

Professional attributes necessary for midwives nursing essay

[Health & Medicine](#), [Nursing](#)



The purpose of this essay is to discuss professional attributes of which are necessary for contemporary midwifery practice. This essay will explore two attributes that the Nursing and Midwifery Council (2012) feel to be part of the most important that a midwife should possess. There will be examples of why the attributes are important in midwifery practice and problems that can occur when they are not conducted effectively. Personal and professional attributes are important in all jobs and are a vital part of the recruitment process for midwifery practice and entry to education (Midirs, 2013). Trying to describe or define what attributes are can be difficult because they are intangible. The World Health Organisation (2011) identify that personal and professional attributes help to build individuals knowledge and skills, which are used in clinical care. They include communication skills (speaking and listening), the ability to build interpersonal relationships, the ability to respect different cultures and traditions, as well as being able to communicate sensitively with women and their families (Butler, M. et al. 2008). According to Bearden (2002), a professional is someone who holds an academic degree specific to a particular field of practice. The profession of Midwifery is the ability to regulate itself and the development of a code of ethics is one way of being able to do this (NMC 2008). This essay will focus on how possessing the ability to become a good communicator is one of the most important attributes in midwifery practice. This attribute will be explored in further detail and will include examples of aspects relating to contemporary midwifery practice. This attribute has been chosen as a discussion topic due to the evidence that has been uncovered in supporting the above claim (Confidential Enquiries into Maternal and Child Health

(CEMACH), 2004). A midwife cares for not only women, but also their families. They must assess the needs of the woman to determine and provide a care program, this can be before conception and then throughout the antenatal and postnatal period. The focus when looking after women is to provide holistic care. This includes respecting the women's individual choices and needs in a variety of situations. According to NMC (2008) guidelines, midwives must treat people with care, compassion, dignity, respect and must be impartial. These competencies and proficiencies are assured through pre- and post-registration education. Being insightful when communicating and having an active listening style provides the whole family with the feeling of being valued. This includes being interested and able to respond appropriately to establish productive relationships with women and their families. Midwives need to have the ability to be tactful, but able to exert influence through respect and credibility. Giving out clear messages that can be understood by women and also being able to recognise non-verbal cues and behaviours of family members is necessary (Mayes, 2011 and Nicholls L, Webb C. 2006). Legislation in the United Kingdom now permits midwives to convey their role autonomously. However they are still working within a multi-disciplinary team, consisting of healthcare assistants, maternity care workers and doctors. This enables women to get the appropriate help they need if any problems with their health arises. Midwives are still accountable for their actions, even when delegating tasks to other members of staff. The use of effective communication is therefore vital. O'Carroll and Park (2007) define interpersonal communication (communication between people) as: " The

process by which information, meanings and feelings are shared by people through the exchange of verbal and non - verbal messages". (O' Carroll and Park, 2007, p106). To be able to communicate effectively with a range of people is an attribute that midwives will continue to develop throughout their careers. When looking at aspects of being able to deliver effective communication, it is important to recognise barriers may stand in the way of the woman being able to receive the information that they need. When confronted with communication barriers, it is important for the midwife to be able to offer the core conditions of warmth and respect, empathetic understanding and openness and genuineness (Rogers 1957). If women and their families have difficulties in being able to understand communication, being able to offer these conditions will help them feel safe and cared for, even though they might have problems expressing their needs. Effective communication is essential between the midwife and the woman and her family members and the care and information being given by the midwife should be always be appropriate for the woman's beliefs and cultural practices. Every opportunity should be taken to provide the woman and relevant family members with any help, support or information that they may require. Good communication skills, including active listening and the development of empathy will enhance the midwives ability to be sensitive to, and meet, the woman's specific needs; and understand their perspectives, including those related to culture, spirituality, ethnic group, age, gender, sexual orientation and gender identity. An important part of active listening involves congruence. A specific aspect of congruence is being aware of the match between the individual's verbal and nonverbal communication. A

midwife would be congruent if her/his facial expression and the way they were sitting mirrored the verbal communication. An example of incongruence would be for the professional to state that they are interested, but then look out of the window or glance at a watch to see if it was time to go off duty (Arnold and Boggs, 2007). This is a common complaint that has been identified by patient surveys in the National Health Service (NHS, 2011). Congruence is also relevant to the midwife noticing whether or not there is a match between clients' non verbal and verbal communications. For example, a woman might say that she is not in pain because she doesn't want to trouble the midwives or she is scared of the actions. Having the ability to provide effective communication enables holistic care, which is caring for the whole person and her many needs, instead of concentrating on only one aspect of care, for example, physical health needs (RCM, 2006). Good communication skills help the midwife understand the woman's feelings and perspectives: e. g., her perception of health needs. This understanding constitutes part of empathy. Being able to empathise is a key aspect of effective communication. Empathy comprises of being able to accurately understand and appreciate the feelings, views, perspectives and experiences of the woman the midwife is caring for as well as making the understanding evident to the woman so that she/he feels understood and accepted (Freeth 2007, Stuart, 2009). A key problem with empathy is that critics argue that it is a personal attribute that an individual possesses naturally and it cannot be taught (Riess, 2013). A study on whether empathy can be taught was conducted using American doctors. It was conducted due to the decline of empathy in healthcare settings. In the report was a common

process that progresses during a healthcare professionals career. It is known as dehumanisation. This is where patients' are seen more as objects to be studied rather than individuals. A suggestion to help control this process was specific learning opportunities that promote empathy and humanism. Although midwives are trained using medical words and phrases, it is important for them to check that they have correctly understood the woman's non - verbal and/or verbal communication. For example, a woman might seem anxious just before a vaginal examination. It would be easy to assume that the examination is the cause of the anxiety, when this might not be the case. An empathetic midwife could check this by asking the woman questions about the examination and whether they are worried about having it done. This would then clarify any problems or concerns the woman may have and also would enable the woman to feel valued by the midwife. In midwifery it is possible that staff will have to deal with sensitive subjects on a day to day basis, so being able to empathise with the woman and her family will help them feel that the midwife is being honest and understands the situation. In relation to clear communication, the midwife would need to take account of the tone of their voice. For example, a midwife could have a tone of voice that was hasty or harsh. Consequently indicating concern and an unfriendly nature (Reynolds, 2005). It is common knowledge due to media coverage that midwifery units around the country are busy and the staff are under increasing pressure due to the surge in live births in England. An article by the Royal College of Midwives (RCM, 2011) showed that there were 688, 120 live births in England last year. This was an increase of more than 1000 in 2011 and more the only way of dealing with the increasing numbers,

would be to employ more midwives. However, a lack of employment in the midwifery segment means that midwives are being put through university training and coming out at the end without finding a permanent position. As previously stated in this essay, a common complaint made about midwives is that they do not have enough time to communicate effectively with women and their families due to lack of staff (FoNS, 2012). When a midwife is explaining care or procedures to a woman and her family, making sure they are using clear speech, which the woman understands is very important. Due to the UK being a multi-cultural society (Department of Health, 2007), there is more than one language spoken. The NHS do have interpreters however, they are not always readily available and some women do not want to use them. This therefore is a challenge for the midwife in explaining complicated screening and diagnostic testing in the antenatal period. The use of language cards and finding translations for the woman and her family would be helpful for the midwife and allow the family to gain the correct information, without the need of interpreters and making the woman and her family feel awkward. The midwife may encounter women who suffer from learning difficulties, and of whom need specialist care. The midwife would have to adapt her/his explanation to take account of the individual's communication strengths, needs and problems. In this case, the midwife could explain a procedure and information in a way that was clear to the woman by taking out medical jargon and using words that are more understandable to them. If the midwife feels it is necessary, this may involve referral to a specialist midwife who practices within the field. When a breakdown in communication occurs, it may result due to the information transmitted by the midwife not

being adapted appropriately to the woman. It is important for the midwife to recognise that the woman is an individual and may therefore have a limited knowledge of the subject, limited language skills or cultural difference. When meeting the woman and her family in any situation, the midwife must be able to make a quick decision of the woman in a short amount of time which can sometimes result in judgemental behaviour (Redshaw, M. et al, 2007). Having the sufficient knowledge to communicate with women and their families is vital when working as a midwife in the United Kingdom. NMC 2008 code of conduct states that midwives that do not keep up to date with their training can be under investigation and they are also considered unfit to practice (NMC, 2008) It is important that the midwife has up to date knowledge on all midwifery procedures and guidelines. Having insufficient knowledge could send mixed messages to the woman and problems may then occur. She may then not feel confident with the midwife and not divulge important information which can endanger lives. Although midwifery is an autonomous profession, midwives specialise in normal low risk pregnancy and childbirth. When a woman is found to have underlying health problems, it is then the responsibility of the midwife to refer her to a specialist to share the care. This is where having the skills of being an effective communicator really need to displayed as shared care within a multi-disciplinary team will only work if all parties are fully informed. If there are mixed messages, the woman's care may then be compromised. In several of the complaints reviewed by the Confidential Enquiry into Maternal and Child Health, 2004 (CEMACH) it was evident that there were problems with effective communication across the multi-disciplinary teams. In some instances, this

was because GPs failed to give midwives information about relevant medical or social histories; serious medical conditions or substance misuse (CEMACH, 2004). It was recommended that Midwives should ensure that all investigations that they initiate are copied to the woman's GP. Additionally, as the midwife is increasingly the first point of contact, it is essential that the GP is informed of the woman's pregnancy at booking. Poor or non-existent multi-disciplinary working, team working and communication was identified as common in many cases that the report identified. A failure to share relevant and important information between health professionals, including GPs, the maternity team and social services contributed to some cases. However, far too little attention has been paid to women considered to be low risk. The women still need to have all the effective aspects of communication despiteAs previously mentioned, there are communication barriers that Midwives will be confronted with in practice. It is important that midwives quickly recognise when these could occur and able to adapt themselves accordingly. Research findings from different health care settings suggest that clients are more satisfied, and less anxious if there is effective communication and a therapeutic relationship (RCM, 2006). Demonstrating good communication skills, can help to eradicate in particularly anxiety and give clear information, this will then result in positive outcomes in physical and psychological health (ref). Effective communication, including clear information, can improve health of people with long - lasting illnesses: e. g., diabetes and asthma (Morrison and Bennett 2009). Communicating in ways which are meaningful and understandable to women may, amongst other factors enable individuals to

make informed choices related to their own health or that of their children (including unborn children). This has been in research on cessation of smoking and changes in diet (Morrison and Bennett 2009). Whilst most practitioners of normal birth, they do need to recognise professional boundaries and refer appropriately for advice to ensure true woman centred care. This essay has discussed the importance of having the ability to be an effective communicator within contemporary midwifery practice and the significance of effective communication within a multi-disciplinary team. Midwives working within a team must also possess the ability to provide good written communication. When exploring the importance of strong written communication, it is essential to include literature supplied by the NMC (2012) which supports midwives and gives them guidance on good record keeping. The ability to communicate in writing is an attribute that midwives must have as it helps to provide correct and safe care towards the women in their care (NMC, 2012). In a lot of hospitals and clinical settings, computers are used to document patient details. This is the case now when conducting the initial booking appointment. Hand written documentation is used in maternity notes as well as print outs of reports and scans. These notes methods of communicating to all health care providers looking after the woman. There are guidelines set by the NMC (2012) which need to be adhered to for electronic and written records. Difficulties arise, however, when an attempt is made to implement these policies due to staffing levels and time constraints. This creates stress and anxiety as midwives are already under a lot of pressure. However, to have the ability to provide good record keeping is as important as the clinical skills a midwife should possess

(Owen, 2005). Maternity notes are a legal document and will be used if any legal issues arise. It is therefore in the midwives best interests to deliver excellent documentation as it is possible they may need these notes in the future. Despite midwives and other staff being busy in clinical settings, it is important that documentation is conveyed correctly and time needs to be set aside for this to be done whilst still delivering expert care. A new plan has been set out by the government to ensure that Midwives and Nurses are providing the care they need and not having to worry about paperwork (Gov. uk, 2012). Effective written communication is an important skill midwives need to develop whilst looking after women without making them feel neglected (Griffith R, 2004, Mayes 2011). It is important that the notes that are written should be clear so that any other healthcare professionals who need to read the maternity notes know and understand what has been written. An example of why written communication is important is in the case of medication. A woman could have received pain medication at the end of a midwives shift and if this was not documented correctly in the maternity notes, it is possible that the medication could be administered again putting her at risk. It is not always possible to ask the woman and only go by her word due to the side effects some medication can cause. Although maternity staff are advised by the NMC (2009) not to use abbreviations in medical settings and to follow the principles for record keeping, It is possible for some abbreviations to be used, for example FHR for fetal heart rate. However these kinds of abbreviations are well known in clinical settings and taught to staff and students. Clear documentation will help to maintain good communication between all staff that is caring for the woman. To conclude,

effective listening enhances the communication quality. It makes all attentive. It encourages optimistic attitudes of the women and their families and provides healthy relations and more participation. It has shown to lead to better decision making by midwives and health care professions enabling the women to have the best care possible. However, midwives can only provide holistic care for the women in their care when they are listening to the whole person and are providing them with their empathic understand. True woman centred care involves working collaboratively with other health professionals and this can only be done when effective communication has been shared between them. This essay has shown that despite midwives being busy in clinical settings, all written communication needs to be correct and clearly documented for the health and safety of the women under their care. One question that needs to be asked, however, is whether midwives are supported enough when it comes to documenting. Is it fair that when a midwife is taking his/her break, they have to complete maternity notes? More needs to be done to ensure maternity staff has adequate time to document findings, without compromising holistic care. Time constraints will continue to causes issues in midwifery practice. It is however, anticipated that over time it will become less of a barrier to effective documentation as administration can be developed more effectively. Women's safety is utmost on top of priorities in clinical settings and the use of efficient record keeping and the ability to be a good communicator will remain a fundamental aspect of contemporary midwifery practice. Word Count - 3201