

Do the Birth Stories That Midwifery Students Hear in Their Families Affect Their Profession Choices and Profession Belonging? A Cross-Sectional Study

Ebelik Öğrencilerinin Ailelerinde Duydukları Doğum Öyküleri Meslek Seçimlerini ve Mesleki Aidiyetlerini Etkiler Mi? Kesitsel Bir Çalışma

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Abstract

This research was planned to evaluate the effect of difficult birth stories heard by midwifery students on career choice and professional belonging. The research was conducted with a total of 129 students enrolled in the Midwifery department of a foundation university in İstanbul in 2021-2022. "Questionnaire Form" and "Midwifery Belonging Scale" were used to collect data. 59.7% of the students stated that their families were influential in their choice of profession, 82.2% of them chose the profession voluntarily, and 44.18% of them were interested in the profession. It was reported that 27.9% of the students had a difficult birth, and 32.5% had a difficult birth story in their family. According to the results of the regression analysis, it is seen that choosing the midwifery profession voluntarily ($p<0.000$) and the reason for choosing ($p<0.000$) have a statistically significant effect on the Midwifery Belonging Scale. The results showed that exposure to directly witnessing or listening to the birth story had a significant impact on students' choice of midwifery career. These findings show that social discourses about birth are strong and may have an impact on the perception of birth and the role of midwife, especially among young people.

Keywords: Belonging, dystocia, midwifery, profession, student

Özet

Bu araştırma, ebelik bölümünde okuyan öğrencilerin duydukları zor doğum hikayelerinin meslek seçiminde ve mesleki aidiyetteki etkisini değerlendirmek amacıyla planlandı. Araştırma, 2021-2022 yılında İstanbul'da bir vakıf üniversitesinin Ebelik bölümüne kayıtlı olan toplam 129 öğrenci ile yapıldı. Verilerin toplanmasında "Anket Formu" ve "Ebelik Aidiyet Ölçeği" kullanıldı. Öğrencileri %59,7'sini meslek seçimlerinde ailesinin etkili olduğunu, %82,2'sinin mesleği isteyerek seçtiğini, %44,18'nin mesleğe ilgisinin olduğunu ifade etmiştir. Öğrencilerin %27,9'unun annesinin zor doğuma maruz kaldığı, %32,5'nun ise ailesinde zor doğum hikayesi yaşadığını, bildirmiştir. Yapılan regresyon analiz sonucuna göre, Ebelik mesleğini isteyerek seçme ($p<0.000$) ve tercih etme nedeninin ($p<0.000$) Ebelik Aidiyet Ölçeği üzerinde istatistiksel olarak anlamlı bir etkisinin olduğu görülmektedir. Sonuçlar, doğuma doğrudan tanık olma veya doğum hikayesini dinlemeye maruz kalmanın öğrencilerin ebelik mesleğinin seçmesi üzerinde önemli bir etkisi oldu. Bu bulgular, doğumla ilgili sosyal söylemlerin güçlü olduğunu ve özellikle gençlerin doğum algısı ve ebelik rolü üzerinde etkili olabileceğini göstermektedir.

Anahtar Kelimeler: Aidiyet, distosi, ebelik, meslek, öğrenci

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1. Introduction

Profession according to the Turkish Language Association is defined as “work with determined rules, acquired through a certain educational process, based on systematic knowledge, and skills, done by producing a useful product, providing service to people, and earning money in return” (Carolan and Kruger, 2011). The midwifery profession, one of the oldest professions in history, is a professional occupation that includes science, art, and ethical values. Professionals performing the midwifery profession are called midwives, and according to the International Confederation of Midwives (ICM), a midwife is defined as "a person who has gained midwifery skills by successfully completing the midwifery training program based on ICM's basic competencies for basic midwifery practices, and ICM's global education standards, accepted in the country in which he is located, and who has obtained a midwife certificate by legally confirming his competence" (Carolan, Kruger and Brown, 2007). Choosing a profession is the orientation of individuals to a job that they think is the most suitable for their personality, abilities, and characteristics from among many professions in the society, and which they believe will earn money and provide satisfaction for themselves. The nature of the midwifery profession and the conditions for its practices differ worldwide (Green and Baird, 2007). However, knowing the requirements in midwifery education is necessary to make the right career choice, and to enable the profession to progress in this direction. In one study, the level of concordance between students' decision to become a midwife and their understanding of and the dominant public discourse about midwifery was evaluated. Study results reported that students always wanted to be in the profession of caring for others, midwifery seemed to fit their needs to nurture and help others, they chose the profession to help women, to 'make a difference' and, to enable childbearing women to experience a sense of choice and control (Sidebotham et al., 2015). A more recent study conducted in Australia investigated the motivations, decisions, and beliefs of 32 new students in a high-demand Midwifery Undergraduate program (Cummins et al., 2014). In the study, students reported a sense of sacrifice, admiration for pregnancy, and the view that midwifery is a personally satisfying career when it comes to their decision to become a midwife. In another study conducted in the United Kingdom, midwives who participated in the birth of pregnant women who had positive birth experiences were eager to see that other women would have similar experiences, and they wanted to help and prevent negative birth experiences from happening to other women (McIntosh et al., 2013). In the studies, it is seen that students preferred the midwifery profession because of their emotional desire to help a living being. As for the reasons why students prefer the midwifery profession in our country; they are seen as the ease of finding a job, the influence of family, and the adequacy of the scores obtained in the university entrance exam (Fraser and Hughes, 2007; Williams, 2006). While the choice of profession is affected by the lifestyle and harsh living conditions in Turkey, the emotional orientations of the students, their perspectives on birth, and the birth stories that they were exposed to in their families were never evaluated in the choice of the midwifery profession. Conducting studies investigating the opinions of midwifery students about the profession of which they are members can be useful in revealing the current situation and transferring the effective factors to the education processes. This research was planned to evaluate the effect of difficult birth stories heard by midwifery students on career choice and professional belonging.

2. Method

2.1. Research design

The research was planned in 2022 in a descriptive, cross-sectional type. The STROBE statement was used to organize, determine, and report the study design.

2.2. Research questions

For this purpose, answers to the following questions were sought:

- What are the feelings of the students about the midwifery profession?
- Do the birth stories that students hear in their families affect their career choices?
- What are the views of the students who choose the midwifery profession?

2.3. Population and Sample of the Research

A total of 129 1st and 2nd year students enrolled in the midwifery department of a university in Istanbul in the 2021-2022 academic year were included in the study. In the study, it was aimed to reach the whole universe without sampling selection. All of the 1st and 2nd year students (138) enrolled in the midwifery department and continuing their education constituted the research sample. It was aimed to reach all students in the research, but 9 students who did not accept to participate were excluded from the research. The rate of participation in the research was 93.47% (N=129).

2.3.1. Inclusion criteria

- Participants must be 1st and 2nd year midwifery students,
- Volunteering to participate in the research,
- Turkish speaking,
- Having internet access.

2.3.2. Exclusion criteria

Not being willing to participate in the research.

2.4. Data collection process and Data collection tools

The researcher included students studying in the midwifery department of a foundation university in Istanbul. Access links to the survey were shared with the students, information was given on how to fill out the survey, and it was filled online. To protect privacy, the survey was anonymous. In addition, at the beginning of the questionnaire, there was a statement that the students approved their participation in the study in writing. Students' research participation was free, with no promises of payment of any fees or penalties for their education if they did not participate.

A response rate of 94.47% was obtained by including 129 out of 138 midwifery students identified at the beginning of the study. The survey was created, and the data were collected and managed by the researcher.

A quantitative design with an online questionnaire was used to collect the data. This online questionnaire consists of two parts, the "Questionnaire Form" and the "Midwifery Belonging Scale". Data were obtained through Google forms created by the researcher.

2.4.1. Questionnaire Form

The research data were collected by the researchers by examining similar studies and literature information (Minichiello, Aroni and Hays,2008; Neergaard et al,2009) using a questionnaire consisting of 39 questions, which was created to determine the reasons for students' choosing of the profession, their thoughts about their profession, and their professional career plans.

2.4.2. Midwifery Belonging Scale (MBS)

The Midwifery Belonging Scale, developed by Baskaya et al. in 2020, is a 5-point Likert-type scale consisting of 22 items. The scale consist of four factors and they are named as "Emotional belonging (EB)", "Fulfilling professional roles and responsibilities (FPRR)", "Evaluating professional development and opportunities (PDEO)" and "Limit of duties and authority in the profession (DALP)". There are no reverse items and cut-off points in the scale. The lowest score that can be obtained from the scale is "22" and the highest score is "110". The maximum score for the dimension of emotional belonging and fulfilling professional roles and responsibilities on the scale is "35" and the minimum score is "7". For the dimension of evaluating professional development and opportunities, the maximum score is "25" and the minimum score is "5". The maximum score for the task and authority limit dimension in the profession is "15" and the minimum score is "3". It is accepted that the higher the score obtained from the scale, the higher the sense of belonging (Baskaya et al., 2020). The Cronbach Alpha Coefficient of the scale was 0.90, and the Cronbach Alpha Coefficient was 0.94 in this study.

2.5. Ethical approval

Ethics committee approval was obtained from Haliç University Clinical Research Ethics Committee (Ethics No: 195) before starting data collection. Written consent was obtained from the students to voluntarily participate in the study. No incentives were offered for their participation in the study. The survey was anonymous, and students could leave the survey at any time. The principles of the Declaration of Helsinki were followed throughout the study period.

2.6. Limitations of the Study

Since this study only covers 1st and 2nd year students in the midwifery department of a university, the sample is limited. Research data is based on students' self-report only, so the results are limited to the answers given by the students.

2.7. Analysis and Evaluation of Data

Statistical Package for Social Science (SPSS) version 21.0 Windows software (SPSS, Inc., Chicago, IL, USA) was used for all statistical analyses. The Kolmogorov-Smirnov test was used to evaluate the distribution of data before statistical analysis. Descriptive statistics were calculated, including frequency, percentage for nominal variables, and mean and standard deviation for continuous variables. Significance level was determined as $p < 0.05$.

3. Results

The research was completed with 129 midwifery 1st and 2nd year students who completed and submitted the online questionnaire via Google Forms. The socio-demographic and family information of the students is shown in Table 1. The mean age of the students is 21.14±2.26 (min:19-max:33), 53.9% of them are 1st year students, the majority of the students (93.0%) live in the city, the mothers of 51.1% were housewives, and 73.6% of them stated that their income was equal to their expenses.

Table 1. Sociodemographic characteristics of the participants (N=129)

Variables		n	%
Age (years), mean±SD		21.421±2.26	
Class	1st class	70	53.9
	2st class	59	49.1
Family type	Nuclear family	109	84.5
	Extended family	20	15.5
Where he lived for a long time	Village	2	1.6
	Town	7	5.4
	City	120	93.0
Mother's education	Primary school	36	27.9
	Secondary school	42	32.6
	High school	39	30.2
	University and above	12	9.3
Father's education	Primary school	57	44.2
	Secondary school	33	25.6
	High school	29	22.5
	University and above	10	7.8
Mother's job	Housewife	66	51.1
	Civil servant	40	31.0
	Medical staff	5	3.87
	Others	18	13.95
Father's job	Idle	3	2.32
	Civil servant	24	18.60
	Medical staff	6	4.65
	Others	96	74.41
Income status of the family	Income less than expense	15	11.6
	Income is equivalent to expense	95	73.6
	Revenue more than expense	19	14.7
Parental attention	Overly relevant	23	17.8
	Relevant enough	103	79.8
	Extremely indifferent	3	2.3

n=Number, %=Percentage

The views of the students about the midwifery profession and their exposure to obstructed birth are shown in Table 2. 59.7% of the students stated that their families were influential in their choice of profession, 82.2% of them chose the profession willingly, 44.18% of them chose it because of their interest in the profession. It was reported that 27.9% of the students' mothers were exposed to an obstructed birth, 32.5% had an obstructed birth story in their family, and 43.41% were upset when they heard an obstructed birth story (Table 2).

Table 2. Participants' views on the midwifery profession and their exposure to obstructed birth (N:129)

Variables		n	%
The person who is influential in the choice of profession	Family	77	59.7
	Friend	10	7.8
	Teacher	12	9.3
	Media	11	8.5
	Other	19	14.7
Did you choose the Midwifery Profession willingly?	Yes	106	82.2
	No	23	17.8
The reason for preferring the midwifery profession	Family request	9	6.97
	Easy job finding	42	32.55
	Sufficiency of the score for the department	11	8.52
	Interest in the profession	57	44.18
	Other	10	7.75
Your mother's mode of birth	Vaginal birth	101	78.9
	Cesarean birth	28	21.1
Your mother's exposure to obstructed birth\complicated birth	Yes	36	27.9
	No	92	71.1
Exposure to obstructed birth in the family	Yes	42	32.5
	No	87	67.44
How do you feel when you hear a obstructed birth story?	I don't feel anything	6	4.6
	Cool	21	16.27
	Sad	56	43.41
	Anxious	46	35.64
Is there a midwife in the family?	Yes	21	16.3
	No	108	83.7
Have you attended birth before?	Yes	18	14.0
	No	111	86.0
The most important emotion that should be in the midwifery profession	Conscience	10	7.75
	Mercy	67	51.93
	Patience	16	12.40
	Compassion	14	10.85
	Tolerance\Understanding\Common Sense	22	17.04
The social status of the midwifery profession	Good	25	19.4
	Middle	80	62.0
	Bad	24	18.6

The relationship between the Midwifery Belonging Scale sub-dimension scores and the scale total score is shown in Table 3. The median of the total score obtained by the students from the Midwifery Belonging Scale was found to be 94.19 (22 to 110). Each sub-dimension showed a positive correlation with each other and with the total score of the scale (Table 3).

Table 3. Correlation analysis of midwifery belonging scale total score and sub-dimension scores (N=129)

Variables	Median (Min-Max)	EB Median	FPRR (Min-Max)	PDEO Median	DALP Median
		(Min-Max)	r p	(Min-Max)	(Min-Max)
EB	30.07(7-35)	1			
FPRR	30.29 (7-35)	701 <0,000	1		
PDEO	21.15 (5-25)	0,000 <.844	0,000 <.727	1	
DALP	12.54 (3-15)	672 <0,000	0,000 <.673	735 <0,000	1
MBS Total	94.19 (22-110)	0,000 <.929	0,000 <.881	926 <0,000	0,000 <.821

Min=Minimum, Max=Maximum, $p < 0.05$ significant r =Pearson correlation

Table 4 shows the comparison of the students' answers to the questions about their socio-demographic characteristics, choice of profession, and exposure to obstructed birth, and the average score of the Midwifery Belonging Scale. When the 1st and 2nd year students were compared in terms of midwifery belonging level, a statistically significant difference was found in favor of the 2nd year students ($p=0.004$). When the students who chose the profession voluntarily and those who chose the profession for other reasons (family desire, friend, teacher, media, etc.) were compared, it was found that the midwifery belonging level scores of the students who chose the profession voluntarily were statistically significantly higher ($p<0.001$). When the reasons for choosing the profession were compared, it was found that the midwifery belonging level scores of the students who were interested in the profession were statistically significantly higher when compared with other variables ($p<0.001$). When the students who answered "yes" and "no" to the questions about "choosing the profession willingly" and "the mother's exposure to obstructed birth" were compared in terms of midwifery belonging level, a statistically significant difference was found in favor of those who said "yes" ($p=0.003$; $p=0.002$, respectively) (Table 4).

Table 4. Comparison of participants' answers to occupational questions and average scores on midwifery belonging scale (n=129)

		Midwifery Belonging Scale					
Variables	n	EB Median (Min-Max)	FPRR Median (Min-Max)	PDEA Median (Min-Max)	DALP Median (Min-Max)	MBS Total Median (Min-Max)	
Class	1st class	65	29.86(7-35)	30.30(7-35)	20.88(5-25)	12.56 (3-15)	93 (22-110)
	2nd class	55	30.24(7-35)	30.31(7-35)	21.42(5-25)	12.48 (3-15)	94.54 (22-110)
t			-.143	-.857	.206	-.356	
p		0.000*	.393	.428	0.002*	0.004*	
The person who is influential in the choice of profession	Family	77	30.36 (7-35)	30.26(7-35)	21.13(5-25)	12.63(3-15)	94.67(22-110)
	Friend	10	29.60(7-35)	31.10(7-35)	20.40(11-25)	12.50(3-15)	93.60(22-110)
	Own	12	30.75(5-35)	31.66(15-35)	22.41(8-25)	13.41(8-15)	98.25(35-110)
	Teacher	11	25.63(13-35)	27.45(18-35)	19.36(15-25)	11.09(13-15)	83.54(62-110)
	Media	19	31.31(18-35)	30.77(11-35)	21.89(11-25)	12.53(7-15)	96.44(68-110)
F		2.486	1.717	1.459	1.671	2.130	
p		0.000*	0.042	0.004*	0.216	0.008*	
Did you choose the midwifery profession willingly?	Yes	10	29.79(7-35)	29.93(7-35)	20.97(5-25)	12.35(3-15)	98.77(52-110)
	No	6	31.39(17-35)	31.95(16-35)	22.00(11-25)	13.43(8-15)	93.17(22-110)
t			-1.333	-2.044	-1.278	-2.124	-2.152
p			.113	.001*	.203	.001*	.003*
The reason for preferring the midwifery profession	Family request	9	31.77(28-35)	31.11(28-34)	22.55(18-25)	13.22(11-15)	92.80(22-110)
	Easy job finding	42	29.45(7-35)	30.17(7-35)	20.76(5-25)	12.52(3-15)	97.72(82-110)
	Sufficiency of the score for the department	11	32.27(26-35)	30.27(24-35)	21.81(18-25)	13.36(11-15)	93.86(37-110)
	Interest in the profession	57	30.10(11-35)	30.33(14-35)	21.20(9-25)	12.28(3-15)	98.66(87-109)
	Other	10	28.60(21-35)	29.77(27-35)	20.60(14-25)	12.60(9-15)	93.55(78-110)
F			.754	.649	.122	1.073	.527
p			.003*	.456	.001*	.326	.004*

Min=Minimum, Max=Maximu, $p<0.05$ significant, t =Independent-Sample T test, F =ANOVA

Table 4. Comparison of participants' answers to occupational questions and average scores on midwifery belonging scale (n=129) (continued)

Variables		n	Midwifery Belonging Scale				
			EB Median (Min-Max)	FPRR Median (Min-Max)	PDEA Median (Min-Max)	DALP Median (Min-Max)	MBS Total Median (Min-Max)
Your mother's exposure to obstructed birth\ complicated birth	Yes	36	30.55(7-35)	31.25(7-35)	21.22(5-25)	12.44(3-15)	98.00(22-110)
	No	92	30.04(11-35)	30.22(13-35)	21.15(9-25)	12.55(11-15)	93.92(35-110)
t							
p			.369	1.678	.378	1.038	1.769
			.005*	.346	.003*	.456	.002*

Min=Minimum, Max=Maximu, p<0.05 significant, t=Independent-Sample T test, F=ANOVA

According to the results of the regression analysis, it is seen that choosing the midwifery profession voluntarily (t=1.950 p<0.000) and the reason for choosing (t=1.077 p<0.000) have a statistically significant effect on the Midwifery Belonging Scale. A 1-unit increase in the variable of choosing the profession voluntarily causes an increase of 0.295.k in the IAI, and a 1-unit increase in the variable of choosing the profession causes an increase of 0.051 in the IAI ($\beta=0.295$, $\beta=0.051$) (Table 5).

Table 5. Results of multiple regression analysis between midwifery belonging scale score averages of participants and midwifery profession preference status

Dependent variable	Argument	β	Standard Error	Beta	t	p	VIF	F	Model (p)	R2
MBS	Constant	3.857	.246	-	15.676	0.000*	-			
	The person who is influential in the choice of profession	-0.024	0.038	-0.059	-0.636	0.052*	1.038			
	Did you choose the midwifery profession willingly?	0.295	0.151	0.182	1.950	0.000*	1.062	1.456	0.000*	0.306
	The Reason for Choosing the midwifery profession	0.051	.048	0.102	1.077	0.000*	1.099			

MBS=Midwifery Belonging Scale, p<0.005, t=Linear regression

When Table 6 is examined, the mothers of midwife students are 0.60% more likely to be exposed to obstructed birth and prefer the midwifery profession (compared to those who do not have an obstructed birth).

Table 6. Results of logistic regression analysis of exposure to obstructed birth and preference for midwifery profession

	β Coefficient	Standard Error	Wald Statistics	Degree of freedom	t	p	Exp (β)
Constant	4.001	.978	16.740	1	9.489	0.086	0.000
Exposure to obstructed birth	4.412	1.836	5.773	1	-4.167	0.008*	.609

*p<0.05, t=Linear regression

4. Discussion

Choosing a profession is the orientation of individuals to a job that they think is the most suitable for their personality, abilities, and characteristics among many professions in the society, and which they believe will make money and provide satisfaction. The findings of the study indicated that midwives who chose the profession willingly had a high belongingness score, that there was a significant relationship between the reasons for choosing the profession of those who had a obstructed birth in their families, and that their belonging to the profession was higher.

While the choice of profession is affected by the lifestyle and harsh living conditions in Turkey, the effects of students' emotional orientations, perspectives on birth and birth stories in or around the family on the choice of midwifery profession are not known (Bilgiç, 2022). In order to meet the workforce demands of the midwifery profession both in our country and internationally, it is very important to understand what attracts those who leave the midwifery department and young people to consider midwifery as a career option (Schneider et al., 2013). When we look at the findings of the study, it was found that “exposure” to the role of midwife or an obstructed birth story from her mother or family before enrolling in the undergraduate program has an impact on the career choices of young women. In the study, it was found that students who had an obstructed birth in their family or who had witnessed birth before preferred the profession willingly. In a study conducted in Australia, both direct and indirect exposure of prospective midwife students to the positive structures of midwifery practice was found to be an effective factor in motivating them to enroll in an undergraduate midwifery program (Strauss and Corbin, 2011). In another study, it was revealed that students who witnessed midwives or births in hospitals had a strong influence on their career choices during adolescence (Lothian and Grauer, 2014).

Necessities such as being with a pregnant woman, helping her deliver and cutting the navel of a newborn baby have been one of the duties of women since ancient times and have led to the emergence of the midwifery profession (Newick et al., 2013). The effect of direct exposure to positive maternity care appears to have stimulated or strengthened women's interest in this area of their lives and allowed adolescent women to see themselves as midwives. Carolan (2013) determined that the primary motivation for entering midwifery was “fascination with birth”. It has been found that the direct exposure of young students to birth is quite effective in motivating them in their career choices. The findings of the study showed that previous exposure to birth affected the reasons causing students to choose a profession. Personal storytelling and sharing birth stories with networks of family and friends were also found to influence young students' decision to choose midwifery. Indirect exposure to pregnancy and birth helped students understand this life event and triggered greater interest in being a part of the birth experience.

Storytelling enables individuals to learn facts and existing social customs, and to form their values and beliefs. Birth storytelling has always been an important tool through which childbearing women develop personal connections and knowledge (Bass et al., 2015; DeJoy, 2010). In a study conducted in Australia, it was found that young students' first interest in childbearing was strengthened by exposure to positive stories from their families and friends, and their children were motivated or

reinforced when doing midwifery practices (Hughes and Fraser, 2011). In a study conducted in New Zealand, young women's knowledge of the role of midwives was evaluated, and although the concept of midwives as experts in providing maternity care is embedded in the maternity care system, young women formed this knowledge from storytelling among their families and friends who shared their perceptions of maternity care and midwifery (McCall et al., 2011). In a study conducted in England, young midwife students reported that they formed their own perceptions of the midwife role based on their observations and influenced by the television program "Call the Midwife", in which the drama depicts a midwife in England in the late 1940/50s and is derived from the personal memories of a midwife (Sandall, 2011).

Professional belonging is "where the person sees himself in his profession, how much he is willing to take on his interests and responsibilities towards his profession" (Doğan Yüksekol et al., 2020). A midwife's sense of belonging is that she is willing to undertake and fulfill the roles, duties and responsibilities of her profession, to see herself in the appropriate and right place in her profession, to protect her profession, to have a desire to improve herself in the professional field, to believe in the values of her profession, to be determined to maintain and develop her profession. According to the findings of the study, it was found that the midwife students' professional belonging scores were high.

Choosing the profession willingly and thinking that it is suitable for one's own personality is an important factor that will enable people to benefit more from the service they provide, while being aware of professional responsibility, adopting professional belonging, perception, and professional philosophy, and ensuring that employees get more satisfaction from the service they provide (Doğan Yüksekol et al., 2020; Sidebotham and Ahern, 2011). According to the findings of the study, it was found that midwife students who willingly chose the profession had higher belongingness scores compared to other options such as the desire of their families and finding an easy job. Having a health worker in the family can be effective in choosing the profession consciously, as well as affecting professional belonging. In a study, it was found that students who deliberately chose their profession had higher belonging scores (Doğan Yüksekol et al., 2020).

Midwifery is one of the health professions in which the concept of compassion has gained importance in recent years (Turan and Ünver., 2021). Many international organizations and associations state that the concept of compassion is at the center of midwifery care (Doğan Yüksekol et al., 2020; Ocak Aktürk et al., 2021; Turan and Ünver, 2021). Midwifery care should be based on compassion, dignity, and human rights (Sandall et al., 2013). In the findings of the study, they reported that the most important emotional concept in the midwifery profession is compassion. In a study conducted in Turkey, the level of compassion of students studying in the midwifery department was evaluated and it was found that their level of compassion was high (Bilgiç, 2021). In another study in which the effect of professional belonging on compassion fatigue in midwives was evaluated, no statistically significant relationship was found between midwives' total professional belonging point average and compassion fatigue point averages (Turan and Ünver, 2021). While the concept of compassion, which is an important value in presenting the health care system, is in the nature of the midwifery profession, it is quite possible for students to associate this concept with midwifery.

5. Conclusion

The findings presented in this article give an idea about some of the factors that motivated 129 students studying in the 1st and 2nd years of an undergraduate midwifery department to choose the midwifery department. The results showed that exposure to directly witnessing or listening to the birth story had a significant impact on students' choice of midwifery career. These findings show that social discourses about birth are strong and may have an impact on the perception of birth and the role of the midwife, especially among young people. The ability to share information, share positive birth experiences and reach broad segments of society through social and multimedia should be leveraged to introduce midwifery to potential young learners.

Finally, while the findings are limited to the small boundaries and context of the study, there may be lessons for our profession as a global entity. Access to midwives is key to improving maternity and newborn outcomes for all childbearing women, regardless of context. Attracting and retaining committed youth will make a significant contribution to improving the health and well-being of women and families around the world.

Authors Contributions

Topic Selection: AYK; Design: AYK; Planning: AYK; Data collection and analysis: AYK; Writing of the article: AYK; Critical review: AYK.

Conflict of Interest

The authors declared no conflict of interest.

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