence was better.

Introduction

Midwifery is one of the world's oldest professions of women. Already in the Old Testament, there are long descriptions of childbirth managed by experienced and qualified midwives. Since old times, midwives have been highly respected and trusted in Lithuania. They independently attended normal birth and provided the postnatal care to women and her newborn (1). The goals of a contemporary midwife are to take care of a pregnant woman, a

woman giving birth, and the infant's health during the period of normal/pathological pregnancy and childbirth, to take care of the women's reproductive health during different age periods, and to assist a doctor (2–4).

According to Mac Lellan (5), it is necessary to ensure that nurses and midwives would have well-defined career pathways based on stable processes and criteria, to create attractive opportunities for future professional changes, and to enhance interpro-

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professional relations. This would increase the nurses' and midwives' degree of responsibility and expand their role. It should be aimed at increasing the visibility of midwives, especially at the level of primary health care, and while aiming at realizing trends in practice as soon as possible, it is needed to regularly revise and improve competences for midwives.

Like in other professions, there are specialized (in this case, obstetric) and general competences for midwives. The specialized competences are specific to an expert in one or another profession or specialization; they are not characterized by high integrity, and it is more difficult to transfer them to various fields of human activity. The general competences are more universal and may be transformed and integrated into various fields of human activity. The higher the level of activity, the more different from the professional background, i.e., qualification, the competence is that is necessary to perform this activity (6).

The activities of midwives are performed differently in various countries of the world depending on the local health care and social care systems, education, national and international laws, traditions, culture, and other factors. The main difference is related to the level of midwives' autonomy and independence. Nevertheless, there are common problems characteristic of every country. These include the empowerment of midwives, the medicalization and technologization of midwifery, and uncertain career opportunities (7).

Therefore, new goals are set for contemporary midwifery, and it is important to establish the readiness of midwives to satisfy the needs of society that have changed and to meet its expectations. To accomplish this goal, a study was designed and carried out, which, in addition to other issues, also analyzed the attitudes of midwives toward the achievement of professional competences. The research question was as follows: "Which competences of midwives are most important and best achieved from their perspective?"

Material and Methods

In order to examine the attitudes of midwives toward professional competences, a questionnaire survey was carried out among midwives working in Kaunas and Kaunas region of Lithuania. Institutions providing midwifery care were selected from the list of health care institutions (HCIs) belonging to Kaunas Territorial Health Insurance Fund (THIF). In February 2010, there were 139 HCIs providing prenatal and natal care services. It was established that in private HCIs, the number of midwives was very limited or they only had part time duties; therefore, it was decided to survey only the midwives working in public health care institutions. There were 67

such institutions on the list of Kaunas THIF, but not all of them had midwives employed as midwifery care was provided by family physicians or obstetricians-gynecologists (this information was collected by phone). These institutions were not included in the survey. It was found that 243 midwives worked in the remaining 37 HCIs.

A request for permission to carry out the research was addressed to a nursing administrator or a manager of the HCI where it was intended to carry out the survey. A permission to carry out the research was granted by 18 institutions (the remaining 19 HCIs each had one working midwife). The questionnaires were distributed by post to the workplace of the midwives by indicating on the envelope that it was addressed to a midwife with prior agreement by phone, but without asking for a name or a surname. In case of the public HCIs located in Kaunas, the questionnaires were handed to chief midwives or nursing administrators of relevant divisions who distributed and later collected the completed questionnaires. They were returned in sealed envelopes. The questionnaires were sent by post to HCIs located outside Kaunas following the previous agreement by phone and the same scheme: a nursing administrator → midwives → a nursing administrator. Later on, the questionnaires were returned to the researcher. Two more questionnaires were sent by fax and one by e-mail.

The questionnaires with enclosed envelopes were distributed to 240 midwives. The questionnaires were not offered to 3 midwives who were not working at the time due to various reasons. The collection of the questionnaires was smooth. A total of 215 questionnaires were returned with the response rate of 89.58%.

The structured questionnaire, which was constructed by the authors based on following the relevant legal acts and theoretical evidence based-knowledge in midwifery, consisted of 17 closed-ended questions distributed into 3 question groups. The first group (questions 1 to 7) was composed of sociodemographic questions. The second group (questions 8.1 to 8.53) was related to competences and was created with a reference to a mandatory list of competences for midwives (2) and the recommendations on the division of competences provided by the global management experts group (Hay Group) (8). Five groups of competences were distinguished (Table 1).

At the end of the questionnaire, in the third question group (questions 9 to 17), there were questions related to the importance of competences, their application at work, possibilities of autonomy at work, and the need for improvement of competences: the desired form of improvement, its duration, ways, and areas where more knowledge was required. The

Table 1. Groups of Midwives' Competences

1. Problem Solving Group	3. Interpersonal Influence Group
Conceptual thinking	Leading a group of people
Strategic orientation	Effect and influence
Ability to get out of tricky situations	Establishment of contacts
Self-control	Teamwork
Ability to process information	Being active
Conflict management skills	Sense of humor
Quick response to a situation	Knowledge of foreign languages
2. Leadership Group	Good knowledge of the Lithuanian language
Sharing of responsibility with patients	Ability to come to an understanding with various people
Self-confidence	Esthetic appearance
Ability to turn and hold the patient's attention during conversation	Good listening skills
Enthusiasm	Professionalism
Leadership skills	Empathy
Admiration with one's work and dedication to it	Inner culture
4. Personal and Collective Efficiency Group	5. Specialized (Obstetric) Competences
Creativity	Assessment of a condition
Careful and attentive to a patient	Prenatal care
Result oriented	Natal care
Continual improvement of one's knowledge and skills	Assisting at childbirth
Customer service orientation	Identification of a pathological condition
Ability to adapt	Sex education
Planning and initiative	Gynecological nursing
Self-discipline and sense of responsibility	Teaching about health
Care	Performance of instrumental tests
Respectability and integrity	Performance of medical procedures
Endurance	Scientific literacy
	Professional awareness of acquired profession
	Main principles of national and international health politics and their application in midwifery

midwives were requested to assess their competences in accordance to the level of their achievement. The Likert scale was used for the assessment of the competences with the following scores: 1, unachieved competence; 2, partly achieved competence; 3, sufficiently achieved competence; 4, well-achieved competence; and 5, very well-achieved competence. If the mean score was less than 3, it was considered that the competence was insufficiently achieved by the midwives.

Cronbach α for each group of the competences varied from 0.883 (problem solving) to 0.945 (personal and collective competences).

The statistical analysis of the data was performed by means of SPSS/w13 statistical software package. The indicators under examination in the research groups were assessed by calculating the standard error of the mean. Hypotheses on the differences in the means and frequencies and on the interdependence of variables were tested. The selected significance level for testing statistical hypotheses was <0.05 .

A statistical relationship of qualitative indicators was examined using the method of contingency tables. Their interdependence was assessed with the help of the exact χ^2 criterion (for small samples) and the asymptomatic χ^2 criterion. Depending on the sample size, the Fisher exact test and the criterion of normal approximation were selected for the comparison of probabilities.

Furthermore, the normality of distribution of

continuous variables was tested using the Kolmogorov-Smirnov test. In order to compare the means of 2 groups in case of normal distribution, the t test was applied, while for the comparison of more than 2 groups, the analysis of variance (ANOVA) was used. The Scheffe criterion (post hoc) was used for multiple pairwise comparisons. The nonnormally distributed quantitative data were compared using the comparison tests for nonparametric variables. The Mann-Whitney U test was used to establish the differences between 2 independent samples; the Kruskal-Wallis H test was used to find out the differences among several groups.

Results

A total of 215 respondents participated in the study. There was only one male midwife during the period of the research; therefore, the midwives were not divided according to gender in the questionnaire. The general characteristics of the respondents are presented in Table 2.

The midwives working in outpatient health care facilities were older than those working in inpatient health care facilities (mean age, 48.96 vs. 43.72 years), and nearly one-third of the midwives (31.2%) were in the age group from 50 to 59 years. In Kaunas region, the number of the midwives with vocational education was 1.2 times higher than that for the midwives with higher education. The analysis of the midwives' distribution according to

Table 2. General Characteristics of Midwives Participating in the Survey

Characteristics	Midwives Working in Inpatient Health Care Facilities (n=144)	Midwives Working in Outpatient Health Care Facilities (n=71)	Midwives, Total (n=215)	χ^2 Criterion
	n (%)	n (%)	n (%)	
Age, years				
20–29	9 (6.3)	3 (4.3)	12 (5.5)	$\chi^2=13.05$ $df=4$ $P=0.011$
30–39	52 (36.1)	12 (16.9)	64 (29.8)	
40–49	35 (24.3)	16 (22.5)	51 (23.7)	
50–59	38 (26.4)	29 (40.8)	67 (31.2)	
60 and more	10 (6.9)	11 (15.5)	21 (9.8)	
Marital status				
Single	16 (11.1)	3 (4.2)	19 (8.8)	$\chi^2=7.401$ $df=6$ $P=0.285$
Married	100 (69.4)	46 (64.8)	146 (67.9)	
Divorced	10 (6.9)	10 (14.1)	20 (9.3)	
Widowed	8 (5.6)	7 (9.9)	15 (7.0)	
Living as a couple without being married	6 (4.2)	4 (5.6)	10 (4.6)	
Married, but living separately	1 (0.7)	0 (0)	1 (0.5)	
Other	3 (2.1)	1 (1.4)	4 (1.9)	
Place of employment				
Urban	141 (100)	61 (85.9)	205 (95.3)	$\chi^2=17.563$ $df=1$ $P<0.001$
Rural	0 (0)	10 (14.1)	10 (4.7)	
Education				
Vocational education	76 (52.7)	42 (59.2)	118 (54.9)	$\chi^2=0.789$ $df=3$ $P=0.789$
College education	58 (40.3)	25 (35.2)	83 (38.6)	
University education (bachelor's degree)	6 (4.2)	3 (4.2)	9 (4.2)	
University education (master's degree)	4 (2.8)	1 (1.4)	5 (2.3)	
Work position				
Administrator	8 (5.6)	4 (5.6)	12 (5.6)	$\chi^2=1.690$ $df=2$ $P=0.430$
Practitioner	134 (93.0)	64 (90.2)	198 (92.1)	

education in inpatient and outpatient health care institutions did not show a statistically significant difference ($P=0.377$); however, there was a trend observed that more midwives with higher education were employed in inpatient rather than outpatient health care facilities.

There was a statistically significant difference ($P=0.001$) with respect to the midwives' work experience: it was greater among those who were working in outpatient than inpatient health care facilities (27.08 vs. 22.11 years). It may be linked to the fact that the midwives working in outpatient health care institutions were older.

The analysis of the assessment of the competences established that all the groups of the competences exceeded a mean score of 3 and were assessed by the midwives as sufficiently achieved.

The assessment of the competence groups between the midwives in inpatient and outpatient health care institutions revealed statistically significant differences, i.e., the midwives working in outpatient health care facilities assessed their competences better in all the competence groups in comparison with the midwives working in inpatient health care (Fig. 1).

The midwives working in both inpatient and outpatient health care institutions indicated that their best-achieved competences were from the group of personal and collective efficiency competences

(scores of 3.84 and 4.14, respectively); for those in inpatient health care institutions, less-achieved competences were related to interpersonal influence (a score of 3.52), and for those in outpatient health care institutions, the specialized competences were assessed as less achieved (a score of 3.82).

The assessment of competence groups by the midwives with vocational education and college/university education showed that there was a statistically significant difference in the group of leadership competences only ($P=0.037$) (due to small numbers of the midwives with university education, the data analysis was performed by merging college education and university education together). There was a tendency observed that the midwives with college/university education evaluated their competences better in all the competence groups in comparison with the midwives with vocational education (Fig. 2). The lowest assessment of interpersonal influence was among the midwives with vocational education, while the midwives with college/university education considered the specialized competences as the least achieved (but still better achieved when compared with the midwives with high education).

The analysis of the assessment of the competences according to age did not show any statistically significant differences. In contrast, it was shown that in comparison with their older colleagues, younger respondents tended to assess all their competences

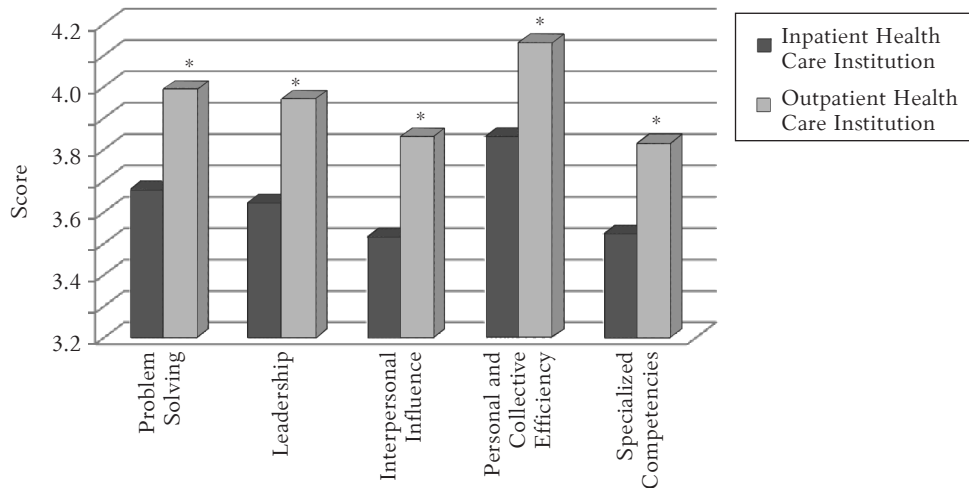


Fig. 1. A comparison of mean scores of achieved midwives' competence groups according to health care facilities
* $P < 0.05$ as compared with inpatient health care institutions.

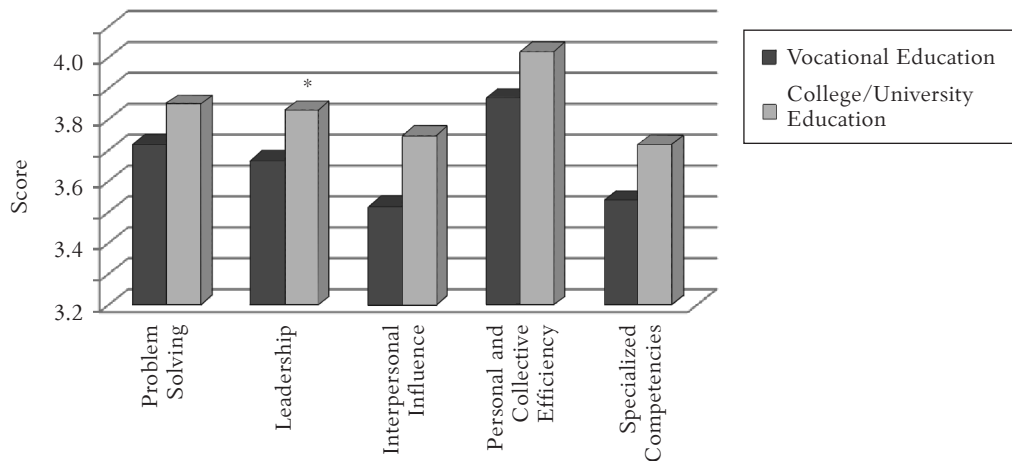


Fig. 2. A comparison of mean scores of achieved midwives' competence groups according to education
* $P < 0.05$ as compared with vocational education.

as less achieved.

Since statistically significant differences were found only comparing the midwives' competences according to health care facilities, a more detailed analysis was carried out in each competence group. Having analyzed the midwives' opinions on the achievement of individual competences, it may be argued that the respondents did not assess all the competences as sufficiently achieved (the mean score was ≥ 3).

In the group of problem solving competences, the midwives working in outpatient health care institutions assessed all the competences as better achieved in comparison with the midwives working in inpatient health care institutions. There were statistically significant differences in the assessment of all the competences except for the competence of strategic orientation. The midwives working in

outpatient health care institutions gave the highest score to such competences as conceptual thinking and the ability to process information (a score of 4.06 each). The highest score of 3.79 was given to quick response to a situation by the midwives working in inpatient health care institutions. This might be related to quickly changing and unpredictable situations in midwifery. The lowest assessment (a score of 3.47) by the midwives of inpatient health care institutions was given to the competence of ability to get out of tricky situations.

In the group of leadership competences, the competence of admiration with one's work and dedication to it was distinguished by a high score. The assessment of this competence was the highest in both groups of the respondents.

The analysis of the group of interpersonal influence competences (Table 3) showed that the mid-

Table 3. Attitudes of Midwives Toward Competences of Interpersonal Influence Competence Group (Competence Group 3)

Item No.	Competence	Mean Score		P
		Midwives Working in Inpatient Health Care Facilities	Midwives Working in Outpatient Health Care Facilities	
1.	Leading a group of people	3.08	3.49	0.002
2.	Effect and influence	3.31	3.75	<0.001
3.	Establishment of contacts	3.03	3.54	<0.001
4.	Being active	2.97	3.19	0.153
5.	Sense of humor	3.72	3.83	0.252
6.	Knowledge of foreign languages	2.53	2.68	0.437
7.	Good knowledge of the Lithuanian language	3.82	4.01	0.079
8.	Esthetic appearance	4.04	4.41	0.010

Table 4. Attitudes of Midwives Toward Competences of Personal and Collective Efficiency Competence Group (Competence Group 4)

Item No.	Competence	Mean Score		P
		Midwives Working in Inpatient Health Care Facilities	Midwives Working in Outpatient Health Care Facilities	
1.	Customer service orientation	3.83	4.30	<0.001
2.	Ability to adapt	3.66	4.01	0.002
3.	Planning and initiative	3.38	3.67	0.024
4.	Self-discipline	3.69	3.89	0.087
5.	Sense of responsibility	4.08	4.40	0.005
6.	Care	4.22	4.41	0.064
7.	Respectability and integrity	4.07	4.34	0.170
8.	Endurance	3.90	4.13	0.033

Table 5. Attitudes of Midwives Toward Specialized Competences (Competence Group 5)

Item No.	Competence	Mean Score		P
		Midwives Working in Inpatient Health Care Institution	Midwives Working in Outpatient Health Care Institution	
1.	Assessment of a condition	3.86	3.9	0.691
2.	Prenatal care	3.97	4.42	<0.001
3.	Natal care	3.85	3.33	<0.001
4.	Assisting at childbirth	3.92	3.14	<0.001
5.	Scientific literacy	2.81	3.25	0.012
6.	Professional awareness of acquired profession	3.90	4.33	<0.001
7.	Main principles of national and international health politics and their application in midwifery	2.68	2.97	0.048

wives working in inpatient health care facilities assessed the competence of knowledge of a foreign language by a score of 2.53 and those working in outpatient health care institutions by a score of 2.68, which was considered as an insufficiently achieved competence since the score fell outside the established limits of competence achievement. According to the assessment of the midwives working in inpatient health care institutions, the competence of being active (a score of 2.97) also did not reach the 3-point limit. According to the midwives, the best-achieved competence was esthetic appearance, i.e., scores of 4.04 and 4.41 were given by the midwives working in inpatient and outpatient health care institutions, respectively.

In the group of personal and collective efficiency competences, the assessment of the competence of care revealed the same attitude in both groups of the respondents (Table 4): the scores given by both

groups were highest (4.22 and 4.41 by midwives working in inpatient and outpatient health care institutions, respectively). The lowest score by both groups was given to the competence of planning and initiative (3.38 and 3.67 by midwives working in inpatient and outpatient health care institutions, respectively; $P=0.022$).

In the fifth competence group (Table 5), the competence of scientific literacy was considered as insufficiently achieved by the midwives working in inpatient health care facilities (a score of 2.81). The lowest assessment, which did not reach the limit of a sufficiently achieved competence, was given by the midwives working in both inpatient and outpatient health care institutions to the competence of the main principles of national and international health politics and their application in midwifery (scores of 2.68 and 2.97, respectively). The highest assessment was given to the competence of prenatal care (scores

of 3.92 and 4.42 given by midwives working in inpatient and outpatient health care institutions, respectively). This was the only competence group where in case of 2 competences, namely natal care and assisting at childbirth, the assessment of the midwives working in inpatient health care institutions exceeded the self-evaluation of the midwives working in outpatient health care institutions. It is understandable since such health care services usually are not provided in outpatient health care institutions.

Having analyzed the opinion of the respondents on 6 most important and most frequently used competences, the following sequence/order (where the competence listed in the first place is considered to be the most important and the following ones as less important) was established: 1) natal care; 2) assisting at childbirth; 3) prenatal care; 4) quick response to a situation; 5) assessment of the condition; and 6) sense of responsibility.

Only 2 of the 38 general competences were included among the 6 most important ones, while 4 of the 15 specialized competences were rated as most important.

Discussion

Following the questionnaire survey, the attitudes of the midwives toward their professional competences were analyzed. The process of self-evaluation is complicated in itself due to the lack of objectivity since an individual is not fully objective and free of his or her beliefs and values. Nevertheless, self-evaluation is the best way to analyze one's work and reflect on one's performance (9).

A comparison of the midwives' attitudes according to HCIs showed that the competences of the group of personal and collective efficiency competences were considered as best achieved in both inpatient and outpatient health care facilities. The midwives working in inpatient health care institutions assessed interpersonal influence competences as less achieved, while those working in outpatient health care institutions evaluated the specialized competences as less achieved; however, it should be noted that these competences were assessed as sufficiently achieved (the score exceeded 3). It may be assumed that this is due to the fact that in inpatient health care institutions, patients are constantly changing and the period of communication with them is shorter. Therefore, the competences of interpersonal influence are needed less frequently, while in outpatient health care institutions midwives communicate more with patients, but use fewer instrumental activities, which are part of the majority of specialized competences; so, it is considered that the level of their achievement is not as high. This was also demonstrated by the study results that the specialized competences were self-evaluated by the

midwives working in outpatient health care facilities as slightly less achieved in comparison with the competences of other groups.

The midwives working in outpatient health care institutions assessed higher their competences in all the competence groups in comparison to the midwives working in inpatient health care institutions. It is possible that this is related to specific institutional characteristics. Women that receive care in outpatient health care institutions are regular visitors; therefore, midwives are aware of their complaints, there is more communication, they are advised on health issues, and sex education is provided. It is possible that for these reasons midwives working there feel more confident about their competences.

According to the UNFPA report (2011), the issue of search for midwives' or physicians' professional identity is more frequently faced by professionals in urban hospitals. In contrast, in smaller hospitals of towns and rural outpatient health care institutions, where the number of working doctors is smaller, midwives have more professional autonomy that makes them more confident in themselves and their abilities (10). Hundley et al. (2007) and Harris et al. (2011), who carried out research into midwives' competences in the United Kingdom, argued that in contrast to initial expectations, in terms of competences, midwives working in rural areas were not behind midwives working in cities, and in situations that required a quick response and immediate decision they were ahead of their city counterparts. The researchers presumed that midwives working in rural areas more frequently found themselves in complicated situations, their working environment was more dynamic, and therefore, the competences related to decision making and quick response were especially well achieved (11, 12).

Having compared the mean scores of the individual competences, significant differences were found. In the group of leadership competences, the lowest score was given to the competence of leadership skills, but this is related to one's belief to influence others and the future (13). In addition, the competence of self-confidence was not distinguished by high assessment of achievement, although it is very important for independent work. In contrast, the study by Chapman et al. (14) found that the competences that were least achieved by midwives in the United Kingdom included risk management, communication, leadership, and computer literacy. Moreover, foreign researchers are more interested in the differences between midwives working in urban and rural areas; they focus on specialized rather than general competences (11, 12).

In the group of interpersonal influence competences, the midwives believed that the best-achieved competence was esthetic appearance. This might be

related to the fact that the midwives almost exclusively were women who are generally more interested in their own and others' appearance; furthermore, according to Helfick et al., the society is much more inclined to judge them rather than men according to their appearance (15).

In the group of personal and collective efficiency competences, the lowest assessment (but still a score of more than 3) by the midwives of both inpatient and outpatient healthcare institutions was given to the competence of planning and initiative. It might be explained by a very strong hierarchical system where midwives have a rather limited space for planning and initiative, i.e., in most cases, they can only plan how to fulfill the instructions of a doctor, while the planning related to the organization of work within a division or initiative for innovations are not very welcome. According to other researchers' opinion based on a study, institutional obstacles, conflicts, and competition among nurses, midwives, and doctors as well as the lack of recognition and support for midwives as independent and competent health care professionals prevent midwives from fully revealing and demonstrating their competences at work (16).

All the competences, except for 2 specialized competences of natal care and assisting at childbirth, were considered as better achieved by the midwives working in outpatient than inpatient health care institutions. According to the midwives working in outpatient health care institutions, the best-achieved competence was prenatal care and the least-achieved competence was knowledge of a foreign language. In contrast, according to the opinion of the midwives working in inpatient care institutions, care was the best-achieved competence. The least-achieved competence among the midwives working in inpatient as well as outpatient health care institutions was knowledge of a foreign language, although knowledge of a foreign language is considered a valuable resource that helps in communication with the world and allows the improvement of professional competences since reading the specialized literature in a foreign language, contacts with foreign colleagues, and participation in international conferences and seminars affect the professionals' knowledge of the most recent achievements of their profession (17). Knowledge of a foreign language is often related to higher education (18); therefore, it may be supposed that the insufficient achievement of this competence indicates that the majority of the midwives had vocational education. The midwives working in inpatient health care institutions also considered the competences of being active, scientific literacy, and the main principles of national and international health politics and their application in midwifery as insufficiently achieved. The latter

competence was also insufficiently achieved by the midwives working in outpatient health care institutions. It may be maintained that in the opinion of the midwives, their knowledge of legal acts was not sufficient because there was too little publicity; these questions are not discussed during the midwives' training, and the audience is insufficiently informed about the adoption of the Lithuanian and international legal acts and directives on midwifery.

Having analyzed the opinion of the respondents on 6 most necessary and most frequently used competences, the following sequence (where the competence listed in the first place is considered to be the most important and the following ones as less important) was established: 1) natal care; 2) assisting at childbirth; 3) prenatal care; 4) quick response to a situation; 5) assessment of the condition; and 6) sense of responsibility. Even 4 of the 6 most necessary and most frequently used competences were from the group of the specialized competences, although the respondents indicated that these competences were least achieved.

According to Žydžiūnaitė, the professional training of nurses, which is oriented to the acquisition of specialized skills, abilities, and theoretical background, has exhausted its potential in the light of changing the requirements of the practice system and shifting the needs of society (19). Thus, clinical practice orientation is important to the continuous professional development of nurses. This includes the ability to work in the environments that are characterized by challenging the situations and traditions of teamwork (19). These statements are also applicable to midwifery since it is one of the branches of nursing. It may be presumed that midwives pay little attention to the development of general competences irrespective of the fact that general competences are constantly and widely used. It might be the case that midwives believe these competences are less required in their work due to limited professional autonomy since the limited independence of midwives also means limited responsibility (20). This may be related to professional isolation, which according to Chapman et al. (14) should be addressed through partnership and work in teams involving different specialists.

In contrast, the competences of care and esthetic appearance that received the highest or nearly highest scores were not included among the 6 most important ones. It is questionable whether these competences are so important and taken for granted that they are no longer distinguished.

Most of the time midwives have to deal with emergencies that are difficult to handle only with technical, biomedicine-oriented competences. In Western countries, characteristics of specific nurses'

and midwives' competences are an important subject of social research. Being involved in research and improving their professional competences, midwives also have an opportunity to ensure that the quality of patient care would only get better. A recently conducted study in Lithuania has revealed that midwives with the support of a medical team and adapted legal basis are ready for the realization of achieved competences and independent work, especially at the primary health care level (21).

Conclusions

1. The midwives indicated that the specialized professional competences were of highest importance; however, the general competences were considered as better achieved.

2. The best-achieved specialized competence from the point of view of the midwives was prenatal

care and the general competence of care, while the least-achieved competence was knowledge of a foreign language.

3. The midwives with greater work experience in outpatient health care institutions assessed their competences better, while the midwives with college/university education considered that their achievement of leadership competences was better.

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Statement of Conflict of Interest

The authors state no conflict of interest.

Akušerių požiūris į savo profesines kompetencijas

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Raktažodžiai: akušeriai, akušerių požiūris, kompetencijos, ambulatorinė ir stacionarinė priežiūra.

Santrauka. Greitai besivystančios sveikatos priežiūros technologijos ir e. sveikata, didėjantis pacientų raštingumas kelia naujus iššūkius sveikatos priežiūros sistemai, o reikalavimai sveikatos priežiūros specialistų kompetencijoms, autonomijai ir tarpusavio bendradarbiavimui tampa itin dideli.

Tyrimo tikslas. Išanalizuoti akušerių, dirbančių ambulatorijose ir stacionaruose, profesinių kompetencijų vertinimo skirtumus.

Metodika. 2010 m. balandžio–gegužės mėnesiais atlikta Kauno mieste ir Kauno apskrityje dirbančių akušerių anketinė apklausa, naudojant struktūruotą anketą, sudarytą iš 17 uždarojo tipo klausimų. Kompetencijų vertinimui naudota Likerto skalė, kurioje: 1 – neįsisavintos kompetencijos, 2 – iš dalies įsisavintos, 3 – pakankamai įsisavintos, 4 – gerai įsisavintos, 5 – labai gerai įsisavintos. Anketos (ir pridėti vokai) buvo išdalytos 240 akušerių. Anketos nesiūlytos moterims, turinčioms vaiko priežiūros atostogas, bei dėl kokių nors kitų priežasčių tuo metu nedirbantiems akušeriams. Gražinta 215 anketų (atsako dažnis – 89,58 proc.). Statistinė duomenų analizė atlikta naudojant kompiuterinės programos statistikos paketą „SPSS 13“.

Rezultatai. Nustatyta, kad akušerių savivertė įvadytų gebėjimų požiūriu yra gana aukšta. Akušeriai teigė, kad geriausiai yra įsisavinę asmeninio ir kolektyvinio efektyvumo kompetencijas – 3,94 balo, mažiau – tarpasmeninės įtakos ir specialiąsias kompetencijas – po 3,62 balo. Ambulatorijose dirbančių akušerių nuomone, geriausiai įsisavinta kompetencija buvo „nėščiąjų priežiūra“ – 4,42 balo, o stacionaruose dirbančių akušerių – „rūpestingumas“. Tiek ambulatorijose, tiek stacionaruose dirbantys akušeriai žemiausiai vertino „užsienio kalbos mokėjimą“ – atitinkamai 2,68 ir 2,53. Kaip nepakankamai įsisavintas kompetencijas akušeriai vertino „aktyvumą“, „mokslinį raštingumą“ bei „pagrindinius nacionalinės ir tarptautinės sveikatos politikos principus“. Akušeriai teigė, kad šešios reikalingiausios ir dažniausiai naudojamos kompetencijos (kai pirmoje vietoje esanti kompetencija laikoma svarbiausia, einančios po jos – mažiau svarbios) yra šios: 1) gimdymo priežiūra; 2) gimdymo priėmimas; 3) nėščiąjų priežiūra; 4) greita orientacija situacijoje; 5) būklės vertinimas; 6) atsakomybės jausmas.

Išvados. Kaip svarbiausias kompetencijas akušeriai įvertino specialiąsias profesines kompetencijas, tačiau geriau įsisavinę – bendrąsias kompetencijas. Vertinant atskirų kompetencijų įsisavinimą, akušerių nuomone, geriausiai įsisavinta specialioji kompetencija „nėščiąjų priežiūra“ bei bendroji kompetencija „rūpestingumas“, mažiausiai įsisavinta – „užsienio kalbos mokėjimas“. Įgytas kompetencijas geriau vertino ilgesnę darbo patirtį turintys ir ambulatorijose dirbantys akušeriai, o akušeriai, įgiję aukštąjį išsimokslinimą, manė geriau įsisavinę lyderystės kompetenciją.

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