Editorial/Uvodnik

The Birthplace of Midwives

Kje se rojevajo babice?

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This year marks the 270th anniversary of formal midwifery education, and I therefore dedicate this editorial to the subject of knowledge. We midwives take great pride in the long-standing tradition of formal education within our profession in Slovenia. We often note that it was already Empress Maria Theresa who recognised the significance of midwifery in ensuring the safe delivery of healthy infants, who would grow up to become a healthy nation. Gerhard Van Swieten, the physician commissioned by Maria Theresa to improve the health situation in her monarchy, advocated for the advancement of midwifery through education. He proposed the establishment of training programmes for midwives, believing that knowledge would transform the practice and provide women and their families with better quality and more professional care. His assertion is supported by theories of professionalism. The competencies acquired through formal training enable midwives to enter the labour market. After many years of clinical practice, this basic knowledge may be taken for granted, yet it remains an essential part of the professionalisation of the field.

According to Freidson (2001, p. 17), a renowned theorist of professionalism, the defining feature of professions is high specialisation of work. This specialisation precludes standardisation and routinisation, necessitating the acquisition of specific skills through comprehensive training. In the course of such extensive training, members of the profession not only acquire knowledge and skills, but also internalise the values and norms espoused by their professional group. As argued by Pahor (2006), long-term training shapes attitudes and interconnections, fosters strong identification with one's work and colleagues, and promotes professional solidarity. This professional identity is shaped by the process of professional socialisation that begins during formal education and is facilitated by teachers and (in health professions where a significant portion of training takes place in the clinical setting) also of clinical mentors. It is therefore imperative that midwives be taught by midwives, nurses by nurses and doctors by doctors. As argued by Lay (2000) and Leap (2000), independent midwifery education with direct entry into the profession produces more dedicated midwives who are strongly committed to the philosophy of physiology. It is this intangible component of the profession – professional identity – that reflects one's degree of identification with the profession (Pavlin, 2007, p. 91) and motivates members to remain loyal to their professional field throughout their lives and to adopt its values as part of their personal ideology. Consequently, the current trend of midwives leaving their profession to pursue other fields may be indicative of weak professional consciousness, despite midwives' declarations of feeling a strong commitment to their profession (Mivšek, 2012).

A student midwife is transformed into a midwife through years of rigorous training. Midwifery is not merely a skillset involving the protection of the perineum and knowledge of the stages of childbirth, but rather a way of life in which professional values become an integral part of one's personal identity. In the practice of midwifery, the individual is determined by a commitment to prioritising the needs and wishes of the woman at the centre of care, to continually improving midwifery practices in line with the latest credible evidence, and to deeply valuing the capabilities of the female body. This entails a belief in the physiology of pregnancy, childbirth, and the postpartum period. The mentors and teachers of midwifery students must therefore be highly conscientious midwives who are committed to this philosophy. Faculties serve as the institutions responsible for developing professionals. As mentioned earlier, they not only impart knowledge, but also provide students with a holistic introduction to the professional field.

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The work of professionals encompasses three phases: the ability to classify the problem (diagnosis), the ability to identify its cause (inference of aetiology), and the ability to treat the problem (intervention). The second phase, which requires specific judgement skills, is considered the professional phase (Abbott, 1988, p. 40). These skills are inaccessible and therefore incomprehensible to laypersons (non-professionals), which further emphasises the importance of students being taught primarily by members of their profession. If midwifery students are taught primarily by doctors whose training and subsequent clinical approach focus on the identification and prevention of (potential) risk factors and complications, and the treatment of pathologies, then midwifery students may be indoctrinated with values that diverge from those of midwifery. While such midwifery graduates may become more closely aligned with obstetricians in the clinical setting, the essence of midwifery is lost. The health system needs a counterpoint to the so-called 'biomedical model' for the care of uncomplicated pregnancies, childbirths and physiologically progressing postpartum periods. Europe encourages the coexistence of both approaches (medical and midwifery) within the health system, as demonstrated by the recommendations of the Commissioners for Midwifery when Slovenia joined the EU (Skoberne, 2003). Midwifery was recognised as a profession in its own right, requiring specific terminology, a profession-specific code of ethics, independent training (with midwifery teachers), and independent research. This initiative led to the establishment of the Department of Midwifery at the Faculty of Medicine of the University of Ljubljana with an autonomous study programme, and later to the establishment of a corresponding chair to promote research in midwifery.

The role of faculties extends beyond the transmission of knowledge to include the development of knowledge itself. Research activity within faculties, which forms the intellectual basis of the profession, indirectly ensures that the profession retains sovereignty over its field (Abbott, 1988, p. 196). Consequently, intellectual work is highly valued within the profession (Kanjuo Mrchela, 2002), as are academics who conduct research and generate knowledge in the field (Abbott, 1988). Pahor (2006) notes a subculture of anti-intellectualism within the health professions, where less-educated members who deny the importance of education and glorify practical skills outnumber more educated members and impede professionalisation to some extent. Conversely, raising the educational level of members of a professional group reinforces the recognition of the importance of theoretical knowledge (Pahor, 2006, p. 28). This was clearly demonstrated in a survey assessing the professionalism of midwives in Slovenia (Mivšek, 2012), which revealed a clear difference between the views of midwives and midwives with a degree in midwifery regarding theoretical knowledge.

Despite our great pride in the long tradition of midwifery education, it must be acknowledged that a profession only truly becomes a profession when education begins at the university level. In this respect, it can be said that the profession of midwifery in Slovenia, despite being very young, has recently achieved a considerable degree of autonomy in the field of education. We are also aware of the fact that midwifery care for women and their families is becoming increasingly complex, which means that young graduates entering the midwifery profession need to assume additional responsibilities. An urgent response to this situation is to elevate the basic level of knowledge (Pehlke-Milde, Beier, zu Sayn-Wittgenstein, & Fleming, 2006). For this reason, faculties across Europe now offer numerous midwifery master's programmes. At the Department of Midwifery, there has long been motivation and awareness of the need for postgraduate studies, as well as interest among graduates to continue their studies (Mivšek, Škodič Zakšek, Petročnik, & Jug Došler, 2017). According to experts, professionalisation is a deliberate political strategy, and a renewed strong initiative for a master's degree programme in midwifery is clearly a logical next step for an educational institution in the process of professionalising midwifery.

Slovenian translation/Prevod v slovenščino

Letos obeležujemo 270 let formalnega babiškega izobraževanja, zato uvodnik posvečam znanju. Babice smo izjemno ponosne na dolgo tradicijo formalnega izobraževanja na Slovenskem. Večkrat rade poudarimo, da se je že Marija Terezija zavedala pomena babiške obravnave za nosečnice, da bodo te rojevale zdrave otroke, ki bodo odrasli v zdrav narod. Zdravnik, ki ga je pooblastila za izboljšanje zdravstvenega stanja v monarhiji, Gerhard Van Swieten, je menil, da bo ravno šolanje tisto, ki bo spremenilo babiško obravnavo na bolje in omogočilo ženskam ter njihovim družinam višjo raven kakovosti in strokovnosti. Njegova glavna iniciativa je bila namreč odpiranje izobraževalnih programov za babice. Verjel je, da znanje (informiranost) spreminja miselnost in izboljšuje klinično delo. Teorije profesionalizma kažejo, da je imel prav. Kompetence, pridobljene med študijem, nam omogočajo vstop na trg dela. Po dolgoletnem delu v kliničnem okolju začnemo svoje bazično znanje sicer dojemati kot samoumevno, vendar pa je prav znanje tisti element, ki ima v procesu profesionalizacije stroke največji pomen.

Po mnenju Freidsona (2001, p. 17), uveljavljenega teoretika profesionalizma, je namreč poglavitna značilnost profesij visoka specializiranost dela, kar onemogoča njegovo standardizacijo in rutinizacijo ter zahteva posebna znanja in spretnosti, pridobljene skozi dolgotrajno izobraževanje. V procesu tega dolgoletnega

izobraževanja pripadniki stroke ne pridobijo zgolj znanj in veščin, pač pa so jim posredovane tudi vrednote in norme, za katere se poklicna skupina zavzema. Kot pravi Pahor (2006), dolgotrajno izobraževanje oblikuje stališča in medsebojne povezave, razvija močno identifikacijo z delom in kolegi ter spodbuja poklicno solidarnost. Ta t. i. profesionalna identiteta se oblikuje v procesu strokovne socializacije že v času študija; zanjo so odgovorni učitelji in (v primeru zdravstvenih strok, kjer polovica ur izobraževanja poteka v kliničnih okoljih) tudi klinični mentorji. Zato je tako pomembno, da babice učijo babice, medicinske sestre medicinske sestre in zdravniki zdravnike. Kot trdita Lay (2000) in Leap (2000), samostojno izobraževanje v babištvu z neposrednim vstopom v stroko oblikuje bolj predane babice, ki so močno zavezane filozofiji fiziologije. Prav ta neoprijemljiva komponenta profesije – strokovna identiteta – je tista, ki izraža »stopnjo posameznikove istovetnosti s poklicem« (Pavlin, 2007, p. 91) in je razlog, da pripadniki tega poklica ne zapuščajo, pač pa mu ostajajo zavezani vse življenje in sprejmejo njegove vrednote kot del osebne ideologije. Zapuščanje poklica in zaposlovanje na drugih področjih dela, kar je trenuten trend v babištvu, je torej lahko deloma odraz šibke strokovne zavesti, kljub temu da babice na deklarativni ravni izražajo močno pripadnost stroki (Mivšek, 2012).

Študentka oziroma študent babištva se skozi leta izobraževanja prerodi v babico oziroma babičarja. Babištvo ni le veščina varovanja presredka in poznavanje števila porodnih dob, pač pa je življenjski stil, saj profesionalne vrednote postanejo del posameznikove osebne identitete. V primeru babištva posameznico/posameznika opredeljuje zaveza k temu, da postavlja žensko (njene potrebe in želje) vedno v središče obravnave, da izboljšuje babiške prakse glede na najnovejše kredibilne dokaze ter da globoko ceni žensko telo in njegove sposobnosti in zato verjame v fiziologijo procesov med nosečnostjo, porodom in v puerperiju. Zato morajo biti mentorji in učitelji študentov babištva močno zavedne babice, ki so predane tej filozofiji. Fakultete so namreč ustanove, ki oblikujejo strokovnjake. Kot že rečeno, ne posredujejo le znanja, pač pa posameznika celostno vpeljejo v področje dela.

Delo strokovnjakov sestoji iz sposobnosti treh faz: sposobnosti klasifikacije problema, sposobnosti opredelitve vzroka ter sposobnosti obravnave problema, ki se v strokovnem žargonu imenujejo diagnostika, sklepanje o etiologiji ter intervencija, pri čemer je druga faza tista, ki je profesionalna ter kot takšna zahteva posebna znanja za presojo (Abbott, 1988, p. 40). Ta znanja so laikom (nepripadnikom stroke) nedostopna in torej nedoumljiva. To je dodaten argument za to, da študente vedno v kar največji meri poučujejo člani stroke. V kolikor so namreč glavni izobraževalci študentov babištva zdravniki, katerih izobraževalni sistem in pozneje klinični princip je stremeti k iskanju (potencialnih) dejavnikov tveganja in preprečevanju (morebitnih) zapletov ter zdravljenje patologije, so študenti babištva indoktrinirani v drugačne vrednote. Tovrstni diplomanti babištva so sicer kot sodelavci v kliničnem okolju bolj po meri ginekologov porodničarjev, vendar pa babištvo na ta način izgubi svojo esenco. Zdravstveni sistem potrebuje kontrapunkt t. i. »biomedicinskega modela« za obravnavo žensk brez zapletov v nosečnosti, med porodom in s fiziološko potekajočim poporodnim obdobjem. Evropa spodbuja obstoj obeh pristopov (medicinskega in babiškega) v zdravstvenem sistemu, kar so pokazala tudi priporočila komisark za babištvo ob vstopu Slovenije v EU (Skoberne, 2003). Babištvo so dojemale kot samostojno stroko, ki zahteva specifično terminologijo, stroki lasten kodeks etike, samostojno izobraževanje (z učiteljicami babicami) in neodvisno raziskovanje. Na to pobudo se je takrat na Zdravstveni fakulteti Univerze v Ljubljani oblikoval Oddelek za babištvo z avtonomnim študijskim programom, pozneje pa je bila ustanovljena še pripadajoča katedra za spodbujanje raziskovalnega dela na področju babištva.

Naloga fakultet ni le podajanje znanja, pač pa sam razvoj znanja. Raziskovalna dejavnost na fakultetah, ki oblikuje intelektualno bazo profesije, posredno skrbi za ohranjanje jurisdikcije stroke nad področjem (Abbott, 1988, p. 196). Zato je v primeru profesij intelektualno delo visoko cenjeno (Kanjuo Mrčela, 2002), prav tako pa tudi akademiki, ki stroko raziskujejo in znanje ustvarjajo (Abbott, 1988). Pahorjeva (2006) omenja subkulturo anti-intelektualizma v zdravstvenih poklicih, ko nizko izobraženi člani, ki zanikajo pomen izobrazbe in poveličujejo praktične veščine, številčno prevladajo nad izobraženimi člani in v določeni meri zavirajo profesionalizacijo. Višanje izobrazbe pripadnikov poklicne skupine torej krepi zavedanje o pomenu teoretičnih znanj (Pahor, 2006, p. 28). To se je jasno pokazalo tudi v raziskavi o oceni profesionalizma babištva v Sloveniji (Mivšek, 2012), kjer je bila med mnenji srednjih babic in diplomiranih babic opazna razlika med stališči v odnosu do teoretičnih znanj.

Kljub izjemnemu ponosu, ki ga občutimo ob dolgoletni tradiciji babiške šole, je potrebno priznati, da poklic preraste v profesijo, šele ko se izobraževanje prične na univerzitetni ravni. V tem pogledu je v Sloveniji stroka babištva še zelo mlada in lahko rečemo, da je na področju izobraževanja v kratkem dosegla relativno visoko stopnjo avtonomije. Zavedamo se tudi, da postaja babiška obravnava žensk in njihovih družin vse bolj kompleksna, to pa bo od mladih diplomantov, ki vstopajo na področje babiškega dela, zahtevalo tudi prevzemanje dodatnih odgovornosti. Nujen odgovor na okoliščine je dvig osnovnega nivoja znanja (Pehlke-Milde, Beier, zu Sayn-Wittgenstein, & Fleming, 2006), zato fakultete po Evropi že množično ponujajo magistrske programe babištva. Motivacija ter zavedanje o potrebi po podiplomskem študiju na

Oddelku za babištvo obstaja že dolgo, prav tako pa tudi interes diplomantov za nadaljnji študij (Mivšek, Škodič Zakšek, Petročnik, & Jug Došler, 2017). Po mnenju strokovnjakov je profesionalizacija načrtna politična strategija, pri čemer ponovna močna iniciativa za magistrski program babištva očitno predstavlja logičen naslednji korak izobraževalne institucije v procesu profesionalizacije babištva.

Conflict of interest/Nasprotje interesov

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Literature

Abbott, A. (1988). *The system of the professions.* London: University of Chicago Press. https://doi.org/10.7208/chicago/9780226189666.001.0001

Freidson, E. (2001). *Professionalism: The third logic.* Cambridge: Polity Press.

Kanjuo Mrčela, A. (2002). Sodobna rekonceptualizacija dela: delo med racionalnim in emocionalnim. *Teorija in praksa*, 39(1), 30–48.

Lay, M. M. (2000). *The retoric of midwifery: Gender, knowledge and power.* New Brunswick: Rutgers University Press.

Leap, N. (2000). Charting new waters in midwifery education. In Annual: *Annual New South Wales conference Midwifery creating a sea change.* Sydney: Midwives Association.

Mivšek, A. P. (2012). *Profesionalizacija slovenskega babištva* (doktorska disertacija). Univerza v Ljubljani, Fakulteta za družbene vede, Ljubljana.

Mivšek, A. P., Škodič Zakšek, T., Petročnik, P., & Jug Došler, A. (2017). Potrebe po magistrskem študiju babištva v Sloveniji. *Andragoška spoznanja*, 23(1), 73–85.

Pahor, M. (2006). *Medicinske sestre in Univerza*. Domžale: Izolit.

Pavlin, S. (2007). *Vloga znanja pri profesionalizaciji poklicev.* Ljubljana: Znanstvena knjižnica FDV.

Pehlke-Milde, J., Beier, J., zu Sayn-Wittgenstein, P. H. F., & Fleming, V. (2006). Vocational analysis of health care professions as a basis for innovative curricular planning: An analysis and prognosis of the development of the professional competencies of midwives – cornerstones of innovative curricula in tertiary education. *Nurse Education Today*, 26, 183–190. https://doi.org/10.1016/j.nedt.2005.09.023 PMid:16278035

Skoberne, M. (2003). Spremembe na področju babištva - babiške nege ob vstopu v EU. In *Funkcionalno izobraževanje: zbornik predavanj*. Ljubljana: Zveza društev medicinskih sester in zdravstvenih tehnikov Slovenije, Sekcija medicinskih sester babic, 14–17.

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