TOGÜ SAĞLIK BİLİMLERİ DERGİSİ
Journal of TOGU Health Sciences

ISSN:*2791-8653*
Ay-Yıl/Cilt/Sayı: Eylül-2025/5/3

Araştırma Makalesi/ Original Article

Examining the Professional Belonging of Midwives and Their Perspective on the Profession: Mixed Method Research

Ebelerin Mesleki Aidiyetinin ve Mesleğe İlişkin Bakış Açılarının İncelenmesi: Karma Yöntem Araştırması

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ÖZET

Giriş: Bu araştırma, ebelerin mesleki yeterlikleri hakkındaki algılarını, mesleki aidiyetleri ve mesleğe bakış açılarını incelemek amacıyla yapılmıştır.

Yöntem: Araştırma, karma yöntemle gerçekleştirilmiştir. Araştırmanın örneklem grubunu oluşturan 143 ebe, nicel anketi doldurmuş olup, bu ebelerden 103'ü yapılandırılmış açık uçlu sorulardan oluşan anketi doldurmuştur. Nicel ve nitel veriler eş zamanlı olarak toplanmıştır. Araştırmanın nicel kısmı için ebelerin sosyo-demografik ve mesleki özelliklerini belirlemek amacıyla "Katılımcı Bilgi Formu", "Ebelik Aidiyet Ölçeği" ve "Mesleğin Yeterliklerine İlişkin Algı Ölçeği" kullanılmıştır.

Bulgular: Ebelik Aidiyet Ölçeği toplam puanı ile alt boyutları ve Ebelik Mesleğinin Yeterliklerine İlişkin Algı Ölçeği toplam puanı ile alt boyutları arasındaki ilişki istatistiksel olarak pozitif ve yüksek derecede anlamlı bulunmuştur ($p<0.001$).

Sonuç: Ebelerin mesleki aidiyetını etkileyen çok fazla etmen olduğu sonucuna varılmıştır. Buna mesleğini istemesinden tutun mesleğe olan bağlılılığı, sevgisi, çalışmaktan memnuniyeti gibi çok fazla faktör sayılabilir.

Anahtar Kelimeler: Aidiyet, yeterlikler, ebelik, mesleki algı

ABSTRACT

Introduction: This research was conducted to examine midwives' perceptions of their professional competence, their professional affiliation and their perspectives on the profession.

Methods: It is a mixed method research. The sample group of 143 midwives filled in the quantitative questionnaire, among which 103 midwives filled in the structured questionnaire. Quantitative and qualitative data were collected simultaneously. For the quantitative part of the research, "Participant Information Form", "Midwifery Belonging Scale" and "Perception Scale Regarding the Competences of the Profession" in order to determine the socio-demographic and professional characteristics of midwives.

Results: The relationship between the Midwifery Belonging Scale mean score and sub-dimensions and the Perception Scale for the Competences of the Midwifery Profession mean score and sub-dimensions was found to be statistically positively and highly significant ($p<0.001$).

Discussion: It has been concluded that there are many factors affecting the professional affiliation of midwives. This includes many factors such as desire for the profession, commitment to the profession, love, and satisfaction with work.

Keyword: Belonging, competences midwifery, professional perception

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Başvuru/Submitted: 23.08.2024 **Kabul/Accepted:** 21.08.2025
Cite this article as:. Yalnız Dilcen H, Murat Ozturk D, Deniz Sayıner F. *Examining The Professional Belonging Of Midwives And Their Perspective On The Profession: Mixed Method Research* J TOGU Heal Sci. 2025;5(3): 231-248.

INTRODUCTION

Midwifery is recognized as an autonomous profession that enables them to provide evidence-based, high-quality and ethical care for women and their families during pregnancy, childbirth and postpartum (1). In the 20th century, many changes have occurred in the process of pregnancy, birth and postnatal care in the world and in our country. These changes in societies such as urbanization, industrialization and digitalization have changed the role, status and working conditions of midwives (2). These led to a change in the perception of midwives about their professional powers, their professional belonging and their perspectives on the profession.

The midwifery profession requires knowledge, competence, confidence and skill. A competent and confident midwife can make the difference between life and death (3). While doing those, midwives should combine their theoretical knowledge and practical skills and should be able to use their personal characteristics such as empathy and intuition (4,5). The concepts of professional knowledge and competence are complex. These concepts include hands-on skills training as well as personal factors such as self-efficacy, confidence and critical thinking capacity (6). Norman and Hyland (2003), on the other hand, point out that the development of professional competence depends on workplace-related conditions and that confidence can be increased or decreased (7).

For this reason, examining the factors that can affect the perception of the profession contributes to the development of both individual and social perception of the profession. One of the factors that will affect the perception of profession may be professional affiliation. Fenta et al. (2023) claim that professional belonging is the emotional bond between the individual and his or her profession (12). They state that this emotional bond has an impact on whether the individual wants to stay in the profession or not. Professional belonging of midwives is related to many variables. Professional role and status, communication with team members, autonomy, working conditions, occupational health and safety, society's view of the profession, corporate identity, remuneration, education conditions, economic security of the wages, career opportunities, moral and material rewards, attitude of managers job stress, job satisfaction, responsibility and authority can ba stated as those variables (10,11,13-17).

Midwives' personal lives, cultures, personalities and experiences may also influence professional perception. Midwives develop professional attitudes according to their perceptions and behave in line with the attitudes they have developed (18). Occupation is the most important source of a person's identity, and it is an area of activity that allows him/her to

be respected, to establish relations with others and to have a place in society. It is also a way of using talents, self-realization and development (19). Positive profession perception plays a major role in midwives' adopting their profession, achieving success in their lives and in the social development of the profession. For this reason, examining the factors that can affect the perception of the profession contributes to the development of both individual and social perception of the profession (20). It is thought that it will be a guide in determining the expectations for the future, increasing the professional satisfaction, increasing the quality of health care (21), determining and solving the professional problems experienced by determining the perception, midwifery belonging and perspectives about the professional powers of midwifery. For this reason, this research was conducted to examine the perceptions of midwives about the competencies of the midwifery profession, their belonging to midwifery and their perspectives on the profession.

METHODS

It is triangulation design mixed method research conducted to examine the perceptions of midwives about the authority of the midwifery profession, their belonging to midwifery and their perspectives on the profession. The sample of the study was formed by including midwives who work actively in the obstetrics clinic, obstetric services or in delivery room and volunteer to participate in the research. Ethics committee approval was obtained for the study. Between January 2021 and 2022, data were collected by means of data collection tools transmitted to the participants online (mail, instagram, whatshap professional societies, facebook). Quantitative and qualitative data were collected simultaneously. For the quantitative part of the research, “Participant Information Form”, “Midwifery Belonging Scale” and “Perception Scale Regarding the Competences of the Profession” in order to determine the socio-demographic and professional characteristics of midwives. For the qualitative part, data was collected by using the "Structured Questionnaire" to get information about the experiences of the midwives. After giving information about the research, the forms were sent to the midwives, whose consent was obtained. Both quantitative and qualitative data were collected by the participants by self-report method. The sample group of 143 midwives filled in the quantitative questionnaire, among which 103 midwives filled in the structured questionnaire.

Participant Information Form: There are questions (43) reflecting the socio-demographic characteristics and professional knowledge and opinions of midwives.

Perception Scale Regarding the Competences of the Midwifery Profession: The scale, which was developed by Mathews et al. in 2006, was adapted into Turkish by Öztürk et

al. in 2018. The scale has 22 items and a 5-point Likert-type rating. It consists of 3 sub-dimensions: autonomy, effective management, and woman-centered practices. The total score of the scale is at least 19 and at most 95 points (22,23). It is seen that as the scale score increases, the perception of the authority of the midwifery profession increases. Cronbach's alpha value in the study is 0.838

Midwifery Belonging Scale: The scale developed by Başkaya and Sayıner in 2018 to measure the sense of professional belonging of midwives consists of 22 items. Responses are scaled between 1-5 points. The score obtained from the scale is calculated by taking the sum of the items in the scale. The score that can be obtained from the scale varies between 22 and 110. A high score indicates that the midwife's sense of belonging to midwifery is high, while a low score indicates that the sense of belonging to midwifery is low. The reliability of the scale was found to have a Cronbach-Alpha (α) value of 0.905 (10). Cronbach's alpha value in the study is 0.903

Ethical consideration

The study has obtained ethical approval. At the beginning of the study, participants were asked to read the informed consent form and provide consent to participate by adding a question to the beginning of the online form asking whether they agree to participate in the study. Participants who consented to participate were included in the study.

Data analysis

SPSS (Statistical Package for Social Sciences) for Windows 24.0 program was used for the statistical evaluation of the quantitative part of the data. The obtained data were evaluated using percentage, mean, standard deviation, student t test and Pearson correlation analysis. The results were evaluated at a 95% confidence interval and were considered significant if the p value was less than 0.05.

In the evaluation of the qualitative part of the data; the opinions of the midwives on their professional powers, belongings and professions were obtained by using the mixed method. In the qualitative part of the study, the phenomenological approach pattern and the opinions of the people about their own experiences are discussed. The data were evaluated by content analysis without any digitization concerns. The content was made by following the analysis steps. Question titles formed coding characters. Results were obtained by interpreting the findings (24).

RESULTS

Quantitative Findings

It was found that the average age of the midwives was 33.51, an average of 11 years of job experience, and an average of 175 hours of work in a month in the same place for about 5 years. It was determined that 65% of the midwives were married, 58% had undergraduate education, 19.6% received education in a non-midwifery department, 30.8% worked in the delivery room and postpartum service, and 42% worked 8 hours a day (Table 1).

Table 1: Sociodemographic and professional characteristics of midwives

		Ortalama± SD	
Age (years)		33.51±8.37	
Number of children		0.93±0.98	
Professional working year		11.45±9.12	
Years of employment at current place of employment		4.45±4.77	
Monthly working time (hours)		175.81±63.78	
		n	**%**
Marital status	Single	50	35.0
	Married	93	65.0
Education status	Health vocational high School	6	4.2
	Associate midwifery	6	4.2
	Undergraduate midwifery	83	58.0
	Postgraduate midwifery	16	11.2
	Midwifery doctorate	4	2.8
	Non-midwifery departments	28	19.6
Working status as a midwife	Yes	85	59.4
	No	58	40.6
where she works	Obstetrics	12	9.1
	Delivery room /postpartum	44	30.8
	Newborn	6	4.2
	ASM	15	10.5
	TSM/ Health Department	12	8.4
	Non-midwifery areas	40	30.0
	Pregnant school	11	7.7
How it works	Shift	60	42.0
	Turn of work 24 hour	17	11.9
	Shift - Turn of work	14	9.8
	Job rotation	52	36.4

When the thoughts of midwives about being able to manage their professional convictions under their own responsibility are examined; midwives stated that they can manage antenatal follow-up (89%), normal delivery (95%), postpartum (95.8%) and newborn (90.2%) care, pregnant school (100%), breastfeeding counseling (100%), determining the

risky pregnancy or the risk of delivery (53.1%) and manage follow-up of high-risk pregnant women and the follow-up of delivery (83.9%) under their own responsibility. Midwives stated that pregnancy and childbirth is a natural process by 79% and a pathological process by 21%. 83.9% of the midwives stated that the midwifery profession is not protected by law, 81.1% of them stated that their professional duties and activities are not protected by the law, and 87.4% of them stated that professional insurance is required (Table 2).

Table 2: Midwives' thoughts on being able to manage professional convictions under their own responsibility

		n	%
Antenatal follow-up	Yes	128	89.5
	No	15	10.5
Normal delivery	Yes	136	95.1
	No	7	4.9
Postpartum care	Yes	137	95.8
	No	6	4.2
Newborn care	Yes	129	90.2
	No	14	9.8
Pregnant school	Yes	143	100.0
	No	0	0
Breastfeeding counseling	Yes	143	100.0
	No	0	0
Detecting the risk of a risky pregnancy or birth	Yes	76	53.1
	No	67	46.9
Follow-up and delivery of high-risk pregnant women	Yes	120	83.9
	No	23	16.1
Pregnancy and childbirth [natural process]	Yes	113	79.0
	No	30	21.0
Pregnancy and childbirth [pathological process]	Yes	53	37.1
	No	90	62.9
Is the midwifery profession protected by law?	Yes	23	16.1
	No	120	83.9
Are their professional duties and activities protected by law?	Yes	27	18.9
	No	116	81.1
Is professional insurance required?	Yes	125	87.4
	No	18	12.6

When the views of the midwives about the job descriptions according to the Ministry of Health and the adequacy of the skills they gained when they graduated from school are examined in Table 3; It is seen in the numerical data that the skills and competencies of the midwives in their duties and authorities increase more while working.

Table 3: Opinions of midwives on job descriptions of midwives according to the Ministry of Health and the adequacy of the skills they gained when they graduated from school

		Ministry of Health		Skills gained after graduating from school	
		n	%	n	%
To carry out consultancy services related to family planning services before and after birth and to make necessary applications	Yes	127	88.8	126	88.1
	No	16	11.2	17	11.9
Prenatal care and follow-up. diagnosis of pregnancy	Yes	106	74.1	125	87.4
	No	37	25.9	18	12.6
Early detection of risky pregnancies and referral to the necessary units	Yes	113	79.0	87	60.8
	No	30	21.0	56	39.2
To carry out the necessary care and follow-up during the birth	Yes	137	95.8	123	86.0
	No	6	4.2	20	14.0
Ensuring that the delivery rooms are always clean and convenient to use. with the necessary tools and materials for birth and interventions.	Yes	130	90.9	124	86.7
	No	13	9.1	19	13.3
Having normal births	Yes	130	90.9	109	76.2
	No	13	9.1	34	23.8
Performing and repairing episiotomy if necessary	Yes	126	88.1	82	57.3
	No	17	11.9	61	42.7
Evaluating risky situations and deciding on referral	Yes	87	60.8	77	53.8
	No	55	38.5	66	46.2
Postpartum care and follow-up	Yes	140	97.9	134	93.7
	No	3	2.1	9	6.3
Recording the sex, height, head and chest circumference, weight of the babies born	Yes	134	93.7	139	97.2
	No	9	6.3	4	2.8
Detecting and recording abnormalities, hereditary signs, characteristics of the placenta and cord	Yes	111	77.6	92	64.3
	No	32	22.4	51	35.7
Stillborns; to check if they are still breathing for a while after giving birth	Yes	112	78.3	98	68.5
	No	31	21.7	45	31.5
Appropriate cutting, tying and wrapping of the navel of newborns, taking necessary precautions	Yes	133	93.0	135	94.4
	No	10	7.0	8	5.6
Be careful not to mix babies born with each other.	Yes	136	95.1	138	96.5
	No	7	4.9	5	3.5

The effect of midwives' thoughts on the midwifery profession on their Perceptions of Midwifery Belonging and Competences of the Midwifery Profession (Table 4) was examined. Belonging to Midwifery and association membership, liking the profession, working in other fields, constant care of a pregnant woman at birth, wanting to have a home birth as a midwife, being satisfied with her profession and wanting to be a midwife again were found statistically significant. Perception of the Competences of the Midwifery Profession and membership of

the association, liking the profession, working in other fields, the role of the health team in childbirth and the clarity of the job description, being satisfied with the profession and wanting to be a midwife again were found to be statistically significant.

Table 4: The effect of midwives' thoughts on the midwifery profession on their Perceptions of Midwifery Belonging and Competences of the Midwifery Profession

	n		%	MBS		PSCMP	
Association membership	Yes	50	35.0	96.72±8.92	t: 3.537	70.72±10.85	t: 2.704
	No	93	65.0	90.22±11.20	p**:0.001**	66.11±9.034	p**:0.008**
Loving the Midwifery Profession	Yes	131	91.6	93.66±10.27	t: 4.519	68.72±9.58	t: 4.202
	No	12	8.4	79.75±9.35	p:**0.000**	56.83±6.52	p:**0.000**
Working in other fields does not affect professional belonging.	Yes	121	84.6	93.57±10.12	t: 2.857	68.59±10.05	t: 2.449
	No	22	15.4	86.54±13.07	p:**0.005**	62.95±7.73	p:**0.014**
The role of the health team and the clarity of the job description at birth	Yes	55	38.5	93.23±10.31	t: 0.641	70.27±9.76	t: 2.469
	No	88	61.5	92.03±11.26	p:0.522	66.13±9.73	p:**0.015**
Midwives can write their names on the birth they have done	Yes	66	46.2	91.71±10.86	t: -0.797	68.75±1004	t: 1.151
	No	77	53.8	93.16±10.92	p:0.427	66.84±9.79	p:0.252
Continuous care by a midwife to a pregnant woman at birth	Yes	139	97.2	93.02±10.48	t: 3.536	68.03±9.82	t: 2.224
	No	4	2.8	74.25±9.56	p:**0.001**	57.00±7.78	p:0.063
Asking for a home birth as a midwife	Yes	78	54.5	95.03±9.25	t: 3.154	68.07±6.69	t:0.461
	No	65	45.5	89.44±11.93	p:**0.002**	67.30±10.24	p:0.646
The midwifery profession is an autonomous profession.	Yes	106	74.1	93.00±10.54	t:0.936	68.65±9.31	t:1.902
	No	37	25.9	91.05±11.83	p:0.351	65.08±11.19	p:0.059
Satisfaction with performing your job	Yes	133	93.0	93.64±10.06	t:4.977	68.72±9.51	t:4.725
	No	10	7.0	77.20±10.15	p**:0.000**	54,40±3.59	p:**0.000**
Wanting to be a midwife again	Yes	109	76.2	95.07±9.68	t:5.581	68.82±9.70	t:2.411
	No	34	23.8	84.23±10.51	p:**0.000**	64.20±9.90	p:**0.017**

The relationship between the Midwifery Belonging Scale means score and sub-dimensions and the Perception Scale for the Competences of the Midwifery Profession mean score and sub-dimensions was found to be statistically positively and highly significant (Table 5).

Table 5. The relationship between the Midwifery Belonging Scale means score and sub-dimensions and the Perception Scale about the Competences of the Midwifery Profession mean score and sub-dimensions

	1	2	3	4	5	6	7	8
MBS total (1)	1							
Emotional Belonging sub-dimension (2)	.898**	1						
Role responsibilities sub-dimension (3)	.846**	.627**	1					
Development possibilities sub-dimension (4)	.830**	.671**	.552**	1				
Task authorization limit sub-dimension (5)	.761**	.599**	.666**	.532**	1			
PSCMP total score (6)	.543**	.511**	.357**	.519**	.444**	1		
Support management sub-dimension (7)	.465**	.464**	.239**	.518**	.306**	.897**	1	
Skill sub-dimension (8)	.581**	.536**	.480**	.400**	.617**	.668**	.452**	1
Source sub-dimension (9)	.297**	.263**	.185*	.334**	.205*	.828**	.661**	.261**

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

Qualitative Findings

During the content analysis, 6 themes were determined, including the definition of the midwifery profession, vocational training, working conditions, malpractice insurance, expectations from professional organizations, and home birth. 6 themes were decided by two researchers. Both researchers evaluated and finally the themes were common.

Definition of the Midwifery Profession

While describing the midwifery profession, it is seen that in addition to making general definitions such as prenatal, birth and postnatal caregiver, they also emphasize other words and definitions such as healer, healing hands, hope and life, wise woman, self-sacrifice, compassionate mother.

"A health professional who provides necessary pregnancy, birth and postnatal care, cares for newborns, and carries out the birth under his own responsibility (P16)."

"A midwife is a person with reliable information who can be with the woman in every period and provide support. And the midwife is the first holy person to touch the miracle that was

thrown into life from that woman's body. It is the person who provides the most natural aids during the fertility period of a woman (P39).

"There is a person who gave birth among people, but for me, a midwife means family. From infancy, she monitors her health, then follows the child, then this child grows up, provides marriage counseling, then family planning, pregnancy, birth, postpartum, the midwife is not the one who gives birth, but the one who respects the birth and shows love to the mother. It is the support. But she can intervene immediately in emergency situations (P46)."

Midwifery Education

There is an expectation from the professional organization to organize vocational trainings. At the same time, there is a tendency to focus on practice in undergraduate education. In addition, many opinions have been expressed regarding the characteristics of trainers, especially those who have worked as midwives.

"Of routine practices that have proven to be unhelpful (enema, perineum shaving, restriction of movement, restriction of oral intake) should be prevented and training should be organized for midwives based on up-to-date information on these issues (P42)."

"There should be case evaluation with more simulations in midwifery education (P9)."

"I think that the current midwifery training is insufficient, the theory is very good, but the practice is insufficient, practical training should be more (P21)."

"It is important that teachers who have worked in the field provide training (P72)."

"In the field, we should be in charge of the trainers and touch the patient with them, we should give the examination and training with the trainers. The stronger a teacher shows himself in the field as a midwife, the more strength the student will find while practicing his profession (P109).

Expectations from Professional Organizations

The expectations of midwives from professional organizations and associations are policy making, strengthening the profession, training related to the profession, developing the professional law, solving professional problems, having the authority of the profession, increasing the prestige of the profession, leading, forming a unity, defending the rights of midwives, creating a unity among midwives, being accessible, they expect their active participation by taking the opinions of the midwives.

"I really want to be with the midwives who are in the field, to organize activities to promote the midwifery profession, to attract the midwives working outside the field, to emphasize the role of the midwife not only in birth but also in public health, to provide training to the midwives on behalf of the association (P109)."

"To carry out activities that will represent, develop and take our profession forward in the best way, to ensure that the members are participatory and active in this regard while carrying out this activity as an association, to ensure that the members are aware that they are there for the same common purpose and our profession, and that members to strengthen communication, solidarity and team spirit with the company (P51)"

"I would like an association that defends our rights and carries out activities to meet our needs. To remove unfair working situations between other institution employees and health workers. Have the same rights as them. Fair remuneration for the work I do. I would like an association that defends our rights and carries out activities to meet our needs (P86)."

Working Conditions

The midwives made demands that they do not want to work outside the field, such as increasing their salaries, personal rights and being able to work autonomously, arranging working hours and improving their professional laws. They want their births to be registered in their name. They demand to attend the trainings they want to attend and to be included in the certification programs.

"I am currently employed in another field and I really miss my own profession. I feel blinded, my job satisfaction is zero and it saddens me that the midwives who have been working in other services in my field for years are far from the midwifery profession and define themselves as nurses as a title. My professional affiliation: I never want it to disappear like them. I like being a midwife (P30)."

"When I write my name, I write it as accompanied by a doctor, but birth is already the job of a midwife, such a restriction negatively affects my professional motivation (P35)."

"More work to remove the mobbing on midwives working in hospitals (P101)."

"Improving personal rights, improving salaries, improving the education status of midwives, reflecting births to midwives, free public transportation, insurance as in soldiers and police, lawyers and physicians, making the whole health community adopt that the midwifery profession is independent from the nursing profession, congress, symposium, etc. including the midwives working in the field and encouraging the midwives working in the field to work, and the Ministry's cadre recognition to the midwives who have completed postgraduate education: Expert Midwife (P111).

"Changing the laws, improving them financially, removing the duty calls, reflecting the revolving fund to retirement (P67)"

"Independent roles need to increase. The number of patients should be reduced. Free midwifery needs to be widespread. Private institutions that include childbirth preparation, breastfeeding, etc. Should not be opened under the auspices of a physician (P72).

Malpractice Insurance

Almost all of them argue that there should be an insurance for midwifery. They stated that the reasons for this would be working in a high-risk area, having too many lawsuits, and even refraining from doing their duties due to risks.

"If a midwife manages and takes responsibility for the birth process on her own, she should be protected by professional insurance like doctors (P21)."

"Having an insurance that will protect against the risks that may arise supports the midwife to be more active in birth management. If there is no insurance, the midwife stays away from taking responsibility, so the birth takes place under the doctor's management (P33).

"Every birth progresses with its own unknowns, and unforeseen problems may occur in this process. However, despite this, lawsuits are filed against midwives and they become victims. Therefore, insurance will be a convenience for midwives to practice their profession, as is the case with physicians (P35).

Views on Home Birth

There are positive and negative opinions about home birth. While we do not want to give birth at home in terms of risks and complications, it is preferred because of the natural process of birth and privacy.

"The primary factor that causes birth to be a bad experience is that expectant mothers are unconscious and feel fear and anxiety based on this, in my opinion, the home environment is an environment where the expectant mother can feel comfortable, get the support of her spouse or a loved one better, and become more open to the direction and help given to her. The risk of infection is less than the hospital (P90)."

"Unless there is a risky situation, pregnancy is a natural process, it is much more satisfying to be able to provide this in an environment where the mother is most comfortable, and birth can be done at home to prevent it from being seen as a disease (P76)."

"I would not want to give birth at home because there is no environment to meet the situations that will require urgent intervention (P3)."

"There is no necessary and sufficient infrastructure. There is no maintenance protocol, there are penalties, emergency referrals are insufficient (P10)."

"In today's conditions, I find home birth unsafe both for us and for the patient (P35)."

DISCUSSION

While midwives' perceptions of their profession affect how they see themselves in society and their motivation, it also affects their motivation, job satisfaction, performance and professional authority and responsibilities in business life (21). In the study, midwives; It has been determined that almost all of the professional duties of antenatal follow-up, normal delivery, postpartum and newborn care, pregnant school, breastfeeding counseling can manage their professional convictions under their own responsibility. It has been found that midwives are mostly able to detect and monitor the risk of risky pregnancy or birth. Mıvsek et al., (2021) found in their study that the majority of midwives felt sufficient (83%) to manage physiological pregnancy, delivery and puerperium (5). Midwives felt a professional obligation similar to their duties and definitions, as in the definitions of WHO, ICM, MoH midwifery (25,26). In line with these results, it can be said that midwives perceive themselves as an individual and as a member of the profession.

When the qualitative data are evaluated, it is seen that when they define the midwifery profession, they make general definitions such as prenatal, birth and postnatal caregiver, as well as other words and definitions such as healer, healing hands, hope and life, wise woman, self-sacrifice, compassionate mother. Similar statements are seen in quantitative data, such as "to provide necessary care and follow-up during delivery (95.8%), to have normal deliveries (90.9%)". International Midwifery Confederation indicates that midwifery practices include sexual and reproductive health; women's health; Family planning services, also including antenatal care, the independent provision of care during pregnancy, childbirth and the postpartum period (25).

Midwifery education should ensure that midwives are prepared and embrace their professional status as independent practitioners (27). In order to achieve this, it is important that midwife colleagues who have adopted the midwifery profession train their own colleagues. Many studies have been found in the world and in our country that mention the inadequacy of clinical trainers (28-30). In our study, it was stated that the trainers in vocational education should consist of people who worked as midwives. The World Health Organization includes the expression “to have completed at least two years of full-time clinical experience within the scope of practice within the last five years” for midwifery trainers (1).

It is seen that midwives do not want to work outside the field, and they make demands such as increasing their salaries, personal rights and being able to work autonomously, arranging working hours and improving occupational laws. The effect of non-field work on

professional belonging was found to be statistically significant between the scales of being satisfied with the profession, liking the profession, and Perception of Midwifery Belonging and the Competences of the Midwifery Profession. In the study, it was determined that the levels of liking the midwifery profession and professional belonging were higher (17). Sheehy et al. observed a similar result in their study. The Perception Regarding the Competences of the Midwifery Profession scale was used and it was stated that there were significant differences between those who want to work in another field and those who want to quit their job, with the sub-dimensions called "Woman-Centered and Autonomy", although not with the scale score of this scale. It has been reported that they always want to work as a midwife, they do not want to work in another midwifery field, they do not think of leaving the midwifery profession, and the practices of the midwifery profession are perceived as more woman-centered and autonomous due to their nature (31). These results show that choosing the profession consciously, willingly and lovingly is one of the important factors affecting professional belonging. The more a midwife adopts the values and goals of her profession or the more she feels she belongs to her profession, the more willing she is to work for the benefit of that profession (2,32). Another important finding in the study is that 83.9% of the midwives stated that the midwifery profession is not protected by the law, 81.1% of them also stated their professional duties and activities are not protected by the law, and 87.4% of them stated that professional insurance is necessary. They reported that working in a high-risk area, having too many lawsuits, and even risks would cause midwives to hesitate to do their job. This finding shows that midwives do not feel safe. The regulation has not yet provided full consistency between the professional competences and the authorities and responsibilities of midwives practicing the midwifery profession (5). However, it has been determined that midwives do not feel this while performing their profession. This is important for the practices of the midwifery profession.

While midwives had positive thoughts about home birth such as the natural process of birth and privacy, they reported negative opinions such as risks and complications. A significant relationship was found between the state of wanting to have a home birth as a midwife and the Midwifery Belonging Scale. It was observed that those who wanted to have a home birth had a higher midwifery belonging score. This can be associated with the belief in the woman's ability to give birth and the autonomy of the profession.

35% of the participants stated that they were members of an association, and it was concluded that there was a statistically significant difference between the scales of Midwifery Belonging and Perception of the Competences of the Midwifery Profession and being a member of the

profession. Participants have many expectations from the professional organization. These include solving legal and professional problems and increasing the authority and prestige of the profession. Apart from this, there are also expectations such as creating unity among midwives, being accessible and ensuring active participation of midwives by getting their opinions.

Bogren et al. (2020), it was stated in their study that an association was established for the development of the midwifery profession and the regulation of laws for autonomous practice, but it needed resources and this association should be supported (30). It is recommended to develop and provide midwifery leadership programs, secondly, to identify leaders for positions and levels of expertise, and thirdly, that the midwifery community actively support them (33). In the study we have done, it is seen that there is a special emphasis on leadership, and that the association should lead and create unity.

CONCLUSIONS

The findings from this study offer significant contributions to the clinical setting and the advancement of the midwifery profession. Midwives' perceptions of professional belonging and authority, their commitment to their profession, and their broader definitions of midwifery highlight the importance of strengthening the professional identity of midwives. Addressing midwives' requests for increased autonomy, responsibility, and improved working conditions could lead to a more engaged and motivated workforce within clinical settings.

Furthermore, midwives' self-identification with terms such as "healer," "healing hands," and "wise woman" underscores the ethical commitment and dedication central to the profession, indicating the priority placed on empathy and trust in patient relationships. Such an understanding can enhance the quality of midwifery care and foster a sense of security for patients throughout the birthing process.

The findings also suggest that professional organizations should actively engage in policy development, strengthen vocational training, improve professional legislation, and work to elevate the prestige of midwifery. Midwives' demands for greater autonomy in their practice and better professional rights may enhance the status of the profession and facilitate a more collaborative working environment with other healthcare professionals.

Finally, increasing professional belonging and addressing the developmental needs of midwives can improve job satisfaction, reduce burnout, and strengthen long-term commitment to the profession. This would contribute to a higher quality of care in clinical settings, fostering a holistic and sustainable approach to maternity and childbirth care.

This study has several limitations. The sample is limited to volunteer midwives who work or wish to work only in certain clinics, which may restrict its representativeness for the entire midwifery profession. The use of online channels for data collection may result in bias by excluding midwives without internet access or those who do not participate in online platforms. Additionally, the self-reported nature of both quantitative and qualitative data collection introduces the risk of subjective bias, as it relies on participants' personal perceptions.

Author Contributions

HYD: Conceptualization, Methodology, Writing - Review & Editing.

DMÖ: Resources, Data Curation, Writing- Original draft preparation.

FDS: Supervision, Writing - Review & Editing.

Acknowledgements

The authors would like to thank the participants for attending in the study.

Conflict Of Interest

The authors declare no conflict of interest.

Funding Sources

These authors did not receive any financial support for research, authorship, and/or publication

of this article.

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