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Determining the Relationships between the Themes and Codes Related to Vocational Competence of Midwifery in Turkey: A Qualitative Study

Türkiye'de Ebeliğin Mesleki Yeterliğine İlişkin Tema ve Kodlar Arasındaki İlişkilerin Belirlenmesi: Nitel Bir Çalışma

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ABSTRACT

Objective: This research is aimed to create themes and codes about professional competency in midwifery, to reveal the relationship between the codes created.

Methods: This qualitative study was conducted between October 2018 and March 2019 at the Obstetrics and Gynecology and Pediatric Emergency Campus of a training and research hospital. This study was conducted in a training and research hospital in Sakarya province and 18 midwives who met the inclusion criteria were interviewed. The midwives were asked semi-structured questions in the Midwife Introduction and Interview Form and audio recorded. The responses to the questions were recorded, transcribed and coded using MAXQDA2018 software program. The codes were then analyzed and grouped according to categories and themes.

Results: The median age of the midwives was 35 years. Of them, eight were bachelor's degree, and six had been working in the delivery room for ≥16 years. In addition, a total of five themes, 17 categories, 35 codes were created and the usage density of these codes is 289.

Conclusion: Since the midwives were unable to sufficiently describe the concept of competency as well as their own competencies, it was determined that additional education and research in community health services, hands-on experience and technological training could help build their skills and knowledge, make them more effective in their practice, increase their self-confidence and boost their overall job satisfaction.

Keywords: Midwifery, competence, competencies, delivery, qualitative study

ÖZ

Bu araştırma ebelikte mesleki yeterliliğe ilişkin tema ve kodların oluşturulması, oluşturulan kodlar arasındaki ilişkinin ortaya çıkarılması amacıyla yapılmıştır.

Gereç ve Yöntem: Niteliksel olan bu çalışma, Ekim 2018-Mart 2019 tarihleri arasında bir eğitim ve araştırma hastanesinin Kadın Doğum ve Çocuk Acil kampüsünde gerçekleştirildi Bu çalışma Sakarya İli'ndeki eğitim ve araştırma hastanesinde yürütülmüş olup, araştırmaya dahil edilme kriterlerini karşılayan 18 ebe ile görüşme yapıldı. Ebelere Ebe Tanıtım ve Görüşme Formu'ndaki yarı yapılandırılmış sorular soruldu ve ses kaydı alındı. Sorulara verilen yanıtlar kaydedildi, metne dönüştürüldü ve MAXQDA2018 yazılım programı kullanılarak kodlandı. Daha sonra kodlar incelenerek kategorilere ve temalara göre gruplandırıldı.

Bulgular: Ebelerin ortanca yaşı 35 idi. Ebelerin sekizi lisans mezunudur ve altısı 16 yıldan süredir doğumhanede çalışmaktadır. Ayrıca toplamda 5 tema, 17 kategori, 35 kod oluşturulmuş olup, bu kodların kullanım yoğunluğu 289'dur.

Sonuç: Ebelerin kendi yeterliliklerinin yanı sıra yeterlilik kavramını da yeterince tanımlayamadıkları, tanımlamada araştırma ve toplum sağlığı hizmetlerinin yer almadığı teknoloji kullanımı ve deneyimin, ebelerin bilgi ve becerilerini geliştirmelerine ve daha iyi bir performans sergilemelerine yardımcı olabileceği, uygulamalarında daha etkili olmalarını sağlayacağı, özgüvenlerini ve genel olarak iş doyumlarını artıracağı belirlendi.

Anahtar kelimeler: Ebelik, yeterlilik, yetkinlik, doğum, nitel çalışma

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Introduction

Midwifery is the combination of knowledge, professional behavior and specific skills displayed at a certain level of competency (ICM, 2015; WHO, 2001). The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families (ACNM, 2012). The concept of competency includes such factors as motivation, personality traits, knowledge, skills, attitudes and behaviors.

Competencies play an important role not only in the measurement and evaluation of the development but also in the development of adopted values (Chiarella, et al., 2018; Fullerton, et al., 2011). According to the World Health Organization (WHO), competency is one of the many determinants of performance (WHO, 2001). The International Confederation of Midwives (ICM) (2015) and Australian Nursing and Midwifery Council (ANMC) (2006) defined the components of competency concept as the safe and effective application of knowledge, skills and attitudes, and the combination of values and abilities (ICM, 2015; ACNM, 2012).

It is important to express the midwife's competency in developing the field and scope of the midwife's professional practice and in distinguishing midwifery from other professions (ACNM, 2012; Butler, et al., 2008). The ICM determined the basic competencies required for midwives to perform midwifery practice in all countries and updated it in 2019 (ICM, 2019). However, competency areas in midwifery may sometimes differ according to the health conditions of countries, workforce planning in health, and global or national situations in health (Chiarella, et al., 2018; ANMC, 2006; ACNM, 2002).

The number of studies conducted on the evaluation of midwives' proficiencies and competencies is very few. During the planning phase of the study, we reviewed studies in the literature using the keywords such as "*midwifery competency, midwife competency code, midwife competency themes*" in Google academic and PubMed and found that there were studies on midwifery competencies (Fullerton, et al., 2011; Butler, et al., 2008; ACNM, 2002; Fullerton, et al., 2013), but that there were no studies on “themes for competency in midwifery, or the creation of themes”

We assume that the results obtained in our study will guide studies to be conducted in the future and contribute to the creation of a model in midwifery and to raise awareness about competency in midwifery. We also aimed to create themes and codes about professional competency in midwifery, to reveal the relationship between the codes created.

Method

Study design

In this qualitative study, we used the semi-structured interview technique.

Participants

This qualitative study was conducted between October 2018 and March 2019. The participants consisted of 24 midwives working in the delivery room. Of them, 18 who met the inclusion criteria were interviewed. Among the midwives in this study, eight were 30 years of age and older, one had a master’s degree, eight had a bachelor’s degree, one had an associate’s degree and eight were high school graduates. Six midwives also had training in a field other than midwifery (such as primary and secondary school education, medical laboratory training vs.). Moreover, six midwives had been working in the profession for≥16 years.

The inclusion criteria:

- Possessing a minimum of six months of experience in the delivery room
- Working regular day shifts or alternating between day and night shifts

Data collection

The data collection flow chart of the study is shown in Figure 1.

Interview Phase

In the interviews, five open-ended semi-structured interview questions included in the "Data Collection Form were asked to determine the socio-demographic and professiona characteristics of the midwives, and the themes of competency. These questions were aimed at revealing the codes and categories to be created (Maxwell, 2013). After the expert opinion was obtained to form the interview questions, a pilot interview was conducted with three midwives who were not included in the sample.

The interviews were carried out in line with the principles of qualitative research. The interviews took 10-15 minutes varying from one midwife to another. The interviews held in a room located in the delivery room where only the researcher and the midwife interviewed were present using the in-depth interview technique were audio recorded. In addition, after the participating midwives were informed about the purpose and method of the study and told that the interviews would be audio-recorded, the written consent was obtained from them.

Analysis of Data

In the analysis of the qualitative data, the descriptive and content analysis was used (Maxwell, 2013; Miles & Huberman, 2016). After the interview, in the analysis of the

data, the audio recordings were converted into text raw data document was prepared, and the midwives were given codes like Midwife 1, Midwife 2 etc. After the word documents prepared were evaluated using the line-by-line reading technique, they were transferred to the MAXQDA 2018 program. The interview texts were encoded in this program and the codes created were grouped under categories and themes.

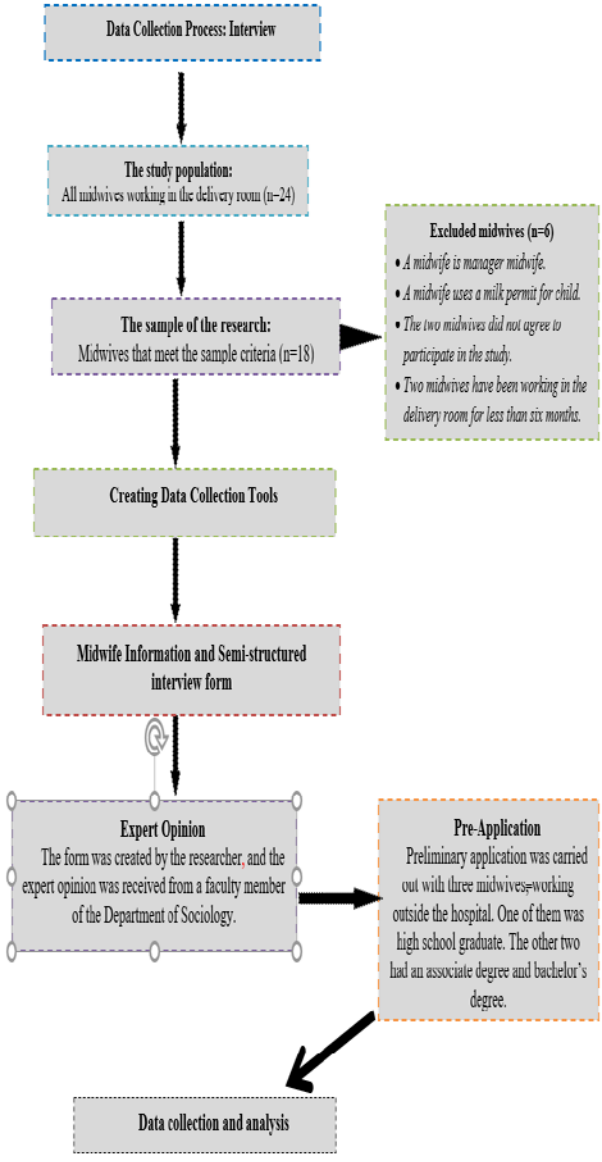

Figure 1. Research process

For the internal reliability of the study, a "consistency review" was conducted, and an "expert review" was obtained from the academic staff member (advisor) for the codes and the agreement percentage. The codes were compared in terms of "consensus and "difference of opinion and their consistency was evaluated. For the reliability calculation of the research, the agreement percentage was calculated using the reliability by using Miles and Huberman (1994) formula. The agreement percentage was calculated using the following formula: "Reliability = Consensus / (Consensus + Disagreement) x 100" (Miles & Huberman, 2016). In the present study, the agreement percentage was calculated as 93.44%. This calculation result indicates that the study results are reliable.

By taking into account the codes, themes were created, and during the process of seeking answers to study questions, and reporting process, themes were supported by taking direct quotations from the statement's midwives expressed during the interviews.

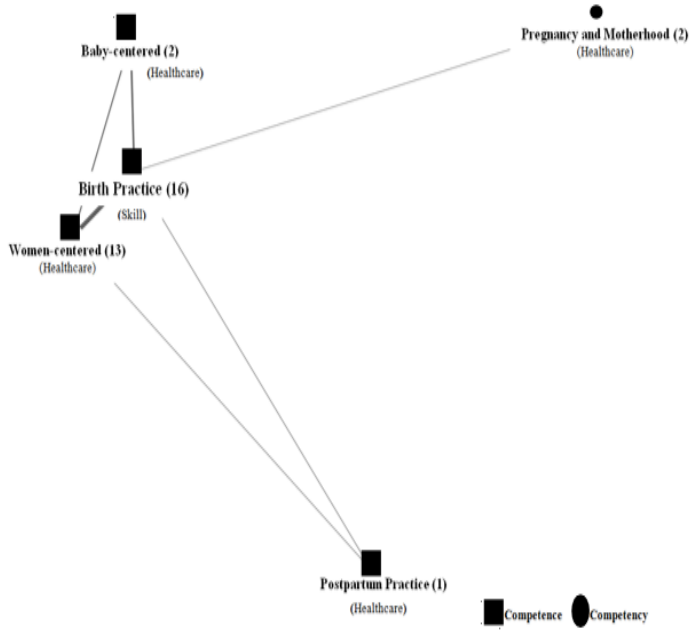

Figure 2. *Relational Analysis of Codes and Categories of Competence and Competency Theme*

In the parentheses: categories
Out the parentheses: codes

Ethical considerations

After the approval of the Institute of Health Sciences Ege University was obtained (Date: 09.07.2018, number: 88991637-302.14.01), written permissions to conduct the study were obtained from the Ege University Scientific Research and Publication Ethics Boards (EGEBAYEK) (Date: September 04, 2018, number: 06/10, protocol: 26), Republic of Turkey Sakarya Provincial Health Directorate (Date: October 03, 2018, number: 24404279/702.99) and Republic of Turkey Ministry of Health, Sakarya University Training and Research Hospital, the chief physician (Date: October 04, 2018, number: 24404279/702.99)

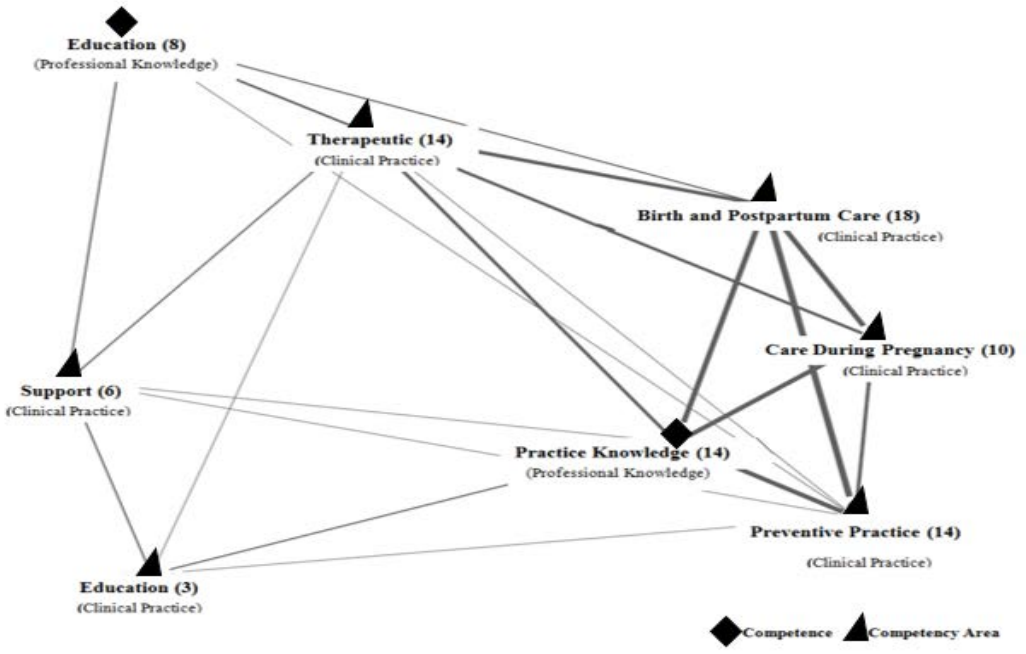

Figure 3. *Relational Analysis Regarding the Codes of the Competence and Competency Area Themes*
In the parentheses: categories
Out the parentheses: codes

Results

Findings on the themes and coding of midwives

As shown in Table 1, a total of 5 themes, 17 categories, 35 codes were created and the usage density of these codes is 289. In addition, the codes were based on the competencies determined by the ICM and the Pre-Graduation National Core Education Programme in Midwifery. The most frequently used codes in line with the themes created, and the midwives' statements are shown in Table 2.

Relational analysis on midwives' themes and encoding

In Figure 2, the relationship between theme codes regarding competency was analyzed, as a result of which relational analysis between competency codes such as woman-centered, obstetric practice and baby-centered, and codes regarding pregnancy, maternity and postpartum practice emerged. In Figure 3, the relationship between the competency-related themes, and the codes and categories is presented.

Discussion

With this qualitative study, we expect to contribute to the development of concepts of competency by producing information about them in midwifery, and interpreting and classifying the resulting data. We also aimed to create themes and codes about professional competency in midwifery, to reveal the relationship between the codes created. What we tried to reveal with this study is the production of data about the meaning, relations and place of the codes and themes in the application (Celik, et al., 2020).

As a result of the interviews conducted in the research, five themes were determined. These; Competence, Competency, Competency Area, Contribution of Competency and Competency to the Pregnant Women and Contribution of Competency and Competency to the Midwife. Theme I is "Competence". In this theme, four categories and eight codes were created. In this theme, the most intensely addressed codes were application knowledge, professional skills and education.

Table 1.
Data Related to The Midwives' Themes and Codes (n = 18)

Code	Usage intensity	Category	Themes
Education	8	Professional Knowledge	**Competence**
Application Knowledge	14		
Legal rights	3		
Support	1	Consultancy	
Pregnancy and motherhood	2	Healthcare	
Professional skill	12	Experience	
Professional satisfaction	2		
Professional process	6		
Decision	6	Midwifery knowledge	**Competency**
Content (scope / extent)	17		
Postpartum practice	1	Skill	
Labour practice	16		
Baby centered	2	Healthcare	
Women centered	13		
Protective services	2	Consultancy	
Therapeutic applications	14	Clinical Practice	**Competency Area**
Support	6		
Education	3		
Prevention applications	14		
Birth and postpartum care	18		
Care during pregnancy	10		
Mother and baby	11	Follow-up	
Positive feelings	21	Building a Relationship	**Contribution of Competency and Competency to the Pregnant Women**
Cooperation	8		
Expectations	9	Attitude	
Knowledge	4	Support	
Intervention	1	Practice	
Motivation	19	Achievements	**Contribution of Competency and Competency to the Midwife**
Self-confidence	14		
Development	9		
Decision making	4		
Effective communication	3		
Financial gain	2		
Foresight	12	Awareness	
Providing treatment	2	Medical application	

Table 2.
The most frequently used codes in line with the themes created, and the midwives' statements

Questions Asked During The Interview and Themes	The Most Frequently Used Codes	Expression of Midwives
*What does the concept of "**Competence**" mean to you?*	• *'Application knowledge'* • *'Professional skills'* • *'Education'*	*'How many of these competencies can a midwife use?' (Midwife15; age:23; education: master's degree)*
*What does the concept of "**Competency**" mean to you?*	• 'Extent' • 'Birth practice'	*'The rights granted to us'. (Midwife8;age:30; education: bachelor's degree)*
*What does the concept of "**Competency Area**" mean to you?*	• *'Birth and postpartum care'* • *'Therapeutic'* • *'Preventive practice'*	*'The conditions regarding the care of the mother and baby before, during and after birth'. (Midwife15;age:23; education: master's degree)*
*How does **the midwives' competency and competency contribute to pregnant women**?*	• *'Positive feelings'* • *'Expectations'*	*'They create a better childbirth process'. (Midwife3; age:58; education: high school graduate)*
*How does **competency and competency contribute to midwives**?*	• *'Motivation'* • *'Self-confidence'* • *'Foresight'*	*'I come to work more positively…' (Midwife2; age:31; education: high school graduate)*
***Do you think that midwives in our country work in areas suitable for their competency and competency**?*	• *'Judgement'* • *'Evaluation according to institutional features'* • *'Evaluation according to personal preferences'*	*'I think that midwives should become more conscious about competency and competency. (Midwife5; age:40; education: bachelor's degree)*

The midwives' statements about these codes were as follows:

"How much of these competences can the midwife use" (Midwife 15, age: 23, education: master)

"Doing your job well" (Midwife 17, age: 49, education: undergraduate)

"Is what I do sufficient when I apply it to the patient?" (Midwife 18, age: 30, education: high school)

"I am a high school graduate but I think I need to improve this by getting more education" (Midwife 2, age: 31, education: high school)

Not the number but the usage frequency of the generated codes is more important (Mivšek, et al., 2015). When they spoke of competence, midwives said the following: "*What interventions can I perform on pregnant women*", "*having received certain trainings, experience*", and "*self-confidence*".

General competencies in ICM, midwifery practices, ability to take one's own decisions and responsibilities, protection of human rights and effective communication; It explains pre-pregnancy, pregnancy and antenatal follow-ups, providing care during labor and delivery, and providing continuous care for women and newborns among other competencies of midwifery (ICM, 2019).

Within this theme, similar results emerged in the competency areas specified by the ICM. During the interviews, it was observed that the midwives defined the concept of competence in midwifery appropriately, but that they could gain competence depending on the education they received and experience they gained, and that they would gain professional satisfaction and gain self-confidence when they felt competent. Experience is among the factors that play a role in gaining competence, but it can be argued that the competence can also be gained depending on individual characteristics.

After the midwives were asked the question "What do you think the concept of "Competency" means to you?", the

"Competency" theme (Theme II) was created and this theme was examined through four main categories and seven codes. In the Competency theme, the most intensely addressed codes were content and birth practice. The midwives' statements about these codes were as follows:

"Rights granted to us" (Midwife 8, age: 30, education: undergraduate)

"Procedures I can apply to the patient" (Midwife 18, age: 33, education: high school). Knowing all the positive or negative risk factors related to the mother and baby that may arise before, during and after birth, and to intervene the patient accordingly" (Midwife 4, age: 30, education: high school)

Based on these expressions, the category such as midwifery knowledge, skills, care and counseling and codes such as woman-centered, obstetric practice and the scope of midwifery knowledge were created.

The midwives generally had thoughts on birth and postpartum period. In addition, "Counselling" was mentioned only by a midwife with a master's degree. Therefore, we thought that they were not sufficient in defining the concept of competency in midwifery and thus, in knowing, being aware of and using their own competencies in practice. However, midwives are one of the building blocks of basic health services covering babies, children, women, men and the whole society, and competency in midwifery includes a very broad concept (ICM, 2015; WHO, 2001; Crozier, et al., 2011). According to the AMNC, midwifery competencies are grouped under the following headings: legal and professional practice of midwives, midwifery knowledge and practice, midwifery in primary health care, thinking and practice ethics. The Council explains these headings as the midwives' being knowledgeable of their own decisions and responsibilities within the framework of legislation and law, providing safe care to women by making accurate diagnosis, planning and evaluation, playing an active role for the mother, family and society, developing application methods in line with ethical decisions, contributing to professional development and doing research to be knowledgeable (ANMC, 2006).

Given the relationship between these codes, an intense relationship was determined between birth practice and women-centered codes. When midwives talked about the birth practice, they also talked about the concept of woman-centered. This was because birth is individual; thus, healthcare puts the woman at the center. Adoption of this philosophy shows that care provided was women-centered care.

After the midwives were asked the question "What do you think the concept of "Competency areas" means to you?", the Competency areas theme was created and this theme was examined through two categories (clinical practice and follow up) and seven codes. In this theme, the most intensely addressed codes were *Birth and Postpartum Care, Therapeutic Applications and Preventive Applications.* The midwives' statements about these codes were as follows:

"Conditions regarding all the care of the mother and baby before, during and after birth" (Midwife 15, age: 23, education: master)

"Delivering babies" (Midwife 18, age: 33, education: high school)

"Family planning" (Midwife 7, age: 42, education: undergraduate)

The term "competency area" recalled to the midwives the following: *"delivering a baby", "communicating with the patient", "knowledge, skill", "since the childhood, pre-marital, adolescence", "birth control methods", "women's health", "puerpera, follow-up of pregnant women, follow-up of children aged 0-6 years"*

The midwives' statements were correlated with the competency areas determined by the ICM Pre-Graduation National Core Education Program in Midwifery. Midwifery competency areas determined by the ICM and Pre-Graduation National Core Education Program in Midwifery (EUÇEP, 2016) are community health, pregnancy, birth, postpartum process, newborn, research, women and counseling (Pre-Graduation National Core Education Program in Midwifery, 2016; ICM, 2015; ICM, 2019). It is seen that the codes created were not among "*Competency 1*: community health, *Competency 8-9*, research" areas determined by the ICM which are in the competency area. In Beydilli's study (2000), when the midwives were asked what the scope and tasks of a midwife, of them, 44.4% stated that a midwife should fulfill the monitoring and care of the mother before and during birth, that of both mother and the newborn within the first 42 days after delivery, whereas 28% stated that a midwife should fulfill the monitoring and care of pregnant women aged 15-49 years, all the women and children. What the midwives said about competency areas during were consistent with those in Karaman, Okumus's study (2015). However, the fact that the midwives did not make a statement about "research and public health services" shows that they lacked knowledge about the competency areas. The fact that the "research" area was not addressed by any midwife suggests that it may cause difficulties in the use of information and evidence-based practices obtained from research in professional development and progress. There could be

many reasons for this, and thus why midwives do not feel competent in research should also be investigated.

After the midwives were asked the question "*How do you think the midwives' having competency and competence contribute to pregnant women*?", the "*Contribution of Competency and Competence to the Pregnant Woman* (Fourth Theme)" theme was created and this theme was examined through four main categories and five codes. When the midwives were asked what the phrase "Contribution of competency and competency to the pregnant women" meant to them, they stated the following: "*They ensure the best level of health for the mother and baby*", "*Trust in the communication between the midwife and pregnant woman*", "*relieve the fears of the patient*".

In this theme, the most intensely addressed codes were *Positive feelings* and *Expectations.* The midwives' statements about these codes were as follows:

"Better childbirth process" (Midwife 3, age: 58, education: high school)

"Trust in the communication between the midwife and pregnant woman" (Midwife 15, age: 23, education: master)

"Pregnant women have a lot of expectations from us" (Midwife 2, age: 31, education: high school)

In a study conducted to investigate the midwife-led continuity model, it was stated that in the participating women, while the rates of undergoing epidural analgesia, intervened vaginal delivery, preterm delivery, fetal losses and neonatal mortality before and after 24 weeks were lower, the rate of spontaneous vaginal delivery was higher. In the same study, it was also stated that the rate of maternal satisfaction was higher, that the cost and the probability of intervention were low, and that the probability of being satisfied with their care was the lowest for the mothers or their babies (Sandall, et al., 2016).

It is seen that the codes created were not among "C*ompetency 6*: postpartum, *Competency 7*: newborn, C*ompetency 8-9*: research, C*ompetency 10*: counseling" areas determined by the ICM which are in the contribution of competency to the pregnant woman theme. According to the relationship between these codes, an intense relationship was determined between the codes of postpartum care, practice knowledge and protective practices, care during pregnancy and therapeutic competency. In addition, there was an intense relationship between the *codes of competency area of birth and postpartum care* and *care during pregnancy*, and the *code of knowledge of implementing* competency theme. The opinions expressed by the midwives in the present study are consistent with the results of the existing evidence-based studies. This will increase the quality of midwifery care and provide maximum benefit for the pregnant woman, fetus and newborn.

After the midwives were asked the question "*How do you think the midwives' having competency and competence contribute to them*?" fifth theme was created and this theme was examined through three main categories and eight codes. When the midwives were asked what the phrase "Contribution of Competency and Competency to the Midwife" meant to them, they stated the following: *"It may create other job opportunities after retirement because you are successful", "Financially, this has great benefits for us", "It facilitates my communication with patients", "The midwife starts studying and researching more to be useful", "success", "I get pleasure from what I do".*

In this theme, the most intensely addressed codes were *Motivation, Self-confidence* and *Foresight.* The midwives' statements about these codes were as follows:

"I come to work more positively…" (Midwife 2, age: 31, education: high school)

"I get pleasure from what I do" (Midwife 17, age: 49, education: undergraduate)

"If you are competent, you can foresee the next step" (Midwife 12, age: 49, education: associate degree).

During the interviews, midwives with a bachelor's degree formed the motivation code reflecting their thoughts of professional satisfaction and getting pleasure. In addition, the fact that 14 midwives chose their profession of their own free will may have affected their talking about professional satisfaction, professional awareness and motivation.

The codes created were used in 11 areas determined by ICM and EUÇEP which are in the theme of the contribution of competency to the midwife.

'Working in an area suitable to the midwife's competency and competency' definitions of midwives: *'Since the rights of the midwifery profession are not fully defined, most midwives do not want to practice their profession, even if they love it, to avoid lawsuits'.* Taskin Yilmaz et al. (2014) in study, 69% of the midwives carried out their profession willingly, 82.5% perceived their profession as 'back-breaking', 70.6% were partially satisfied with their profession and 4.8% thought that society respected and valued their work. These findings are in line with those of the present study. For a midwife, the job description should

be based on the competency-based education completed by the midwife, the reproductive health guidelines in effect in the country, and his or her self-evaluation of his or her trust and competency in performing this role (Fullerton, et al., 2013).

That job descriptions of midwives are made not according to professional competency, but according to the needs of health services leads to adverse working conditions and problems in inter-professional relationships. These problems reduce the quality of service, cause them to leave the profession, decrease professional performance and lead to unhappiness. They also lead to uncertainty and complexity in professional roles, preventing the development of the profession (Karaman & Okumus, 2015; Taskin Yilmaz, et al., 2014)

Study Limitations

Among the limitations of the study are the fact that the research was carried out in the third level hospital, and that the midwives were not able to use all areas of authority and competency. In addition, the number of studies in the international literature that can be used to discuss in accordance with the purpose of the study is limited.

Conclusion and Recommendations

In the present study, the participating midwives defined the concept of competency appropriately, but they felt that they could gain competency depending on the education they received and experience they gained, and they could gain professional satisfaction and gain self-confidence when they felt competent. However, they did not know or were not aware of their own competencies, and could not use their competencies in their applications. They did not make a statement about "research and public health services" and thus they failed to describe their knowledge about the competency areas. It was determined that thanks to competency, midwives generally focused on professional awareness, that they were more successful and were able to make decisions fast and accurately when they were competent, that they could be more effective in their practices, and that these situations would provide high professional satisfaction for midwives.

In line with these results, the following suggestions offered to eliminate the deficiencies of midwives in terms of competency are expected to contribute to the midwifery profession and the health of the mother and baby:

- Midwives should be made aware of competency, and accordingly, national standards should be determined and training curricula should be established before they graduate.
- It is recommended to carry out large-scale qualitative studies on the competency of midwives working outside the delivery room.

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Genişletilmiş Özet

Amaç: Bu çalışma, ebelikte mesleki yeterliliğe ilişkin temalar ve kodlar oluşturmak, oluşturulan kodlar arasındaki ilişkiyi ortaya koymak amacıyla yapılmıştır.

Gereç ve Yöntem: Çalışma, Ekim 2018-Mart 2019 tarihleri arasında yapılmış, niteliksel bir araştırma olup, yarı yapılandırılmış görüşme tekniği kullanılmıştır. Bir Eğitim ve Araştırma Hastanesi Doğum Kliniğinde çalışan 24 ebe araştırmanın evrenini, oluşturmuştur. Örnekleme ise; son altı aydır sürekli doğumhanede çalışan, sadece gündüz veya gece/gündüz çalışan ve araştırmaya katılmaya gönüllü 18 ebe dahil edilmiştir.

Görüşmede "Ebe Tanıtım ve Görüşme Formu" aracılığı ile ebelerin sosyo-demografik ve meslekleri ile ilgili özellikleri belirlenmiştir. Ayrıca, yeterlilik ve yetkinlik alan temalarını belirlemeye ilişkin görüşlerini ortaya koyabilecek beş adet açık uçlu sorunun yer aldığı yarı yapılandırılmış görüşme soruları oluşturulmuştur. Bu sorular ile araştırma amacına uygun olarak, ulaşılmak istenen kod ve kategorilerin ortaya çıkarılması hedeflenmiştir. Görüşme sorularının oluşturulması için uzman görüşü alınmıştır. Daha sonra üç ebe ile pilot görüşme yapılmıştır. Ön uygulama yapılan ebeler örnekleme alınmamıştır. Pilot görüşme ile araştırma sürecinde kullanılabilecek soruların belirlenmesini kolaylaştırmıştır. Görüşme; nitel araştırma ilkelerine uygun olarak gerçekleştirilmiş, yapılan görüşme süresi ebelere göre farklılık göstermekle birlikte 10-15 dakika sürmüştür. Görüşmede sadece araştırmacı ve görüşme yapılan ebenin olduğu bir odada derinlemesine görüşme tekniği ile kayıt altına alınarak gerçekleştirilmiştir. Ayrıca ebelere çalışmanın amacı, yöntemi ve ses kaydı yapılacağı ile ilgili bilgi verilerek yazılı onamları alınmıştır.

Nitel verilerin analizinde, sayı yüzde dağılımı alınmış, nitel verilerin analizinde betimsel ve içerik analizi kullanılmıştır. Yapılan görüşme sonrası verilerin deşifre edilmesinde ses kayıtları metin haline getirilerek ham veri dokümanı hazırlanmış ve ebeler için Ebe1, Ebe2… gibi kodlar kullanılmıştır. Hazırlanan word dokümanları satır satır araştırmacı tarafından okuma tekniği ile değerlendirilmiş ve MAXQDA 2018 programına aktarılmıştır. Görüşme metinleri bu programda kodlanarak, oluşturulan kodlar kategori ve temalar altında gruplandırılmıştır.

Araştırmanın iç güvenirliği için "tutarlık incelemesi" yapılmış, kodlar ve uyuşum yüzdesi için danışman öğretim üyesi tarafından "uzman incelemesi" sağlanmıştır. Kodlamalar "görüş birliği" ve "görüş ayrılığı" olan konular açısından karşılaştırılarak tutarlılık durumları değerlendirilmiştir. Araştırmada uyuşum yüzdesi %93,44 olarak hesaplanmıştır. Bu hesaplama sonucu, araştırma sonuçlarının güvenilir olduğunu göstermektedir. Kodlamalar göz önünde bulundurularak temalara ulaşılmış ve araştırma sorularına yanıt aranış ve raporlama sürecinde ebelerin görüşme sırasındaki ifadelerinden doğrudan alıntı yapılarak oluşturulan temalar desteklenmiştir.

Bulgular: Ebelerin yaş ortalaması 35, sekizi lisans öğrencisive altısı ≥16 yıldır doğumhanede çalışmaktadır. Çalışmada toplamda 5 tema, 17 kategori, 35 kod oluşturulmuş olup bu kodların kullanım yoğunluğu 289'dur. Görüşmede ebelerin, yetkinliklerinin genel olarak doğum ve doğum sonu süreci kapsayan düşüncelerinin olduğu görülmektedir. Ayrıca "Danışmanlık" sadece bir ebe tarafından bahsedilmiştir. Bu ebenin eğitim durumu yüksek lisans'tır. Bu doğrultuda ebelikte yetkinlik kavramını tanımlamada ve buna orantılı olarak da kendi yetkinliklerini bilme, farkında olma ve uygulamada kullanma açısından eksik oldukları düşünülmektedir. Yeterlilik ve yetkinlik temaları arasındaki ilişkiye bakıldığında, doğum uygulaması ve kadın merkezli kodları arasında yoğun bir ilişki saptanmıştır. Ebelerin doğum uygulamasından bahsederken kadın merkezli durumdan da çokça bahsettiği görülmüştür. Bunun temel nedeni, doğumun bireysel olması nedeniyle bakımın temelinde kadını merkeze almasıdır. Yeterlilik ve yetkinlik alanları temaları arasındaki ilişkiye bakıldığında, Ebelerin doğum ve doğum sonu bakımdan bahsederken uygulama bilgisi, gebelikte bakım ve tedavi edici mesleki beceri durumdan da bahsettiği fakat koruyucu uygulamalardan daha çok bahsettiği görülmüştür. Bunun nedeni, ebelerin yetkinlik ve Yeterlilik alanının gebelik, doğum, doğum sonu uygulamalardan kaynaklandığını düşünmeleridir. Çünkü, araştırmaya dahil edilen ebeler tedavi edici hizmetlerin yürütüldüğü bir eğitim araştırma hastanesinde (3. basamak) çalışmaktadırlar. Departmanlarında koruyucu sağlık hizmeti yerine tedavi edici hizmetler yürütülmektedir. Fakat ebelerin araştırma ve toplum sağlığı hizmetlerine dair bir açıklama yapmamış olmaları Yeterlilik alanında eksik bilgiye sahip olduklarını göstermektedir. "Araştırma" alanının hiçbir ebe tarafından kullanılmamış olması, mesleki gelişim ve ilerlemede araştırmalardan elde edilen bilginin ve kanıta dayalı uygulamaların kullanılması açısından sıkıntı oluşturabileceğini düşündürmektedir.

Lisans mezunu ebelerin mesleki doyum ve haz alma düşüncelerinin yer aldığı motivasyon kodunu oluşturdukları görülmüştür. Ayrıca 14 ebenin mesleğini kendi tercihi ile seçmiş olması mesleki doyumdan bahsetmelerinde etkili olduğunu ve mesleki

farkındalık, motivasyon açısından etkin olmayı sağlanacağını düşündürmektedir. Mesleklerini severek seçenlerin iş doyumlarının yüksek olmasını ise mesleki bilincin ve bağlılığın bu gruplarda yüksek olmasına bağlamaktadır. Mesleğe karşı olumlu bakış açısına sahip olmak, meslek seçiminde, mesleği benimsemede, etkin çalışmada ve mesleğin ilerlemesini sağlamada çok önemlidir.

Sonuç: Ebelerin, Yeterlilik kavramını uygun şekilde tanımladıkları fakat almış oldukları eğitimlere ve tecrübelere bağlı olarak Yeterlilik kazanabilecekleri ve kendilerini yeterli hissettiklerinde mesleki doyumlarının ve özgüvenlerinin artacağı düşüncesinde oldukları, yetkinlik kavramında ise kendi yetkinliklerini bilme, farkında olma ve mesleki uygulamalarda kullanma açısından eksik oldukları belirlenmiştir. Yetkinlik alanlarının içinde araştırma ve toplum sağlığı hizmetlerine dair bir açıklama yapmadıkları dolayısıyla Yeterlilik alanına dair açıklamalarını yeterince tanımlayamamışlardır. Ayrıca, bakım kalitesinin artırılmasını, gebe, fetüs ve yenidoğan için maksimum fayda sağlayacak olduğunu düşündürmektedir. Yeterlilik ve yetkinliğin ebeye katkısının, genellikle mesleki farkındalık, motivasyon açısından etkin olma durumlarına odaklandıkları, yetkin ve yeterli olduklarında daha başarılı, doğru ve hızlı karar verebildikleri ve uygulamalarında daha etkili olabilecekleri, dolayısıyla bu durumların ebeler için yüksek oranda mesleki doyum sağlayacağı belirlenmiştir.