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Midwives' Thoughts on Professional Proficiency and Competency: A Qualitative Study

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ABSTRACT

Aim: This study was conducted in a qualitative method in order to determine the thoughts of midwives on professional proficiency and competency.

Material and Methods: A preliminary study was conducted and the scores of 278 midwives from The Perceptions Empowerment in Midwifery Scale (PEMS) were determined. Between those individuals, 5 midwives with highest and 5 midwives with lowest PEMS score were chosen. The data were collected with the Midwife Descriptive Information Form and Semi-Structured Interview Form and online face-to-face interview method. The data recorded during the interview were evaluated by making frame analysis.

Results: The opinions of the midwives; themes of Proficiency ("Public Health", "Pregnancy", "Birth", "Postpartum", "Newborn", "Women", "Counseling", and "Research") and Competency ("General Competencies", "Pre-pregnancy and Antenatal", "Care during labor and birth", "Ongoing care of women and newborns") was evaluated. It was observed that there was high compatibility in Proficiency for the themes of "Pregnancy", "Birth" "Postpartum", "Newborn" and "Counseling" and in Competency for the themes of "General Competencies", "Antenatal" and "Care during labour and birth". While it was observed that there was low compatibility in Proficiency for the themes of "Public Health", "Women", "Research", and in Competence for the theme of "Pre-pregnancy".

Conclusion: While midwives consider themselves competent and proficient during pregnancy, childbirth and postpartum periods; limited mention of their competencies and proficiencies in community health, pre-pregnancy and research. Improvements can be made in the undergraduate education curriculum for areas where midwives do not feel proficiency and competency**.**

Keywords: Midwives; midwifery; professional competency; professional proficiency.

Ebelerin Mesleki Yetkinlik ve Yeterliliğe İlişkin Düşünceleri: Kalitatif Bir Çalışma

ÖZ

Amaç: Bu çalışma ebelerin mesleki yetkinlik ve yeterliliğe ilişkin düşüncelerini belirlemek amacıyla kalitatif türde yapılmıştır.

Gereç ve Yöntemler: Ön araştırma yapılarak 278 ebenin Ebelik Mesleğinin Yetkileri ile İlgili Algı Ölçeği'nden aldıkları puanlar belirlendi. Bu kişiler arasından ölçek puanı en yüksek ve en düşük olan 5 ebe seçildi. Veriler Ebe Tanımlayıcı Bilgi Formu ve Yarı Yapılandırılmış Görüşme Formu ile çevrimiçi yüz yüze görüşme yöntemiyle toplanmıştır. Görüşme sırasında kaydedilen veriler çerçeve analizi yapılarak değerlendirilmiştir.

Bulgular: Ebelerin görüşlerinin; Yetkinlik için "halk sağlığı", "gebelik", "doğum", "postpartum", "yenidoğan", "kadın", "danışmanlık" ve "araştırma"; Yeterlilik için "genel yeterlilikler", "gebelik öncesi ve doğum öncesi", "doğum ve doğum sırasında bakım", "kadın ve yenidoğanın sürekli bakımı" temalarına uyumu değerlendirildi. Yüksek uyumun yetkinlik için "gebelik", "doğum", "postpartum", "yenidoğan" ve "danışmanlık"; yeterlilik için "genel yeterlilikler", "doğum öncesi" ve "doğum ve doğum sırasında bakım" temalarında olduğu, düşük uyumun yetkinlik için "halk sağlığı", "kadın" ve "araştırma", yeterlilik için "gebelik öncesi" temalarında olduğu görüldü.

Sonuç: Ebeler gebelik, doğum ve doğum sonu dönemlerde kendilerini yetkin ve yeterli görürken; toplum sağlığı, gebelik öncesi dönem ve araştırmaya ilişkin yetkinlik ve yeterliliklerinden sınırlı olarak bahsettiler. Ebelerin yetkinlik ve yeterliliklerini hissetmedikleri alanlara yönelik lisans eğitim müfredatında iyileştirmeler yapılabilir.

Anahtar Kelimeler: Ebeler; ebelik; mesleki yeterlilik; mesleki yetkinlik.

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INTRODUCTION

Midwifery, born from women's need for help in childbirth, is the oldest profession based on the existence of humanity (1). The necessity of basing midwifery, which is an ancient profession, on science and art has gained more importance today. The primary tool in the professionalization of midwifery is to determine the educational and professional standards of midwifery. The International Confederation of Midwives (ICM) updates and publishes guides based on constantly developing and changing research so that the standards and competency areas of midwifery education are known worldwide and can be put into practice (2). Midwifery education in Türkiye is given according to the Midwifery National Core Education Program (MNCEP), which is based on the basic competency and proficiency areas of ICM (3).

Turkish Language Association (TLA), defines proficiency as "state of being proficient, perfection" and competency as "state of being competent" or "special knowledge, competence that provides the power to do a job" (4). On Cambridge Dictionary proficiency is; "the ability to do something very well" for competency; It is defined as "an important skill that is needed to do a job (5). The World Health Organization (WHO) defined the definition of proficiency in midwifery as a skill framework that reflects the knowledge, attitude and psychomotor elements derived from midwifery practices (6). ICM, on the other hand, summarizes competency in midwifery as the minimum knowledge, skills and professional behavior required for a person to use the title of midwife (2). Competency is the results that determine effective performance. Proficiency is the behavior that must be shown to achieve these results. While competency shows the characteristics of the job in which the person is competent proficiency shows the characteristics of the person that make the person proficient in their job. In other words, while one defines what people can do, the other focuses on how they do it (7).

According to the literature (3,8), the proficiency areas of midwifery are "public health, pregnancy, birth, postpartum, newborn, woman, counseling and research". ICM has organized midwifery competencies under 4 interrelated categories. These; (1) general competencies, (2) pre-pregnancy and antenatal, (3) care during labor and birth, (4) ongoing care of women and newborns (2).

In order for midwives to fulfill their roles and responsibilities, they should be aware of their areas of proficiencies and competencies. There are quantitative studies examining the proficiency and competency of midwives (9-12). This type of research reflects the general judgments of midwives on their proficiency and competency. However, examining and understanding midwives' opinions on their own areas of proficiency and competency, along with the reasons behind and ways to improve them, will significantly contribute to identifying problems in this field and developing potential solutions. As a matter of fact, the reflection of the results obtained from qualitative research to practice is higher than that of quantitative research. However, it should be noted that qualitative and quantitative methods are complementary to each other rather than contradicting each other (13). Quality midwifery care for women and their relatives, families and society play a key role in protecting and improving health and also contributes to the solution of many socio-cultural problems. Benefiting from in-depth interviews conducted within the scope of this study; Midwives' views on proficiency and competency will be interpreted, problems in this regard will be determined and solution suggestions will be developed. This study was conducted in a qualitative design in order to determine the views of midwives on professional proficiency and competency. Below are the research questions:

-How are midwives' views on professional proficiency compatible with the literature?

-How are midwives' views on professional competency compatible with ICM's competencies?

MATERIAL AND METHODS

Type of the Study

This study, which has a qualitative research design, was conducted in March 2023 with 10 midwives working as midwives across Türkiye.

Sample Selection

In the study, the sequential mixed design method was used to determine the midwives to be sampled. The sequential mixed design is a research design that is carried out first quantitatively, then qualitatively, or in reverse order of time. The outputs of the first research guide the implementation in the next phase (14). Perceptions of Empowerment in Midwifery Scale (PEMS) scores of the midwives within the scope of the research were determined in the unpublished study titled "Midwives' Perceptions of Empowerment in Terms of Relevant", which is the preliminary research of this study. The five midwives with the highest and lowest PEMS scores were included in the study and formed the sample of this study. The individual, professional characteristics and PEMS scores of these midwives are shown in Table 1. The codes P1, P2, …, and P10 were used for the participants.

Data Collection Tools

Midwife Descriptive Information Form: This form has been prepared in line with the literature and consists of 4 questions regarding the individual and professional characteristics of the participants (age, education, etc.) (8-15).

Semi-Structured Interview Form: This form, prepared in the light of similar studies in the literature in order to reveal in depth the participants' perceptions of proficiency and competency in the field of midwifery, consists of 3 basic questions and 8 probe questions (Table 2) (8-15).

Procedure

The first phase of this study was conducted with a total of 278 midwives who met the inclusion criteria between December 2022 to January 2023. Midwives were included in the study from seven geographical regions of Türkiye using the stratified sampling method from random sampling methods. The number of midwives included by region is as follows: Central Anatolia n=38, Eastern Anatolia n=39, Black Sea n=35, Southeastern Anatolia n=39, Aegean n=45, Marmara n=43, Mediterranean n=39. The study titled "Investigation of Perception of Empowerment in Midwifery in Terms of Related Variables" (16), which was conducted by collecting data on an online platform, determined the 5 midwives with the highest and lowest average scores on the 'Perceptions

Empowerment in Midwifery Scale' (PEMS). The determined midwives were contacted again via e-mail and their willingness to participate in the qualitative study was questioned and it was determined that 10 midwives wanted to participate in the study. The meeting hours were determined with these midwives and the interviews were held on the online platform in March 2023. In addition, a directive regarding the interview environment was prepared (calm and quiet, an environment where the participant was alone, etc.) and presented to the participants. Interviews were held via Zoom and Google Meet applications. The participants were told about the purpose of the research, that audio and video recordings would be taken, that the researcher could take notes when necessary, and that no harm would come to the interviewee due to the interview. In addition, it was explained that the statements of the participants and their names would not be disclosed anywhere and stated that if they wanted to end the interview, this would be respected. After the explanation was given, verbal and written consent (with the consent forms sent to their e-mails) was obtained from the participants who accepted the study. The interviews lasted approximately 45 minutes and were conducted by a researcher (BU) among the authors.

Analysis and Evaluation of Data

Data obtained from the interview were analyzed through frame analysis. Framework analysis, unlike quantitative research, is the ongoing interaction between data collection, analysis, and theory development, in which data collection and data analysis processes are sequential and the research process is not mutually exclusive (17). In the analysis of the data MAXQDA Analytics Pro qualitative data analysis program. The transcription was made in the first stage, taking into account the memory factor in Microsoft Word environment. A total of 82 pages of transcription was obtained. The voice recordings of the participants were listened twice, and the transcription was read. Within the scope of the framework analysis, the expressions of the participants were coded to the predetermined themes. In line with the literature, themes were determined according to the midwives' proficiency and competencies areas (2,3,8). Coding was done by the two authors (BU, ED). After coding, all the researchers got together and agreed on a set of codes to be applied to all transcripts. The codes were then grouped into clearly defined categories. Integrity was achieved by controlling the relationship between the sub-themes that make up the themes and the relationship of each theme with the others. The themes and sub-themes of these themes were created and presented in a hierarchical code map in Table 3.

In order to ensure the internal reliability (consistency) of the research, all the findings were given directly without comment. All four researchers analyzed the data by discussing, agreeing and deciding together. Interview data were stated in quotation marks and italicized in the findings section, exactly as stated. The number at the end of the statements corresponds to the number given to the interviewer; Low Score (LS) refers to the midwife with a low PEMS score, and High Score (HS) refers to the midwife with a high PEMS score.

Ethical Aspect of the Study

For the study, ethics committee permission (Date: 2023, Number: 115) was obtained from Istanbul University-Cerrahpasa Social and Human Sciences Research Ethics Committee. In addition, the participants were informed that their identity information would be kept confidential and that the data would only be used for this study. After the information was given, verbal and written consent (with the consent forms sent to their e-mails) was obtained from the participants who accepted the study. While reporting the data, coding (such as P1, P2, etc.) was used instead of the participant's name as shown in Table 1.

Table 1. Individual, occupational characteristics and the perceptions empowerment in midwifery scale sub-dimensions scores of midwive

Participant	Age	Professional Experience (years)	Education Level	Worked Unit	City	SM*	Sk**	So***	Interview duration (minute)
P1, LS¥	32	10	Bachelor degree	Family Health Center	Ankara	2.50	1.83	1.71	48
P2, HSΩ	33	10	Bachelor degree	Delivery Room	Sanliurfa	4.17	4.83	3.85	45
P3, LS¥	33	9	Bachelor degree	Gynecology Service	Ankara	2.00	2.61	2.00	50
P4, HSΩ	27	6	Bachelor degree	Delivery Room	Malatya	4.17	4.33	4.29	40
P5, HSΩ	41	17	Master's degree	Breastfeeding Outpatient Clinic	Kahramanmaras	4.00	4.33	4.14	43
P6, LS¥	33	8	Bachelor degree	Family Health Center	Konya	2.00	2.33	1.57	45
P7, LS¥	28	5	Bachelor degree	Gynecology Operating Room	Istanbul	2.00	2.33	2.00	42
P8, HSΩ	31	5	Bachelor degree	Delivery Room	Istanbul	4.17	4.16	4.14	55

LS: Low score from the Perceptions Empowerment in Midwifery Scale (PEMS); ΩHS: High score from the PEMS; *Support and Management subscale of PEMS; **Skill subscale of PEMS; ***Source subscale of PEMS

Table 2. Semi-structured interview form

1. Who is a midwife? -What are the independent roles of the midwife?
2. In which periods of a woman's life does the midwife play a role? -Preconceptional period role -Role in the pregnancy process -The role of birth and postpartum period -Role in the klimectarium period
3. What is the role of the midwife in improving newborn health? -Immunization -Nutrition -Growth-Development Tracking

Table 3. Hierarchical code map of the created themes and their sub-themes

Main-Theme/Theme	Sub-Theme	Codes
Proficiency	Public Health	Vaccination, screenings, nutrition, exercise, immunization, sexual health, sexual intercourse
	Pregnancy	Iron supplement, weight control, vaginal examination
	Birth	Manage, position, support, leading, trust, contraction, pain, hand skill
	Postpartum	Bleeding, breastfeeding, infection, abnormal condition, risk, problem, depression
	Newborn	Jaundice, pacifier, mastitis, diaper rash, breastfeeding, skin-to-skin contact, developmental delay, attachment, reflex, baby bottle
	Women	Breast cancer, menopause, marriage, menstrual cycle, puberty
	Counseling	Family planning, sexual life, breastfeeding, psychological support, psychosocial, anemia, tests, hygiene, anti-vaccine, complementary food, education
	Research	----
Competency	General Competencies	Blood pressure, injection, wound dressing, empathy skills, being patient, support staff, compassion, from the cradle to the grave, stages of a woman's life, medication administration, certificate, doing the profession with love
	Pre-pregnancy and Antenatal	Leopold's maneuvers, IUD (Intrauterine Device), ultrasound, nonstress test (NST), birth preparation class, information, trimester, pregnancy education, reproductive health, prenatal care, folic acid supplementation, sexually transmitted diseases, sexual activity during pregnancy
	Care during labour and birth	Wound care, episiotomy, induction, forceps, communication, contact, suturing, breathing exercises, hospital discharge
	Ongoing Care of Women and Newborns	Cervical cancer, exclusive breastfeeding, formula milk, vitamin d, uterine massage, pap smear test, breast examination, heel prick test, weight monitoring, percentile

RESULTS

Findings Regarding Individual Characteristics

Ten midwives were included in the study. The age range of the participants was determined as 27-41 years, and the range of professional experience years was 5-17 years. When the education level was examined, it was understood that the midwives were mostly undergraduate graduates (n=7). It was determined that the working areas of midwives were the family health center (n=3), delivery room (n=3), gynecology operating room (n=2), breast milk and breastfeeding outpatient clinic (n=1), and gynecology service (n=1). The lowest score on the 'Support and Management' subscale of PEMS, which has a score range of 1–5 across all subscales, was 1.83, while the highest was 4.17. For the 'Skill' subscale, the lowest score was 1.83, and the highest was 4.83. In the 'Source' subscale, the scores ranged from a low of 1.57 to a high of 4.29 (Table 1).

Findings Regarding Competency and Proficiency in Midwifery

In this qualitative study evaluating the competency and proficiency of the midwifery profession in Türkiye through the perspectives of midwives, the alignment with Proficiency themes (“Public Health”, “Pregnancy”, “Birth”, “Postpartum”, “Newborn”, “Women”, “Counseling” and “Research”) and Competency themes (“General Competencies”, “Pre-pregnancy and Antenatal”, “Care during labour and birth”, “Ongoing care of women and newborns”) was examined according to the views of 5 midwives with low PEMS scores and 5 midwives with high PEMS scores (Figure 1). In addition, the frequencies of the words obtained from the analysis of the interviews are shown in Figure 2.

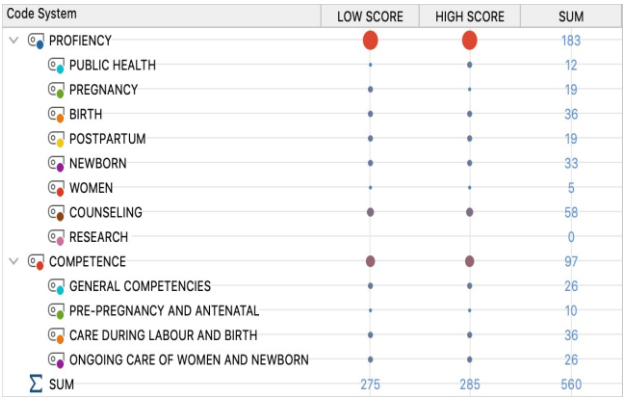

Figure 1. The views of 5 midwives with low PEMS scores and 5 midwives with high PEMS scores

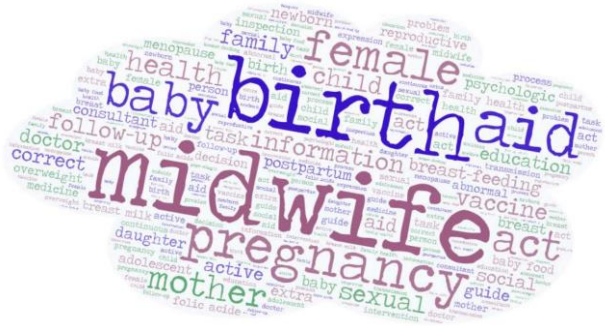

Figure 2. The frequencies of the words obtained from the analysis of the interviews

Main theme 1. Areas of Proficiency According to Midwives

Sub-theme 1.1: Public Health

It was observed that midwives mostly focused on sexual and reproductive health in their statements about public health, and they focused more on adolescents in this regard. Among the participant statements, it was determined that there was only one midwife who talked about public health, and her statement is given below.

"So, the role of a midwife isn't confined to the delivery room, and the delivery room doesn't solely mean a midwife. I mean, whether it's pregnancy, the baby, or the woman, a midwife can play a role in any social setting." (P5, HS)

Sub-theme 1.2: Pregnancy

Some of the midwives stated that they are mostly under the supervision and management of physicians in the care of the pregnancy period. In addition, most of the midwives stated that they are proficient in following and managing the pregnancy by mentioning the issues of maintaining the health of the fetus during pregnancy. They also talked extensively about their role in maternity schools. Sample statements of the participants are given below.

"I personally provide training to pregnant women in pregnancy classes, informing them about childbirth, encouraging them, and teaching them about risky situations." (P2,HS)

"I'm not sure how to express it, but I don't have a complete understanding of it. I'm not a judge, but for example, abroad, midwifery is more defined, and midwives can do many things that doctors can do, such as writing prescriptions and performing ultrasound examinations. I wish it were the same here in Türkiye, but unfortunately, our roles are quite limited. As far as I know, our independent responsibilities here are limited to monitoring pregnancies, assisting in deliveries, and caring for newborns. I'm not sure if I'm wrong, but I know we don't have much independence in our practice." (P9,HS)

Sub-theme 1.3: Birth

According to the statements of midwives, midwives in Türkiye consider themselves proficient in practice and decision-making, as in the example statement given below.

"A midwife should be able to lead all births, regardless of the delivery method, whether it's breech, shoulder dystocia, or a twin pregnancy, whenever conditions allow. However, when the mother and newborn are at risk, a cesarean section may be necessary. In such cases, the midwife should be able to seek assistance from a doctor or other medical professionals." (P9,HS).

Although some midwives state that they remain in the shadows of physicians depending on the nature of the institution they work for, they think that they should be brave and own the management of the birth. An example statement on this subject is below.

"Regardless of the position, in some places, the doctor manages the birth, and the midwife only acts as an accompanist, especially in private hospitals. However, in state hospitals or maternity homes, the midwife plays the leading role—she takes on the role of the doctor and manages the birth entirely on her own. This is what I mean by the process." (P10, LS)

Sub-theme 1.4: Postpartum

Midwives stated that they adopted their roles and responsibilities in the postpartum period. Breastfeeding, family planning, breast care, and mothers' support for their caregiver roles among the frequently mentioned topics. An example statement on this subject is below.

"We need to follow up if the woman experiences depression during the postpartum period, which is very important. For example, we need to monitor bleeding, as I mentioned earlier. We should suggest uterine massage and discuss breast care. That's pretty much it, I think that's all I can remember. We also provide family planning methods during the postpartum period. I personally provide family planning methods. Women sometimes think they can continue their previous method while breastfeeding, so to prevent this, we ensure that every woman receives information about family planning. Each time they come in, we ask whether they are using family planning methods." (P1, LS)

In addition, it was emphasized that the postpartum period is not limited to hospital care only, and the following example expression was chosen.

"It is not only about the birth; the midwife also follows up with the mother during the puerperium, or postpartum period. I believe the midwife manages everything comprehensively, starting from the time a woman becomes pregnant and continuing through the postpartum period until the end of the six-week recovery phase." (P2, HS)

Sub-theme 1.5: Newborn

As in the example statement below, it is seen that the midwives within the scope of the research are proficient in maintaining and promoting newborn health.

"Here, we need to understand the baby's criteria very well and approach it scientifically. We need to monitor the weight. The midwife's role here is to be well-informed about the baby's developmental milestones. How much should the baby weigh at each month? After that, the growth charts guide us. At what age do social skills typically develop? What can happen during the so-called 'developmental leap' periods? It's essential to track these carefully." (P5, HS)

It was observed that the midwives working in the family practice were quite proficient in maintaining the health of newborns.

"When we consider midwives working in family medicine, they need to follow up on vaccinations. Well, information about this should be provided. It's related to the newborn… That's all." (P7, LS)

"The following segment in terms of growth and development is mostly our midwives working in PHCs from health care centers." (P8, HS)

Sub-theme 1.6: Women

According to the statements of the midwives, it was determined that they were not aware of their proficiency in protecting and strengthening women's health. It was observed that they mostly acted in accordance with the physician's request.

"She can give a smear test. She can get a mammogram. Other than that, I don't think there's much she can do." (P3, LS)

Few of the midwives included in the research stated that they play a role in all phases of women's life and that they are proficient within the scope of maintaining health.

"We are involved at all stages of a woman's life. For example, when a woman who has gone through menopause comes to us, I'm not referring to this as a therapeutic role, but rather during the information phase. We also inform women about vaginal infections. We support women in maintaining perineal hygiene, not just during childbirth or pregnancy, but at all stages." (P2, HS)

Sub-theme 1.7: Counseling

Midwives have adopted their role in counseling, and it is seen that they are proficient in this field. Sample statements of the participants are given below.

"First of all, it's a job in a social sense—understanding the woman. When you meet a woman, it's not just a patient-provider relationship. Sometimes, you need to understand her psychological state or evaluate her social circumstances. At times, you may act as a family counselor, a social counselor, or even a psychologist." (P5, HS)

"We still give advice on breastfeeding. We actually do a lot of training on this, but right now I can't think of all of them." (P6, LS)

Sub-theme 1.8: Research

The midwives did not mention anything related to the research theme.

Main theme 2. Competency in Midwifery

Sub-theme 2.1: General Competencies

As seen in the example below, it was seen that the general competencies of midwives were mostly based on basic clinical skills.

"To perform injections, dressings, simple suturing procedures; to carry out examinations and routine follow-ups for pregnant women, infants, and children; and to report non-routine situations to the doctor. To monitor the progress of normal births when working in places like delivery rooms, to assist during birth or manage the process, and to administer medications within the doses specified by law—though this typically involves only a few drugs. To support women during the postpartum period, provide baby follow-ups, and offer breastfeeding education. Additionally, if working in areas outside the scope of the midwifery profession, such as hospital wards, to act in accordance with the established procedures there." (P10, LS)

Some participants stated that they could be assigned to nursing fields.

"As midwives in the field, we can be assigned to work wherever nurses are. Well, since our professional role outside of childbirth primarily involves providing care, and nurses work in a similar way, I don't think there's much difference between the two professions apart from childbirth." (P7, LS)

Sub-theme 2.2: Pre-pregnancy and Antenatal

Pre-pregnancy

In their statements, the midwives mentioned that they have more counseling and information roles in the pre-pregnancy period, and they did not mention the issues of protecting and maintaining health.

"Well, if a pregnancy is planned, I suggest she complete her routine tests first. I recommend starting folic acid before the first three months. If she has anemia or a chronic illness, I inform her to address it. Or, if she's not planning a pregnancy, I also provide information about family planning methods—specifically for women." (P2, HS)

"She can prepare a woman who wants to get pregnant in every aspect: physiologically, psychologically, medically, and so on." (P4, HS)

In addition, it was determined from the following statements that his competencies regarding the pre-pregnancy period were limited.

"Can give warnings about dental health." (P1, LS)

"Well, first of all… what do I do when someone considering pregnancy comes to me? (Thinks for a long time.) Honestly, I don't know." (P7, LS)

Antenatal

It was concluded from the statements of the midwives that they were sufficient during the pregnancy period. Example expressions are given below.

"During pregnancy, we manage all the stages ourselves." (P2, HS)

"Monitoring supplements, vitamins, and weight gain during pregnancy; ensuring proper nutrition for the baby; following up on ultrasounds; gathering information about development; and providing necessary guidance. In certain months or when a problem is detected, development is assessed through blood tests to identify issues that can be detected this way. Additionally, routine measurements such as height, weight, and head circumference are used to check if development is progressing as expected." (P10, LS)

"Informing the patient about any abnormalities that may arise during a normal pregnancy, explaining what is normal and what is not, and conducting necessary checks at specific intervals. Guiding the patient on what to do in abnormal situations and explaining how to proceed in such cases. Providing preventive health services such as vaccinations. Recommending supplements like iron medications when needed. Preparing the patient for birth, providing information about the process, and explaining what to expect in the final weeks of pregnancy. In later months, also providing information on family planning methods. That's about it. There may be some details I've missed." (P6, LS)

Sub-theme 2.3: Care During Birth Labour and Birth

Midwives stated that they were competent in managing the birth process, identifying risks and implementing emergency interventions. In addition, it was determined that they were competent in recognizing the emergency symptoms in the early postpartum period and making the necessary interventions.

"She can manage the birth process… If necessary, she can assist during birth, and if required, repair an episiotomy or sutures. Most importantly, she can provide psychological support to the mother-to-be." (P8, HS)

"First of all, the midwife should check for bleeding. We also evaluate the patients to determine if there is an odor to the bleeding, whether it has a foul smell, or if there is an infection. We start vitamin D for babies and inform parents about when to begin it. We also advise them to schedule a hip ultrasound, hearing test, or eye examination for the baby." (P1, LS)

Sub-theme 2.4: Ongoing Care of Women and Newborns

Women

In their statements about women, the midwives only mentioned their competencies for postpartum, menopause

and family planning services. Example statements are given below.

"In the postpartum period…." (P8, HS)

"So I think they can give information about how the menopause begins and how it progresses." (P7, LS)

"And every time they come, we ask them whether they use family planning or not." (P1, LS)

Newborn

Midwives stated that they have the competencies in line with the training they received within the scope of protection and maintenance of newborn health from birth. Example statements are below.

"Improving newborn health, starting vitamin D, screening, how to give a bath after the umbilical cord falls off, and how it should be done—these are the topics we discuss. Beyond these, mothers often lack knowledge, such as room temperature, for example, which we also explain. Additionally, we provide breastfeeding education to help the baby nurse properly and avoid jaundice. If the baby appears very yellow initially, we recommend frequent breastfeeding. Then, for example, at the 9th month, we conduct a blood test, even though the newborn is still 0-3 months old." (P1, LS)

"Then, they should follow up on vaccinations. Whether at primary healthcare (PHC) or later at the hospital, they should be called in for vaccinations." (P3, LS)

DISCUSSION

This study was carried out to determine the opinions of midwives on competency and proficiency. It was observed that the midwives in the study worked in clinical areas that would express their opinions on competency and proficiency. It was determined that the statements obtained as a result of the interviews were partially compatible with the competencies determined by the ICM for midwives. The opinions of midwives within the scope of the research on competency and proficiency are discussed below, taking into account the literature.

By defining proficiency areas in midwifery, what midwives can do is expressed and according to the literature, midwives are proficient in the fields of "Public Health", "Pregnancy", "Birth", "Postpartum", "Newborn", "Women", "Counseling", and "Research" (8). It was observed that the expressions of the midwives within the scope of the research were significantly compatible with the proficiency themes.

The public health proficiencies of the midwife include providing quality and culturally appropriate care to women, newborns and families with children. In order for the midwife to provide optimal care for public health, they must have comprehensive knowledge of the subject such as obstetrics, gynecology, neonatology, social sciences, ethics, etc. Midwives are proficient in areas such as maintaining and promoting community health, counseling services, and family planning (18-20). In addition, the Royal College of Midwives (RCM) defines community health as trying to identify health risks and find the best ways to minimize them so that everyone has a chance to live a healthy life. It is known that midwives are proficient in protecting health (such as immunization, testing and screening), improving it (such as encouraging smoking cessation, and weight control) and being accessible (midwives always inform about public health) (21).

There are many studies documenting the services of midwives in family planning (22, 23). However, midwives within the scope of the research, such as nutrition, physical activity and exercise, regular sleep, mental and social health; they did not mentioned about issues such as breast self-examination and cancer screenings in terms of maintaining health. In addition to these listed health indicators, midwives are advocates of women's rights, and within the scope of this role, they also take part in issues such as the protection of women's rights and the fight against domestic violence. As a result, the midwives in the study did not mention most of their proficiencies related to public health.

Although midwives play an important role in public health, they may not be sufficiently aware of their contributions as a result of providing these services continuously and making them part of their professional routine. This may lead to them not adequately expressing the impact and importance of their professional activities on public health.

A meta-analysis showed that women need midwife support during pregnancy and that pregnant women who receive midwife support have a reduced risk of preterm birth (24). In this study, although midwives considered themselves proficient in the care of women during pregnancy, it was observed that they complained about being dependent on physicians during follow-up.

Midwives play an important active role during pregnancy, providing various care and support services. However, the fact that physicians are the determining factors in the procedures performed, such as prescribing and using ultrasound, may cause midwives to underestimate their own competence. This situation shows that midwives need to better understand the value of the care and services they provide and the importance of their own contributions.

It is seen that women who gave birth in China, where techniques and practices to facilitate birth are applied in addition to midwife support during birth, are satisfied with the experience of birth accompanied by a midwife (25). Contrary to this situation, it is understood that quality midwifery care cannot be maintained in Germany. Midwives in Germany think that they should be free in maternity care and management, similar to the findings of this research. In a study, it is suggested that the areas of proficiency between midwives and obstetricians should be defined more clearly under the guidance of examples from other European countries (26). According to another study conducted in Germany, women preferred to give birth in centers with physicians, despite their concerns, instead of birth under the leadership of midwives (27). According to the results of a study conducted in the Netherlands with in-depth interview techniques with 20 midwives, obstetricians affect midwives' attitudes during childbirth (28). In a qualitative study conducted with mothers who gave birth in Türkiye, it was seen that women needed social support throughout the birth process and the positive effect of midwife support was mentioned (29). Although midwife support is available for all births in Türkiye, physicians take their wages according to the insurance system and it is seen as if all births are done by physicians. This situation limits the inclusion of midwifery care as an indicator among health data (30). In this study, midwives reported that they were proficient in childbirth, but they

said that there was a physician-centered approach in practice.

According to the results of a study conducted with midwives in Sweden, when the risks of adverse outcomes increase or complications occur in the postpartum period, women are referred to medical doctor-led care (31). In this study, midwives frequently mentioned the postpartum breastfeeding issue, talked about the monitoring of the mother's mental state, and was seen as a field of proficiency in the postpartum period.

The fact that midwives frequently emphasize breastfeeding is a positive reflection of their participation in breastfeeding certification programs offered by the ministry. This situation shows the impact of certification programs on increasing midwives' knowledge and skills regarding breastfeeding and the development of their competence in breastfeeding.

It is known that as a result of the delivery made by the midwife, the rates of breast milk intake of the newborn increase, the admission of the newborn to the intensive care unit decreases, and the length of hospital stay is shortened (32). In this study, midwives considered themselves proficient in protecting, maintaining and promoting newborn health.

In addition, the emphasis on newborn and child health courses in midwifery education has been effective in increasing the knowledge and skills of midwives in this area. On the other hand, the NRP (Neonatal Resuscitation Program) certification program offered by the ministry for midwives may have increased their competence in this area and made them feel more competent.

The midwife's proficiencies regarding women include protecting women's human rights, informing and encouraging her to make independent decisions on their own issues. Midwives imbue a sense of empowerment in women through the care they provide as human rights defenders (33). In a study, midwives emphasized the importance of a relationship based on trust while giving care to women, and said that besides the woman, significant other people and the family should also take part in this relationship (34). The midwives within the scope of the research talked less about the empowerment of women by evaluating them in their social life, and they focused more on pregnancy, birth and newborn issues.

Reasons why midwives do not talk enough about women's rights may include their focus on clinical services and lack of training or knowledge on the subject. In addition, the influence of health institutions and societal norms may limit their awareness of women's rights.

Counseling proficiencies of the midwife include healthy nutrition, advice of iron and folic acid supplements, exercise, immunization, prevention of sexually transmitted infections and family planning methods, care in case of stillbirth, neonatal death, congenital malformations within the scope of health protection and promotion (2). In a study, weight control and physical activity counseling were found to be effective in obese pregnant women in midwife counseling (35). Although midwives describe themselves as proficient in counseling, they state that they mostly provide counseling on issues such as pregnancy and breastfeeding. Midwives provide the most counselling services and therefore may have generally under-reported the importance and impact of these services. However, the fact that counseling activities are largely limited to breastfeeding and pregnancy suggests that this may be related to the area in which midwives work.

Midwives' research not only provides autonomy, leadership and expertise in their professional practice, but also contributes to the development of research skills and the use of evidence (36). The midwives in this study did not mention the research subject at all, and this was interpreted as a negative result. The fact that midwives are uninterested in research and that research is not mentioned among the independent roles of the midwife is an important issue that needs to be emphasized. This has a negative impact on professional development and specialization. Midwives may not feel c proficiency in conducting research because factors such as lack of emphasis on research methods in midwifery education, lack of experience, lack of resources and support, time constraints and difficulties in professional practice conditions may prevent them from developing their skills in this area. It is thought that increasing the postgraduate education programs in midwifery and supporting the participation of midwives in these programs will improve the proficiencies and competencies of midwives for research.

Competency in midwifery refers to how midwives perform their roles, duties, and responsibilities. According to ICM, midwifery competencies are categorized into four main areas: (1) general competencies, (2) pre-pregnancy and antenatal care, (3) care during labor and birth, and (4) ongoing care of women and newborns.

For general competency in midwifery, ICM states that midwives take responsibilities in health matters, make efforts to improve themselves and the midwifery profession, follow scientific research, support basic human rights in midwifery care, comply with laws, comply with determined ethical codes and rules, care about women's individual choices in care, accept the woman that they are in interaction with her family, medical team and society, facilitates the normal birth processes, evaluates the general health and well-being of women and newborns, prevents and treats problems related to reproductive health from the early period, when necessary; recognizes the related complications and refers them on time, gives care to the women who are exposed to physical and sexual violence and abuse (2).

In a study conducted in New Zealand and Scotland, it was suggested that the assessment of midwives' proficiency levels would have a risk-reducing effect on maternal and newborn mortality and morbidity (37). According to Huang et al. (38), midwives have a high perception of general competency. However, in another study, midwives with more than 5 years of experience stated that although they considered themselves competent, newly graduated midwives lacked a sense of independence and lacked care and task sharing skills (39). The general competencies of the midwives within the scope of this study were mostly based on basic clinical skills, in this context, they considered themselves competent in evaluating general health and well-being for women and newborns, preventing and counseling problems related to reproductive health from the adolescence period, and protecting and maintaining newborn health. Midwives demonstrate high proficiency in clinical skills because

midwifery education has certain criteria, and these criteria require intense skill. This comprehensive practice-based education greatly contributes to midwives developing their clinical skills and achieving a high level of competence in practice. However, they did not remember the issues of developing their profession and following scientific research, giving care to women who were exposed to physical and sexual violence and abuse. This may be due to a lack of knowledge and awareness of these issues, inadequate educational opportunities, or the fact that these issues are overshadowed by daily professional duties.

According to ICM, midwives diagnose the health status of women before and during pregnancy, monitor the pregnancy process and wellness of the fetus, identify and manage complicated pregnancies, improve women's positive health behaviors, provide guidance on pregnancy, childbirth, breastfeeding and parenting, provides care on unwanted pregnancies. In a qualitative study, it was found that the counseling provided by midwives during pregnancy reduced the obstetric complications encountered during pregnancy and delivery (40). In another study conducted in Kenya, it was emphasized that midwives should be active before and during pregnancy (41).

Midwives within the scope of this study did not talk about determining the health status of women before pregnancy, developing behaviors that will positively affect pre-pregnancy health, managing complicated pregnancies and providing care in unwanted pregnancies for the topic of providing pre-pregnancy care. Despite their low adoption of pre-pregnancy competencies, midwives were generally aware of their pregnancy-related competencies. It was thought that motivations were damaged due to the limited access of midwives to women in the pre-pregnancy period and being in the shadows of doctors during pregnancy, and this situation was effective in the results of this study.

Among the competencies of the midwife are supporting the physiology of the pregnant and normal birth, being an advocate for normal birth, protecting the consent of the pregnant woman, encouraging evidence-based practices such as reducing unnecessary interventions, evaluating and diagnosing the pregnant woman and acting, counseling and referral, and emergency interventions (2). According to ICM, midwives support the woman psychologically during childbirth, ensure safe vaginal delivery and prevent complications, and provide newborn care immediately after delivery. In a qualitative study, it was reported that midwives are aware of their competency in the birth process (42).

In this study, midwives found themselves sufficient in birth. Obligatory criteria for graduation in the midwifery education process in Türkiye have been defined and in this context, midwifery students are required to have 40 births during midwifery education. It is thought that the competency of midwives at birth is closely related to this situation.

It has been reported that the midwife should take a role in providing care to the mother regarding the end of the birth and preventing deviations from normal, providing information on family planning, care of the newborn baby, and the importance of breast milk. Midwives are competent in newborn care and nutrition, detection and prevention of complications, and newborn follow-up (2). In a study investigating the level of knowledge of midwives about postpartum complications and newborn care, it was found that midwives were most knowledgeable about postpartum hemorrhage and breastfeeding (43). Similarly, in a systematic review, it is reported that the majority of midwives support breastfeeding with a professional attitude (44). In another study, it was reported that midwives considered themselves competent to manage postpartum complications, especially postpartum hemorrhage (45).

In this study, midwives considered themselves competent in breastfeeding and breast milk, newborn care, and family planning, but they think they do not have that much knowledge about women's health. Although there is a shortage of 900,000 midwives globally, there are 56,352 midwives in Türkiye and there are 6.75 midwives per 10,000 people (46, 47). A limited number of midwives prioritize some of their roles and may overlook some requirements, especially on women's health, because they do not have time. The result obtained is thought to be a situation related to missing care. Midwives may not see themselves as competent in women's health because the emphasis on pregnancy, birth, postpartum and newborn skills in midwifery undergraduate education may often prevent them from having more comprehensive training and practice opportunities in this field.

The study was limited by the fact that it was conducted with midwives with the highest and lowest PEMS scores. The views of midwives with intermediate scores were not included. The statements of midwives may be affected by differences in their study areas and geographical regions. The fact that the interviews were conducted on an online platform caused limitations for participants with internet access problems.

CONCLUSIONS

It is thought that studies on competency and proficiency in midwifery will contribute to the individualization of care, ensuring its continuity, increasing its quality and determining the points that need to be developed. Midwives mostly focus on childbirth in the areas of proficiency and competency related to women. Midwives think that they are more proficient and competent in the units they work in and stated that they have become less skilled in other areas of midwifery. In line with these results, the following can be suggested:

- Midwives' perceptions of proficiency and competency should be strengthened.
- Improvements can be made in the undergraduate education curriculum for areas where midwives do not feel proficiency and competency.
- Future studies examining midwives' perceptions of proficiency and competency can be designed by taking regional differences into account.

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