POLISH MIDWIVES' OPINION ON THE POSSIBILITY OF PRACTICING INDEPENDENTLY IN THE PROFESSION

OPINIA POŁOŻNYCH NA TEMAT MOŻLIWOŚCI SWOBODNEGO PRAKTYKOWANIA W ZAWODZIE

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ABSTRACT

Aim. To evaluate whether midwives from the West-Pomeranian province work as independent professionals under the Polish legislations regulating their profession.
Material and methods. Qualitative research (questionnaire) was used to gain an understanding of the independence of the midwifery profession in Poland. Midwives from hospitals and universities in the West-Pomeranian province, Poland, were studied. We surveyed 115 midwives from October 12, 2009 to June 30, 2010.
Results. Despite different job seniorities, the majority of surveyed midwives (73%) considered their profession as independent in the eyes of the law. When asked about the serious obstacles for independent midwifery practice, 49.6% of midwives stated a lack of knowledge about independent midwife competencies by other medical professionals, while 47% of midwives reported the lack of consistent legal regulations as a major hurdle. Other reasons included insufficient supply of medical equipment (41.7%), no legal authorization to write medical prescriptions (40.8%), and a lack of partnership and cooperation with other medical professionals (40.8%).
Conclusions. Currently there are several obstacles to overcome in order for midwifery to become a fully independent practice in Poland, including a lack of consistent regulations and knowledge about midwife competencies. Educational programs for other healthcare professionals, focused on midwife competencies, would benefit the midwifery profession. Similarly, informative training on midwifery competencies should be introduced as part of undergraduate and postgraduate education for healthcare professionals. In-depth analysis of currently enforced legislation relating to the midwifery profession should be performed and altered to make it more consistent.

KEYWORDS: midwives; independent profession; Poland; competencies; legislation.

STRESZCZENIE

Cel. Poznanie opinii położnych z województwa zachodniopomorskiego na temat możliwości swobodnego praktykowania w zawodzie w ramach obowiązującego w Polsce ustawodawstwa zawodowego.
Materiał i metody. Badaniami objęto 115 położnych czynnych zawodowo na terenie województwa zachodniopomorskiego. Badania przeprowadzone były od 1.10.2009 do 30.06.2010 roku.
Wyniki. Większość ankietowanych położnych – bez względu na staż pracy – uważała, że zawód, który wykonuje, jest ustawowo samodzielny. Opinię taką wyraziło łącznie 73,04% badanych położnych. Wśród trudności stanowiących realną przeszkodę w samodzielnym praktykowaniu w zawodzie ankietowane położne najczęściej wskazywały: nieznajomość przez środowisko medyczne samodzielnych kompetencji położnej tj. 49,57%, brak spójnych uregulowań prawnych – 46,09% badanych. Stosunkowo często podawano powody, takie jak: niewystarczające wyposażenie w aparaturę medyczną – 41,74%, niemożność wypisywania recept – 40,87%, a także niemożność współpracy na partnerskich warunkach z innymi podmiotami ochrony zdrowia – 40,87% respondentek.
Wnioski. Korzystnym rozwiązaniem wydaje się stworzenie programów edukacyjnych skierowanych do pracowników ochrony zdrowia o ustawowych kompetencjach położnych, jak również szkolenie z zakresu samodzielnych kompetencji położnych w uczelniach medycznych w trakcie nauczania przeddyplomowego i podyplomowego. Należałoby przeprowadzić dogłębną analizę obowiązujących przepisów prawnych zarówno nadrzędnych w stosunku do ustawodawstwa położnych, jak i tych bezpośrednio dotyczących profesji.

SŁOWA KLUCZOWE: położna, kompetencje zawodowe, opieka okołoporodowa.

Introduction

The midwifery profession is probably one of the oldest and most common social occupations. Midwives possess specialized knowledge and professional ethics, accompanied by manual and clinical skills related to pregnancy and birth. This skills and knowledge are independent of culture, latitude and the historic era. In the past, the activities of people assisting with child-

birth were regulated by tribal practices, or social and religious customs created by rulers or church institutions. However, the midwifery profession has evolved in the majority of countries (including Poland) into an independent medical profession, which is regulated by competent national authorities.

In Poland, midwifery should be a strong and independently regulated profession in the eyes of the public healthcare system and wider society. This regulation should be in line with other perinatal services, which are also supported by public funds. Creating a regulated healthcare system based on these values would allow midwives to practice as independent professionals, and ultimately fulfill the needs of women during pregnancy, childbirth, and family planning.

In this study, we evaluated whether midwives from the West-Pomeranian province were able to work as independent professionals under the Polish legislations regulating their profession.

Material and methods

The whole study was conducted from October 10, 2009 to June 30, 2010 in the town of Szczecin and the West Pomeranian province. All participants signed an informed consent form to participate in the survey. Ethical approval was obtained from the Bioethics Commission of the Pomeranian Medical University before conducting the study [Approval number KB-0080/182/09 from 14.12.2009].

We studied 115 midwives who were all working in closed and open healthcare facilities, in various legally permitted forms, in the town of Szczecin and the wider West Pomeranian province.

As there was no standardized questionnaire in the literature that could be used to achieve the aims of this study, we produced our own survey tool. The questionnaire consisted of three parts. The first part contained five questions relating to the midwife's age, work experience, education level, place of residence and place of work. The second part consisted of seven questions about what midwives knew about the regulations surrounding their profession. These questions tested their knowledge about labor laws that regulate the midwifery profession, as well as more detailed regulations and their own personal competencies. The third part of the survey consisted of twelve questions examining their preferred forms of practicing as a midwife, and the reasons for undertaking those particular forms. The midwives were also asked about the scope of their personal competencies, i.e., whether they found their knowledge broad enough. Finally, midwives were asked to point out particular work activities, which should become additional midwife competencies in their view.

The gathered questionnaires were archived in an electronic form and essential transformations and preliminary calculations were performed in a Microsoft Excel 2007 spreadsheet. Detailed statistical analysis was performed with the use of appropriate modules of the Statistica 7.1 package.

The chi-squared test was used to study the statistical relations between opinions about the profession of a midwife and particular demographic, sociological and work factors. With the use of this test the null hypothesis, saying that there are no statistical differences between analyzed factors, was tested against an alternative hypothesis being its negation. We performed two chi-squared tests: the Pearson's chi-squared test and to validate the results and the likelihood ratio test. The results of both these tests are usually similar. We also determined the degrees of freedom value (df) and the statistical significance (p-value) for each statistical test used. The null hypothesis was rejected when $p < 0.05$ (i.e., the significance threshold chosen in the study). Otherwise, there were no reasons for rejecting the null hypothesis. If a particular subgroup did not qualify to be used for the chi-squared test, it was eliminated from the analysis. When the prerequisites allowing the use of the chi-squared test were not met (i.e., the expected frequencies were less than 5), only an estimation of the remainder based on the contingency table was calculated. We used the tests of proportions for characterizing the surveyed midwives.

Results

Demographics of the midwives

Midwives aged 35–45 years old and 45–55 years old constituted the two major age groups in this study (i.e., 45.2% and 31.3% of respondents, respectively). Approximately, one tenth of the studied midwives were 25–35 years old (11.3%). The youngest and oldest midwives were the least abundant age groups among respondents (7.8% and 4.4%, respectively).

The majority (58.3%) of the surveyed midwives graduated from post-secondary schools or colleges. One fifth of the midwives (20%) achieved a bachelor's degree in midwifery, while 11.3% of midwives obtained a master's degree in midwifery or nursery, and 10.4% had a master's degree in another field of study.

The majority of the analyzed midwives had either 5–15 years (29%) or >25 years (29%) work experience. A slightly less abundant group of midwives (28%) were those with 15–25 years work experience. Finally, only 13% of midwives surveyed had less than 5 years of experience. The vast majority of the respondents had a permanent post in the hospital (87%), while only 2.6%

were on an employment contract. Some midwives (15.6%) of pointed to another form of employment, including working for the Pomeranian Medical University in Szczecin and voluntary service. **Figure 1** represents the distribution of the type of employment of the surveyed midwives.

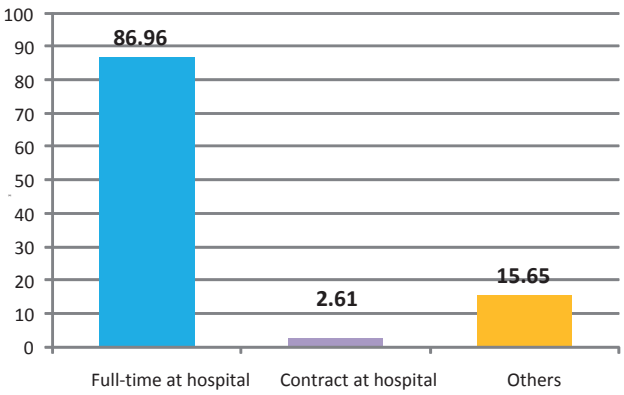

Figure 1. Place of work of midwives surveyed

Source: author's own analysis

Professional independence of the midwives

The midwives surveyed indicated that their level of professional independence depended on their job seniority (i.e., their years of work experience) (**Table 1**). The majority of surveyed midwives (73%) considered their profession as independent in the eyes of the law, irrespective of their seniority and the length of time they had been working in the profession (**Table 1**).

Table 1. Seniority of midwives surveyed and their opinion on the statutory independence of the profession

Midwifery is a statutory independent profession	Up to 5 years		5–15 years		15–25 years		More than 25 years		Total	
	n=15	%	n=34	%	n=32	%	n=34	%	n=115	%
Yes	12	80.00	28	82.35	17	53.13	27	79.41	84	73.04
No	1	6.67	2	5.88	5	15.63	2	5.88	10	8.69
Maybe	1	6.67	1	2.94	1	3.13	1	2.94	4	3.48
Yes, but a doctor is the most important	1	6.67	3	8.82	9	28.13	4	11.76	17	14.78
Total	15	100.0	34	100.0	32	100.0	34	100.0	115	100.0

Source: author's own analysis

Use of professional competencies by the midwives

More than the half (52.9%) of the midwives with 5–15 years of work experience were not always able to use the full spectrum of their competencies at work (**Table 2**). This was the case even in those with work experience of longer than 25 years (44.1%; **Table 2**). On the other hand, 43.7% of midwives with 15–25 years of work experience said they could use their professional competencies to a large extent. However, the difference in opinions between the midwives with differing job seniority were not statistically significant ($p > 0.05$, **Table 3**).

Table 2. Midwives' work experience and the ability to use their professional competencies

Ability to use their professional competencies	Up to 5 years		5–15 years		15–25 years		More than 25 years		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	2	14.28	9	26.4	14	43.75	10	29.41	35	30.70
No	7	50.00	7	20.5	9	28.13	9	26.47	32	28.07
Not always	5	35.71	18	52.9	9	28.13	15	44.12	47	41.23
Total	14	100	34	100	32	100	34	100	114	100

Source: author's own analysis

Table 3. The results of the independence test between midwives' work experience and the ability to use their professional competencies in the workplace

Statistics: use of competence (3) x seniority (4)			
	Chi-square	df	p
Pearson's chi-square	8.963901	df=6	p=0.17563
Chi^2 MLE	8.764994	df=6	p=0.18724

Source: author's own analysis

Obstacles for professional independence

The serious obstacles for independent practice faced by the midwives included the lack of knowledge about independent midwife competencies by other medical professionals (49.6%), and the lack of consistent legal regulations (47%; **Figure 2**). Other reasons for limiting midwife professional independence included: insufficient supply of medical equipment (41.7%), the inability to write medical prescriptions (40.8%), as well as the lack of partnership and cooperation with other medical professionals (40.8%). In addition, every third respondent pointed to economic difficulties (33.9%). Similarly, the inability to prescribe medical leave certificates was reported as a major difficulty to their ability to practice as independent professionals (33%). Only 8.7% of the surveyed midwives claimed that a lack of knowledge and skills was a source of a serious difficulty in practicing as an independent healthcare professional.

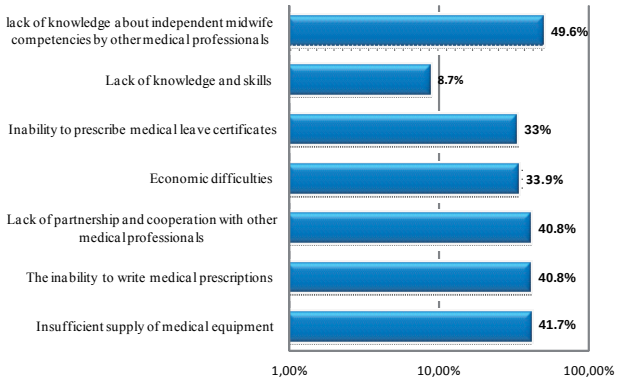

Figure 2. The midwives opinions about the major obstacles limiting their ability to work as independent professionals

Source: author's own analysis

A large number of surveyed midwives (47%) said that despite their work experience, their present competencies were not broad enough (**Table 4**). In midwives with work experience longer than 5 years, a slightly smaller number of respondents were of the opposite opinion, however the difference was not statistically significant ($p > 0.05$; **Table 5**).

Table 4. Seniority of midwives and their opinion on the range of their professional competence

Professional competence of midwives are sufficient	Up to 5 years		5–15 years		15–25 years		More than 25 years		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	3	20.0	12	35.3	12	37.5	12	35.3	39	33.9
No	6	40.0	16	47.1	15	46.9	17	50.0	54	46.9
I do not know	6	40.0	6	17.6	5	15.6	5	14.7	22	19.1
Total	15	100	34	100	32	100	34	100	115	100

Source: author's own analysis

Table 5. Results of the independence test between midwives' seniority and their opinion on professional competence

Statistics: sufficient competence (3) x seniority(4)			
	Chi-square	df	p
Pearson's chi-square	5.245220	df=6	p=0.51277
Chi^2 MLE	4.617452	df=6	p=0.59373

Source: author's own analysis

The majority (63.5%) of the surveyed were of the opinion that midwife competencies should be broadened to allow them to administer more medicines without using medical prescriptions (**Figure 3**). Quite a large group of midwives were of the opinion that, to a limited extent, midwives should be authorized to write prescriptions. Only 28.7% of respondents said that midwives should have the legal right to write certificates for incapacity for work (i.e., medical leave certificates).

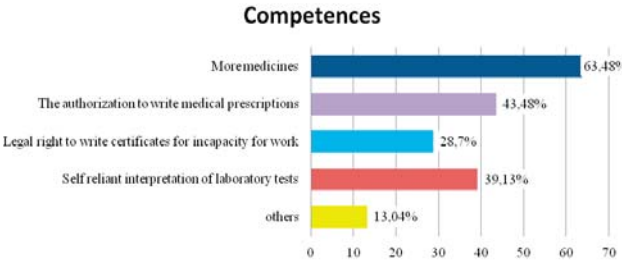

Figure 3. Range of midwives' competence for which it should be expanded in opinion of midwives surveyed

Source: author's own analysis

Discussion

Based on the currently enforced legal regulations in Poland, one can describe the competencies of the profession of midwife as broad. Bączek (2007) points out that comprehensive competencies are related to the midwives' ability to work independently on the basis of their gained education and knowledge. Bączek states that independent competencies of a midwife should refer to the four areas of work activity: thinking, acting, taking decisions and learning (Bączek, 2007). In addition, Piórkowska reported that considering the autonomy and independence of the midwifery profession, no other profession should be controlling or competing with it (Piórkowska, 1998). In line with this, our study found that 73% of the midwives from the West Pomeranian province considered their profession as independent in the eyes of the law.

The emancipation of the midwifery profession has been ongoing (Hamer, 1998). It has taken place against the backdrop of market economy, a relatively new phenomenon that also applies more broadly to the health services (Nowak, 1997). This transformation is influencing many aspects of midwifery, including: legal regulations, postgraduate and undergraduate education, relations with other medical professionals, and interrelations within the midwifery profession. The social image of midwives and patient knowledge about this profession are also slowly changing. These changes provide hope for a better future for midwives, but there are still some obstacles to overcome.

Stromerova (2006) (a Bohemian midwife) is of the opinion that the improvement of the midwife profession in Poland may result from working within the international definition of the profession and keeping appropriate legal boundaries, as well as showing professionalism, ongoing learning and development, a focus on ethics, good relations within the working environment, and an

efficient flow of information. Therefore, in Stromerova's view, there should be an efficient flow of information between different professional bodies functioning in the same country (Stromerova, 2006). Other factors raised by Stromerova include: finding and gathering public funds, the operation of people with the so-called vocation, and taking up new challenges.

In this study, midwives from West Pomerania province were not always able to use their full spectrum of competencies at the place of work. In addition to age, job seniority and education, the surveyed midwives reported economic problems and insufficient supply of medical equipment as obstacles to independent practice. Some midwives also pointed to a lack of social demand as an obstacle to undertaking independent actions. Other problems influencing independent practice involved a lack of knowledge about independent midwife competencies by other medical professionals, a lack of consistent legal regulations, a lack of authorization to write medical prescriptions, a lack of partnership and cooperation with other medical professionals, and an inability to write medical leave certificates. Only a small number claimed that a lack of knowledge and skills affected their ability to practice as independent healthcare professionals.

Similar to our findings, previous studies by Bączek (2007) pointed to social, cultural and economic factors as hurdles facing midwives, and Jędrzejewska (2006) recognized the conflict for legally enforced professional independence with other healthcare providers or embarrassingly low earnings. Jędrzejewska (2006) pointed out that midwives from other European countries had similar dilemmas to Polish midwives but these had been overcome, presumably due to the midwives' determination and professionalism.

Kołtunowicz and Bączek (2005) surveyed 72 midwives from Warsaw and obtained results similar to those presented here. More than half of the respondents confessed they had problems with professional independence (Kołtunowicz and Bączek, 2005). The midwives working in Warsaw expressed the opinion that problems with professional independence are related to enforced regulations, the lack of cooperation with physicians, and insufficient supply of basic medical equipment (Kołtunowicz and Bączek, 2005). Unlike the midwives from West Pomerania province surveyed here, the respondents from Warsaw did not mention insufficient professional training as an obstacle to their practice (Kołtunowicz and Bączek, 2005).

In this study, midwives expressed the opinion that their competencies should be broadened to allow them to administer more medicines without medical prescriptions or they should be authorized to write prescriptions to a limited extent. The legal right to write medical certificates for incapacity to work was not raised as an additional competency by the majority of midwives in this study. These opinions of the West Pomeranian province midwives are similar to the expectations of other women from the same area, who were also asked in this study to point out activities or rights that should be introduced into the scope of midwives' professional competencies (data not shown).

Conclusions

1. A beneficial solution to improve midwifery independence would be to create educational programs for healthcare professionals focused on midwife competencies under the currently enforced statutory laws. Another advisable strategy would be to introduce informative training that explains independent midwife competencies as a part of undergraduate and postgraduate academic education for healthcare professionals.
2. An in-depth analysis of the currently enforced legislation and acts that regulate the midwifery profession should be performed.

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