

## **Midwifery basics: Becoming a midwife**

### **1. Developing as a professional**

Becoming a midwife is the 16th series of 'Midwifery basics' targeted at practising midwives and midwifery students. The aim of these articles is to provide information to raise awareness of the impact of professionalism on women's experience, consider the implications for a midwives' practice and encourage midwives to seek further information through a series of activities relating to the topic.

In the first of this new series, Jancis Shepherd offers a definition of professionalism, and considers the qualities and attributes required of a professional in this role.

For many, becoming a midwife is a career aspiration; this may be an educational journey to gain the required educational qualifications, gain course acceptance and develop into a midwife who can uphold the profession's standards.

Universities receive large numbers of applications for the three-year BSc Midwifery course, applicants having very varied employment and academic histories. The popularity of midwifery as a career choice appears to wax and wane, possibly due to factors such as: the popularity of television programmes featuring midwifery; economic health; the ability or otherwise of graduates from other courses to obtain employment; or – as is most likely – a combination of these factors.

#### **Activity 1**

Reflect upon the personal and professional qualities that you have; what are these?  
Make a list of these attributes

#### **A 'new' professionalism**

Professionalism and the duties that this involves are currently topical, due to a number of cases where care has been questioned and the confidence of the public in the health care system has been undermined: the Francis enquiry (Department of Health (DH) 2013); Nursing and Midwifery Council (NMC) LSA Extraordinary reviews (NMC 2014; 2015a); and Morecambe Bay enquiry (Kirkup 2015). Such incidents may lead to investigations of institutional systems and the conduct or competence of practitioners. However, these investigations also lead to improvements in processes and systems that are beneficial to midwifery.

#### **Activity 2**

Consider the section Promote professionalism and trust in the NMC Code (2015b). As a midwife, how do you uphold the reputation of the profession in the eyes of the public? Consider how the reputation of the midwifery profession may have changed as a response to the Morecambe Bay Enquiry

#### **Implications for students**

It is imperative that midwifery students are recruited and selected who will be able to uphold the profession's standards and who have academic integrity. The university needs to be able to work with students to ensure their understanding of the professional requirements is clear so that issues can be avoided. Occasionally issues may arise related to behaviour; attitude, personal or professional conduct or practice competence during application or while on a course. The focus of these articles will be on student conduct rather than clinical competence as this is an assessed component of midwifery courses, governed by professional standards and university regulation.

For all nursing and midwifery students it is important that they understand the possible challenges that may arise before or during their course and the possible

outcome of poor personal, academic or professional conduct. The emphasis is always on promoting good academic and professional practice, upholding professional standards and recognising the need to protect the public.

### **What defines a professional?**

The classical tenets of a profession are that it is an occupation based on a specialised body of knowledge and skills; that entry to the profession is restricted to those who prove their competence in the subject area; that practice is undertaken for the benefit of those it serves; and that practice is carried out in accordance with the profession's rules of ethical conduct and self-regulation. On reviewing a number of professional codes along with the Nursing and Midwifery Council Code (2015), it is evident that common factors are: knowledge, skills, competence, confidentiality, honesty and integrity, good character, upholding the reputation of the profession and maintaining public trust and confidence.

### **What is professionalism?**

A number of definitions of professionalism can be found in the literature; practitioners may have their own interpretation and their own understanding, which may be difficult to articulate (Thistlethwaite and Spencer 2008). Morrow et al (2011) note examples where the medical literature focuses on professionalism as something that can be taught, developed and assessed, which is important to student midwives who can feel confident that this isn't something they are expected to know and practise in order to embark on their midwifery education – although they would need to be aware that it is an important aspect of midwifery early on; they would also need to hold suitable values. Within medicine, research reveals a link between poor performance in medical training and problems later in medical careers (Papadakis et al 2009). Currently, however, this is an unexplored area within midwifery education. In the Health Professions Council study of professionalism in health care, Morrow et al (2011) explored student and teacher perceptions of professionalism and what constitutes professional and unprofessional behaviour. The study was conducted among paramedic, occupational therapy and podiatry students and educators across two universities, a college and an ambulance trust, using structured questions in focus groups. The participants answered each question individually on post-it notes, and this was followed by a group discussion. In relation to each profession, the following questions were asked:

- what does the term 'professionalism' mean to you?
- where does your understanding of 'professionalism' come from?
- what would make you think someone was being 'unprofessional'?
- what would make you think someone was being 'professional'?
- (students): do you feel like a professional now?

This study gives an idea as to how professional behaviour across the various professional groups is perceived and includes Morrow et al's (2011) summary of what professionalism looks like for these groups:

- Professionalism is based on individual characteristics and values, and is largely defined by its context. Its definition varies with a number of factors including organisational support, the work environment, role expectation, the nature of practice and patient- or service-user encounter
- Regulations give guidance and act as a baseline for acceptable behaviour
- The underlying personal characteristics of professionalism may develop early in life as well as through education and experience – role-modelling appearing important in developing these skills and attributes

- Perceptions of professionalism are similar across the professional groups. Irrespective of professional occupation, all participants saw the interaction of the person and context, and the importance of ‘situational judgement’ (how to adapt, act and communicate in a particular context, while following a code of conduct’) as the essential tenet of professional behaviour’ (Morrow et al 2011: 3).

Furthermore Morrow et al (2011) suggest that professionalism incorporates a range of personal attributes and characteristics that include technical competence, appearance, image, confidence level, empathy, compassion, understanding, patience, manners, verbal and non-verbal communication, an anti-discriminatory and non-judgemental attitude, and appropriate physical contact.

### Core values

Unsurprisingly, the aspects of professionalism identified by Morrow et al are those which midwives and midwifery educators would expect of midwifery students. Many of these aspects are reflected within the current pre-registration midwifery standards (NMC 2009) (competence, communication, attitudes) and are assessed in clinical practice. However, it is at the discretion of the individual university to decide on whether professional attributes such as appearance, punctuality or other behaviours are an assessed component of clinical practice. With the increased emphasis on professional and caring behaviour (DH 2012) and the Health Education England (HEE) framework for values-based recruitment (HEE 2014), the summative assessment of these attributes is increasingly likely. This has been recognised in the development of the Pan London universities’ *Midwifery practice assessment document* (Kingston and St George’s, University of West London et al 2014) and all students will be assessed in practice on their professional attitudes and achievement of the NHS core values of care, compassion, courage, commitment, competence and communication.

In determining a foundation for the consideration of professional attributes, Dow (2012) utilised Stern’s (2006) definition of four principles of professionalism – excellence, accountability, humanism and altruism – by giving context to the principles. From this it can be seen how Stern’s model can be applied to clinical practice by providing a definition and relating the concept to the expectations of professional conduct, as shown in *Table 1*.

### Activity 3

Using the NMC Code (2015b) section 1 *Prioritise people*, consider how a midwife’s practice may be shown to prioritise people and be woman and family centred.

**Table 1 Stern’s principles, contextualised definitions and related concepts** Cited by Dow (2012)

Stern’s principle	Contextualised definition	Related concepts
Excellence	Demonstrating practice that is distinctive, meritorious and of high quality	<ol style="list-style-type: none"> <li>1. Commitment to competence</li> <li>2. Commitment to exceeding standards (in education and practice)</li> <li>3. Understanding of ethical principles and values</li> </ol>

		<ol style="list-style-type: none"> <li>4. Knowledge of legal boundaries (and practice)</li> <li>5. Communication skills</li> </ol>
Accountability	Demonstrating an ethos of being answerable for all actions and omissions, whether to service users, peers, employers, standard setting/regulatory bodies or oneself	<ol style="list-style-type: none"> <li>1. Professional: client contract (including acknowledgement of unequal power relationship) Professional: social contract</li> <li>2. Self regulation (including standard setting, managing conflicts of interest, duty, acceptance of service provision, responsibility)</li> </ol>
Humanism	Demonstrating humanity in everyday practice	<ol style="list-style-type: none"> <li>1. Respect (and dignity)</li> <li>2. Compassion</li> <li>3. Empathy</li> <li>4. Honour</li> <li>5. Integrity</li> </ol>
Altruism	Demonstrating regard for service users and colleagues and ensuring that self-interest does not influence actions or omissions	<ol style="list-style-type: none"> <li>1. Opposite of self-interest</li> <li>2. Acting in the best interests of clients</li> </ol>

These definitions aid in identifying the attributes and professional conduct standards that students are required to achieve during their course and to continue with into their professional life. As the underlying personal characteristics of professionalism are attitudinal and develop throughout life, it is essential that these desirable qualities are identified with recruitment of students who have the values that can be developed. Individual values need to align with the above-mentioned values that the NHS seeks to foster (HEE 2014).

**Activity 4**

Using the NMC Code (2015b) section 2 *Practise effectively*, identify how, as a midwife you:

1. Ensure your practice is evidence based
2. Use your communication skills to best effect when caring for women where English is not their first language
3. Share your knowledge to develop your colleagues
4. Maintain best practice with record keeping
5. Ensure that you meet the requirements for delegation of care

### **Activity 5**

Reflect upon your own professional practice, identify where you need to develop your professionalism further. Identify your goal and write an action plan using SMART objectives (specific, measurable, achievable, realistic and timely) for achieving this goal

This article has considered what is professionalism, professional attitudes and conduct. The next article will explore why professionalism is an issue in midwifery care, what is meant by good health and good conduct and the issues that may arise at course application. **tpm**

### **References**

- DH (2012). *Compassion in practice. Nursing, midwifery and health care staff. Our vision and strategy*, London: The Stationery Office.
- DH (2013). *Patients first and foremost, the initial government response to the report of the Mid Staffordshire NHS Foundation Trust public inquiry*, London: The Stationery Office.
- Dow F (2012). *Professionalism in nursing, midwifery and the allied health professionals in Scotland: a report to the Co-ordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHS Scotland*, Edinburgh: The Scottish Government.
- HEE (2014). *Values based recruitment framework*, London: HEE.
- Kingston and St Georges University, Middlesex University, University of West London Middlesex University, University of West London et al (2014). *Midwifery practice assessment document*, London: universities.
- Kirkup B (2015). *The report of the Morecambe Bay investigation*, London: The Stationery Office.
- NMC (2009). *Standards for pre registration midwifery education*. London: NMC.
- NMC (2014). *Quality assurance framework, extraordinary LSA review. Princess Elizabeth Hospital, Health and Social Services Department, Guernsey*, London: NMC
- NMC (2015a). *Quality assurance framework, England, Scotland, Northern Ireland, Wales. Extraordinary LSA review. Healthcare Inspectorate Wales, LSA with Betsi Cadwaldr, University Health board*, London: NMC.
- NMC (2015b). *The Code. Professional standards of practice and behaviour for nurses and midwives*, London: NMC.
- Morrow G, Burford B, Rothwell C et al (2011). *Perceptions of professionalism in healthcare professionals*, London: Health and Care Professions Council.
- Papadakis MA, Arnold GK, Blank LL et al (2008). 'Performance during internal medicine residency training and subsequent disciplinary action by state licensing boards'. *Annals of Internal Medicine*, 148(11): 869–876.
- Stern DT (2006). 'A framework for measuring professionalism'. In: Stern DT (ed). *Measuring medical professionalism*, Oxford: Oxford University Press.
- Thistlethwaite J and Spencer J (2008). *Professionalism in medicine*, Oxford: Radcliffe.