

Defining Professional Behaviour in Midwifery Practice

by Lisa Morgan, RM, BSc, BHScMW, MA

For 50 years the professionalism literature has echoed the same sentiments; medical education places too much emphasis on the biological or technical aspects of medicine at the expense of the psychosocial or humanistic qualities such as caring, empathy, humility, compassion, and sensitivity.¹ Thirty years ago, the discipline of sociology defined a profession, in contrast to an occupation, as a vocation with a body of knowledge and skills put into service for the good of others. The specialized, complex and uncertain nature of that expertise conferred autonomy, charging the profession with self-regulation in order to honour the social contract.²

The concept of the social contract was addressed in the 17th and 18th centuries by Hobbes, Locke and Rousseau, although the idea was presented even earlier by the Greek Sophists. A social contract may be said to exist when two groups within a society, between which a state of mutual dependence exists, recognize certain expectations of one another and conduct their affairs according to those expectations.³ In health care, this is an implicit understanding between the population and their providers.

The 1970s saw the birth of biomedical ethics with a focus on patient rights and the process and structure of shared decision making. In 1984, the Association of American Medical Colleges (AAMC) produced a report titled *“The Project on the General Professional Education of the Physician and College Preparation for Medicine”* that recognized four key attributes: altruism, knowledge, skill and duty.^{1,5} In the 1980s the American Board of Internal Medicine (ABIM) began its humanism project, supporting a number of studies which evaluate the humanism of residents. This led

to ABIM’s “Project Professionalism” in the mid 1990s which undertook to define professionalism.⁴ Their widely adopted definition is broad and inclusive and is composed of three commitments and six elements. The three commitments are to the highest standards of excellence in the practice of medicine, to sustain the interests and welfare of patients and to be responsive to the health care needs of society. The elements as defined by ABIM include altruism, accountability, excellence, honour, integrity and respect for others.⁵

For decades, voices from many countries have called for a renewed sense of professionalism and activism to reform health care systems. In response, the European and American Medical Associations combined efforts to launch the Medical Professionalism Project in late 1999. They designated members to develop a charter to encompass a set of principles to which all medical professionals should aspire. The charter supports efforts to ensure that health care systems remain committed to patient welfare and to the basic tenets of social justice. Is it intended to be applicable to different cultures and political systems.⁶

The preamble to the Charter reminds us that professionalism is the basis of medicine’s contract with society. The principles and responsibilities must be clearly understood by both the medical profession and society. Essential to this contract is public trust which requires the integrity of both individuals and entire professions. At present, the healing professions are confronted by an explosion of technology, changing market forces, problems in health care delivery and globalization, making it increased difficult to meet one’s responsibilities to patients/clients and society. It becomes even more important to reaffirm the

fundamental and universal principles and values. The charter defines three fundamental principles and provides a set of definitive professional responsibilities. The fundamental principles include: primacy of patient welfare (altruism), patient autonomy (decisions), social justice (fair distribution of health care resources). The professional responsibilities include: commitment to professional competence, honesty with patients, patient confidentiality, maintain appropriate relations with patients, improve quality of care, improve access to care, just distribution of finite resources, scientific knowledge, maintain trust by managing conflicts of interest and a commitment to professional responsibilities.⁶ The *Charter on Medical Professionalism* is intended to encourage medicine's dedication to the principles of professionalism which entails not only a dedication to the welfare of one's patients/clients but also collective efforts to improve the health care system for the welfare of society.⁶

Professional Behaviour and Midwifery

If professionalism is integral to midwifery education and midwifery practice, and if the current, renewed focus on professionalism is to result in meaningful change that benefits both the profession of midwifery and the society it serves, it is necessary to understand clearly what midwifery professionalism entails. A normative definition that is precise and inclusive, and that can be utilized by a wide variety of groups, including midwives, midwifery educators, professional midwifery organizations, licensing bodies, and regulatory agencies is required. Such a definition is necessary to enable and encourage dialog and eventually to achieve consensus about the meaning and importance of midwifery professionalism.⁷

A definition of professional behaviour has been proposed by the Netherlands' Consilium Abeundi, a working group of the Association of Universities in the Netherlands. It frames professionalism as observable behaviours to facilitate its practical implementation. However, assessment of the attitudinal values of

professionalism within the individual remains difficult.¹⁰ Many authors agree that measures of stable professional traits miss the mark because they fail to view behaviours as clashes between two equally worthy values. There is evidence that value conflicts underlie unprofessional behaviours. The seasoned practitioner must balance moral ambiguity, value conflicts and ethical dilemmas.²

Informed by articles by Swick (2000) and Butler (2008), I have chosen a combination of character traits and behaviours and suggest that the following 11 elements constitute midwifery professionalism. Midwives should exhibit the following traits and behaviours if they are to meet their obligations to their clients, their communities, and their profession:^{8,9}

- Midwives set aside their own interests to the interests of others.
- Midwives adhere to high ethical and moral standards. Long embedded in the ethos of medicine are principles of beneficence and nonmaleficence. Physicians have a duty to do right and to avoid doing wrong. Patients have a right to expect no less. Midwifery should adopt this principle.
- Midwives respond to societal needs, and their behaviors reflect a social contract with the communities served. They must be non-judgemental and culturally sensitive.
- Midwives demonstrate core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness.
- Midwives exercise accountability for themselves and for their colleagues. Meaningful peer evaluation becomes one mechanism to enforce standards of practice and hence, to exercise accountability. Audit of practice can also be used to optimize care for women, babies and their families.
- Midwives demonstrate a continuing commitment to excellence. The demands of intellectual work require that midwives maintain the highest standards of excellence through the continuing

acquisition of knowledge and the development of new skills.

- Midwives exhibit a commitment to scholarship and to advancing their field. If commitment to excellence has an internal focus, then a commitment to scholarship has an external focus. It is the desire to share one's knowledge for the benefit of others, whether clients, other midwives, or the community.
- Midwives deal with high levels of complexity and uncertainty. The midwife must be able to exercise independent judgment in order to make appropriate decisions in the face of complex, often unstable circumstances, and sometimes with incomplete information. Professional competence may be defined by one's ability to manage ambiguous problems, tolerate uncertainty and make decisions with limited information.⁹
- Midwives strive for excellent communication which includes active listening and adapting to meet the needs of individual women. This is essential for joint decision making between women and their midwives.
- Midwives demonstrate effective collaboration with other professionals.
- Midwives must protect confidential information. Attention to privacy must be considered in all verbal and written communications including communications involving social media.

The normative definition is meant to encourage a dialog grounded in a common understanding of professionalism, with a goal of eventually achieving a degree of consensus sufficient to enable the midwifery community to strengthen professionalism in midwifery education practice.⁷

Professionalism must be considered on two levels: individual and collective. The eleven elements represent a spectrum of behaviors and traits that individual midwives should demonstrate if they are to successfully meet their obligations to their clients and to their communities. Together, they encompass the essentials of professionalism as it is demonstrated by individual midwives. But many of these elements apply equally well to the profession of midwifery as a

collective body. The profession, through its academic and practice leadership, as well as its organized bodies, must sustain the covenant of trust that has long characterized the relationship between midwifery and those it serves.⁷

There are challenges to professionalism including conflict of interest, abuse of power, lack of conscientiousness and destructive arrogance.² The aetiologies of unprofessional behavior include substance abuse, psychological issues, inappropriate handling of narcissism, perfectionism and/or selfishness, chronic or acute family or home problems, and poorly controlled anger. Categories frequently overlap. The eyes and ears of patients, visitors and the healthcare team are considered to be the most effective surveillance tools for detecting unprofessional behavior.¹⁰

Continuous professionalism improvement, similar to continuous quality improvement, recognizes the aspirational, developmental, and lifelong nature of professionalism. Students, faculty, preceptors and midwives, develop a richer understanding of professionalism when they are encouraged to think continuously about professional values and the existence of, reasons for and alternatives to unprofessional behaviour. This approach creates an environment where mistakes are acknowledged and improvement is encouraged. This requires a commitment to develop, implement, monitor and coordinate a program-wide professionalism initiative.⁶

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AUTHOR BIOGRAPHY

Lisa Morgan, RM, BSc, BHScMW, MA, is a practicing midwife in Cambridge Ontario and a lecturer at Laurentian University. She has a Food Science degree from the University of Alberta followed by a Bachelor of Health Sciences in Midwifery from McMaster University and a Master of Arts in Midwifery Practice from Thames Valley University, London, England. Lisa is currently studying full-time at Laurentian University towards a PhD in Health Policy through the School of Northern and Rural Health.

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Fran McGorman, Director Human Resources

Brandon Regional Health Authority

mcgormanf@brandonrha.mb.ca

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