



INVESTIGATION OF PERCEPTION OF EMPOWERMENT IN MIDWIFERY IN TERMS OF RELATED VARIABLES

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ABSTRACT

Objective: The aim of this study was to explore the current state of empowerment in midwifery and to understand the underlying reasons for this situation by examining it through various related factors.

Method: This study, which was both descriptive and correlational, surveyed a total of 278 midwives randomly selected from different regions across Turkey. The data were collected with "Perceptions of Empowerment in Midwifery Scale" and the "Descriptive Information Form for Midwives."

Results: The mean age of the midwives participating in the study was 32.94 years, and they had an average of 10.95 years of professional experience. On The study found that various factors influenced the total or specific factor scores on the Perceptions of Empowerment in Midwifery Scale, including the midwives' ages, years of professional experience, the type of units they worked in, whether they had chosen and practiced the profession willingly, how suitable they felt midwifery was for them, their likelihood of recommending the profession, their engagement with scientific activities related to midwifery, the impact of professional issues on their social lives, and the level of professional respect they received from society ($p<0.05$).

Conclusion: By enhancing midwives' perceptions of empowerment, it is possible to improve the health and well-being of women, children, and communities. Therefore, efforts should be made to boost midwives' sense of empowerment by taking into account the factors that influence it.

Keywords: midwife, midwifery, empowerment, perception

EBELİKTE GÜÇLENDİRME ALGISININ İLGİLİ DEĞİŞKENLER AÇISINDAN İNCELENMESİ

ÖZET

Amaç: Bu çalışma ebelerde güçlendirme algısını ilgili değişkenler açısından inceleyerek mevcut durumu ve bu durumun nedenlerini ortaya koymak amacıyla yapılmıştır.

Yöntem: Tanımlayıcı ve korelasyonel desende bu çalışmaya, Türkiye'nin çeşitli bölgelerinden rastgele seçilen 278 ebe dahil edilmiştir. Veriler, "Ebelikte Güçlendirme Algısı Ölçeği" ve "Ebelik İçin Tanıtıcı Bilgi Formu" kullanılarak toplanmıştır.

Bulgular: Araştırmaya katılan ebelerin yaş ortalaması 32,94 yıl ve mesleki deneyim ortalaması 10,95 yıl idi. Ebelerin yaşları, mesleki deneyim süreleri, çalıştıkları birimler, mesleklerini isteyerek seçme ve isteyerek yapma durumları, ebelik mesleğini kendilerine uygun bulma, ebelik mesleğini önerme, ebelik ile ilgili bilimsel etkinlikleri takip etme, mesleki sorunlarını sosyal yaşamlarına yansıtma ve toplum tarafından mesleki olarak saygı görme durumlarının Ebelerde Güçlenme Algısı Ölçeği toplam veya faktör puanlarını etkilediği görülmüştür ($p<0.05$).

Sonuç: Ebelerin ebelerde güçlenme algıları geliştirilebilir ve kadınların, çocukların, toplumun sağlığı ve refah düzeyi iyileştirilebilir. Bu nedenle, ebelerin ebelerde güçlenme algıları, etkili faktörler göz önünde bulundurularak geliştirilmelidir.

Anahtar Kelimeler: ebe, ebelik, güçlendirme, algı

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INTRODUCTION

Maternal and neonatal deaths are an important health assessment criterion indicating the development level of countries. Hence, midwives with a key role in reducing maternal and infant mortality should be competent in their profession (1,2). The World Health Organization (WHO) and the International Confederation of Midwives (ICM) called for reform in midwifery education in the early 2000s. Adopting competency-based models for the training of midwives is at the center of these reforms (3).

According to the WHO, competency in midwifery is a framework reflecting the knowledge, attitude, and psychomotor elements of midwifery practices (4). According to the ICM, competency is the safe and effective application of knowledge, skills, and attitudes (5). It is the synthesis of postgraduate competency, the ability to take evidence-based decisions, intuition and experience, theoretical knowledge, and practical skills (6). The ICM indicated midwifery competency areas under the titles of public health, pregnancy, childbirth, postpartum, newborn, research and women, and counseling (7). The competency of midwives in these areas will strengthen the profession and play a role in improving the health of women and society.

Competency in midwifery is defined as “the combination of correct knowledge, abilities, professional behavior, and specific skills in midwifery practice and education.” The Core Competencies for Basic Midwifery Practice, first developed by the ICM in 2002, are an important and comprehensive index to measure the competency of midwives (8). The ICM arranged the “Core Competencies for Basic Midwifery Practice” in four interrelated categories, including [1] general competencies, [2] pre-pregnancy, pregnancy, and antenatal, [3] childbirth and care during childbirth, and [4] continuous care for women and newborns. Knowledge and skills/behaviors were defined within each of the core competencies (7).

For the development of the midwifery profession, there is a need for professional members who have adopted the professional philosophy, are equipped with sufficient knowledge and skills, and are aware of their duties, competencies, and responsibilities determined by legal regulations (9). In Turkey, it is observed that midwives are employed in the units needed, not in areas suitable for their professional practice, competency,

and qualifications. The fact that midwives are involved in areas outside their job descriptions causes midwifery care to remain inadequate and prevents midwives from being adequate and competent in their profession, strengthening and professionalizing the midwifery profession (6). The prerequisite for midwives to take a role in the fields where they are adequate and competent is their awareness and perception of this issue. Thus, Koc and Dolgun (10) stated in their study that midwives’ knowledge and practice of their duties, competencies, and responsibilities were at a moderate level. Studies investigating the empowerment perception of midwives in midwifery should be increased by conducting a root cause analysis. In this respect, the present study aims to determine the current situation and the reasons for this situation by examining the perception of empowerment in midwifery in terms of relevant variables.

MATERIALS AND METHODS

Purpose and Type of Research: This study was conducted to examine the perception of empowerment in midwifery in terms of related variables and to determine the current situation and its reasons.

The research questions are presented below:

What are midwives’ perceptions of empowerment in midwifery?

What are the factors affecting midwives’ perceptions of empowerment in midwifery?

Study Population and Sample Selection

According to the WHO data, 55,972 midwives work in Turkey. The study population consisted of working midwives with a midwifery diploma. According to the sample calculation with a known population, it is necessary to reach at least 270 midwives with $p=0.05$, 90% power, and a 5% margin of error. The present study was conducted with a total of 278 midwives, 35-43 from every region of Turkey. Data was collected by the random sampling method through Google Forms created on the online platform between December 2022 and January 2023. The inclusion criteria were determined as being a midwife with a midwifery diploma, at least 3 years of clinical experience, internet access, and knowledge of internet usage. Exclusion criteria consist of midwifery graduates who are working in the competency areas defined by ICM.

Data Collection Tools

Descriptive Information Form for Midwives: This form was prepared by the researchers in line with the literature (11,12,6) and included questions about the individual and professional characteristics of the participants.

The Perceptions of Empowerment in Midwifery Scale (PEMS):

The scale was developed by Matthews et al. (13) (22 items), and Murat Öztürk et al. (14) conducted the validity and reliability study of its Turkish version. The Turkish version of the scale consists of 19 questions with five-point Likert answer options. The scale has three factors, "Support and Management," "Skill," and "Resource." The "Support and Management" factor includes midwives' administrative authorities, the "Skill" factor includes midwives' knowledge, duties, and responsibilities, and the "Resource" factor includes statements related to access to resources and providing adequate resources. The scale's total and factor scores are obtained by dividing the total of the relevant section by the number of items, and therefore, the potential distribution is between 1-5. Higher scores indicate an increased perception of empowerment in midwifery.

Research Process

Midwives working actively in seven regions of Turkey were reached through social media. The midwives were informed about the research and asked to reach the researchers by messaging them directly if they wanted to participate in the study. A survey link was sent via e-mail to the participants who contacted the researchers. Research surveys were created in Google Forms, and Voluntary and Informed Consent Forms were added to the first section. Thus, the midwives were informed before filling out the surveys and marked the "I agree to participate in the study" option. The forms filled out in the defined time were analyzed, and research results were created.

Data Analysis

Data analysis was performed using the SPSS (Statistical Package for the Social Sciences) Version 25.0 software. Continuous variables were summarized using the mean, standard deviation, minimum, maximum, and range, while categorical variables were described using frequency and percentage. Skewness and kurtosis tests were employed to assess the normality of the data distribution. For comparisons between two groups, Student's t-tests were used for parametric data, and Mann-Whitney U tests were applied for nonparametric

data. To compare three or more groups, One-Way ANOVA was used for parametric data, whereas Kruskal-Wallis tests were utilized for nonparametric data. Bonferroni and Bonferroni Adjusted Mann-Whitney corrections applied for further analysis. Pearson correlation was used to determine the relationship between parametric ordinal variables; spearman's rho correlation was used to determine the relationship between nonparametric ordinal variables. In the analyses conducted, the level of significance was taken as $p < 0.05$.

RESULTS

The midwives received an average of 3.60 points on the overall Perceptions of Empowerment in Midwifery Scale (PEMS) (SD=0.54), an average of 2.85 points on the "Support and Management" factor (SD=0.58), an average of 3.66 points on the "Skill" factor (SD=0.55), and an average of 3.01 points on the "Resource" factor (SD=3.58) (Table 1).

Table 2 presents the individual and professional characteristics of the midwives, along with a comparison of the total and factor scores from the Perceptions of Empowerment in Midwifery Scale (PEMS) based on these characteristics. The results indicate that factors such as the midwives' age, years of professional experience, the type of units they worked in, whether they chose and practiced their profession willingly, their perception of the suitability of midwifery as a career, their willingness to recommend the profession, their engagement in scientific activities related to midwifery, the impact of their professional issues on their social life, and the level of professional respect they receive from society significantly influenced their total and factor scores on the PEMS ($p < 0.05$, $p < 0.01$, $p < 0.001$).

Table 1. The Midwives Perceptions of Empowerment in Midwifery Scale (PEMS) Distribution of Points Received (N=278)

| PEMS and Factors | Minimum | Maximum | Median | Mean, SD |
|------------------------|---------|---------|--------|-----------|
| Support and Management | 1.67 | 4.17 | 2.83 | 2.85±0.58 |
| Skill | 1.83 | 4.83 | 3.66 | 3.66±0.55 |
| Resource | 1.57 | 4.29 | 3.00 | 3.01±0.58 |
| TOTAL | 2.21 | 4.79 | 3.55 | 3.60±0.54 |

SD: Standard Deviation

| Table 2. Comparison of Perceptions of Empowerment in Midwifery Scale (PEMS) Scores According to Individual and Professional Characteristics of Midwives (N=278) | | | | | | |
|--|-----------------------|------|--|--|---|--|
| Midwives' Individual and Professional Characteristics | n | % | Support and Management (Mean SD) | Skill (Mean SD) | Resource (Mean SD) | TOTAL (Mean SD) |
| Age Groups (years) | | | | | | |
| 20-29 (a) | 102 | 36.7 | 3.03±0.54 (a>b,c) | 3.75±0.55 | 3.04±0.57 | 3.70±0.52 (a>b) |
| 30-39 (b) | 116 | 41.7 | 2.78±0.59 (b<a) | 3.61±0.53 | 2.96±0.59 | 3.52±0.55 (b<a) |
| 40 and above (c) | 60 | 21.6 | 2.70±0.55 (c<a) | 3.60±0.59 | 3.05±0.58 | 3.55±0.55 |
| | | | χ²=14.962[§] p=.001 | χ ² =4.363 [§] p=.113 | F=.723 [¶] p=.486 | F=3.278[¶] p=.039 |
| Age (Mean SD) (Min.-Max.) | 32.94±7.55 (20-54) | | r=-.225 p<.001 | r=-.139 p=.020 | r=-.004 p=.945 | r=-.127 p=.035 |
| Professional Experience (year) | | | | | | |
| 3-9 (a) | 157 | 56.5 | 2.95±0.57 (a>c) | 3.70±0.52 | 3.01±0.56 | 3.64±0.52 |
| 10-16 (b) | 66 | 27.3 | 2.77±0.60 | 3.58±0.59 | 2.97±0.64 | 3.53±0.59 |
| 17 and above (c) | 55 | 19.8 | 2.70±0.54 (c<a) | 3.61±0.59 | 3.05±0.56 | 3.55±0.54 |
| | | | F=4.665[¶] p=.010 | F=1.321 [¶] p=.268 | F=.301 [¶] p=.740 | χ ² =1.526 [§] p=.466 |
| Professional Experience (Mean SD) (Min.-Max.) | 10.95±7.89 (3-33) | | r=-.225 p<.001 | r=-.113 p=.060 | r=-.015 p=.809 | r=-.104 p=.082 |
| Currently Working Unit | | | | | | |
| Delivery Room (a) | 96 | 34.5 | 2.98±0.56 | 3.82±0.49 (a>d,e,g) | 3.10±0.49 | 3.73±0.47 |
| Obstetrics Services (b) | 29 | 10.4 | 2.76±0.54 | 3.71±0.45 | 3.02±0.57 | 3.59±0.52 |
| Baby Room (c) | 12 | 4.3 | 2.80±0.64 | 3.80±0.55 | 3.01±0.52 | 3.67±0.60 |
| Newborn ICU (d) | 8 | 2.9 | 2.64±0.40 | 3.14±0.49 (d<a) | 2.58±0.52 | 3.18±0.38 |
| Family Health Center (e) | 38 | 13.7 | 2.88±0.52 | 3.48±0.53 (e<a) | 2.85±0.63 | 3.46±0.55 |
| Obstetrics and Gynecology Clinic (f) | 31 | 11.2 | 2.84±0.66 | 3.67±0.53 | 3.09±0.61 | 3.63±0.56 |
| Outside the Midwifery Area (g) | 64 | 23.0 | 2.73±0.61 | 3.53±0.63 (g<a) | 2.97±0.65 | 3.49±0.59 |
| | | | χ ² =9.905 [§] p=.129 | χ²=22.371[§] p=.001 | F=1.712 [¶] p=.118 | F=2.682 [¶] p=.015 |
| The Status of Choosing Profession Willingly | | | | | | |
| Yes | 175 | 62.9 | 2.98±0.48 | 3.79±0.50 | 3.17±0.53 | 3.75±0.48 |
| No | 103 | 37.1 | 2.64±0.54 | 3.43±0.57 | 2.73±0.55 | 3.34±0.54 |
| | | | Z[∞]=-4.864 p<.001 | Z[∞]=-4.987 p<.001 | Z[∞]=-5.813 p<.001 | Z[∞]=5.742 p<.001 |
| Practicing Profession Willingly | | | | | | |
| Yes | 215 | 77.3 | 2.93±0.52 | 3.74±0.53 | 3.08±0.57 | 3.68±0.52 |
| No | 63 | 22.7 | 2.61±0.52 | 3.38±0.56 | 2.75±0.52 | 3.30±0.50 |
| | | | Z[∞]=-3.599 p<.001 | Z[∞]=-4.820 p<.001 | Z[∞]=-3.912 p<.001 | t^o=5.057 p<.001 |
| Finding the Midwifery Profession Suitable for Themselves | | | | | | |
| Yes | 242 | 87.1 | 2.89±0.58 | 3.71±0.52 | 3.07±0.55 | 3.66±0.51 |
| No | 36 | 12.9 | 2.59±0.49 | 3.26±0.59 | 2.59±0.58 | 3.18±0.55 |
| | | | Z[∞]=-2.876 p=0.004 | Z[∞]=-4.250 p<.001 | Z[∞]=-4.396 p<.001 | Z[∞]=-4.381; p<.001 |

| Recommending the Midwifery Profession | | | | | | |
|---|-----|------|---|---|---|---|
| Yes | 201 | 72.3 | 2.98±0.57 | 3.78±0.49 | 3.15±0.54 | 3.73±0.50 |
| No | 77 | 27.7 | 2.53±0.47 | 3.34±0.58 | 2.64±0.50 | 3.24±0.49 |
| | | | Z[∞] = -5.825 p < .001 | Z[∞] = -5.613 p < .001 | Z[∞] = -6.480 p < .001 | Z[∞] = -6.449 p < .001 |
| Following the Scientific Activities Related to Midwifery | | | | | | |
| Yes | 212 | 76.3 | 2.93±0.58 | 3.70±0.53 | 3.07±0.57 | 3.67±0.53 |
| No | 66 | 23.7 | 2.62±0.52 | 3.50±0.59 | 2.79±0.56 | 3.36±0.52 |
| | | | Z[∞] = -3.545 p < .001 | Z[∞] = -2.418 p = 0.016 | t^o = 3.567 p < .001 | t^o = 4.200 p < .001 |
| Reflecting Professional Problems on Social Life | | | | | | |
| Yes | 112 | 40.3 | 2.73±0.55 | 3.50±0.57 | 2.86±0.58 | 3.44±0.55 |
| No | 166 | 59.7 | 2.94±0.59 | 3.76±0.52 | 3.11±0.56 | 3.70±0.51 |
| | | | Z[∞] = -3.137 p < .001 | Z[∞] = -3.954 p < .001 | t^o = -3.605 p < .001 | t^o = -3.945 p < .001 |
| Being Professionally Respected by Society | | | | | | |
| Yes | 148 | 53.2 | 3.01±0.58 | 3.83±0.48 | 3.22±0.55 | 3.79±0.50 |
| No | 130 | 46.8 | 2.68±0.53 | 3.46±0.57 | 2.76±0.51 | 3.38±0.51 |
| | | | Z[∞] = -4.711 p < .001 | Z[∞] = -5.460 p < .001 | Z[∞] = -6.681 p < .001 | t^o = 6.647 p < .001 |
| SD: Standard Deviation, Min: Minimum, Max: Maximum, [§]: Kruskal Wallis Test and Bonferoni Adjusted Mann-Withney in further analysis, ^ψ: One-way analysis of variance (Anova) and Posthoc Bonferroni; ^o: Independent Samples Test; [∞]: Mann-Whitney U, rs: Spearman's rho correlation | | | | | | |

The variables "years of experience in the current unit" (working for 3 – 10 years n=180, 64.7%), "education level" (having undergraduate education n=189, 68%), "region where they work" (Central Anatolia n=38, 13.7%; Eastern Anatolia n=39, 14%; Black Sea Region n=35, 12.6%; Southeastern Anatolia n=39, 14%; Aegean Region n=45, 16.2%; Marmara Region n=43, 15.5%; Mediterranean Region n=39, 14%), and "membership to midwifery-related associations" (non-members n=208, 74.8%) not included in Table 2 were examined. However, no difference was detected in the PEMS factor and total scores according to these variables (p>0.05).

DISCUSSION

In the development study of the scale, the participants received an average of 2.07 points on the "women-centered practice" factor, an average of 2.58 points on the "effective management" factor, and an average of 2.55 points on the "autonomous" practice factor (13). In 2015, the validity and reliability of the scale were studied again on a group of midwives in New Zealand, and a four-factor structure was acquired. These factors were named "autonomy/empowerment," "manager support,"

"professional recognition," and "skills and resources," and it was reported that the participants scored on average 3.99, 3.48, 3.86, and 4.15 points, respectively (15). In their study examining the midwives' perception of empowerment in midwifery in Norway, Lukasse and Pajalic (16) found that the participants scored on average 3.72 points on the "supportive management" factor, 4.00 points on the "autonomous professional role" factor, and 4.50 points on the "equipped for practice" factor. In the Turkish adaptation study of the scale, it was determined that the participants scored an average of 3.42 points on the "support and management" factor, an average of 4.05 points on the "skill" factor, and an average of 3.30 points on the "resource" factor (14). In the Persian version of the scale, the participants scored an average of 3.51 points on the factor of "support and management", an average of 4.10 points on the factor of "skill", and an average of 3.70 points on the factor of "resource" (17). It was revealed that the midwives within the scope of this study scored an average of 2.85 points on the factor of "support and management", an average of 3.66 points on the factor of "skill", an average of 3.01 points on the factor of "resource", and 3.60 points on the overall scale.

Based on all these data, it can be said that midwives' perception of empowerment in midwifery has increased throughout the year, both nationally and internationally.

In the study, there is a negative correlation between the "support and management" factor, the "skill" factor, and the total scale score and age. This result indicates that the PEMS scores decrease with an increase in the age of midwives. Tallam et al. (18) found that the age of midwives did not impact their competency levels, but a study from Tanzania determined that the perception of professional competency increased as age increased (19). Despite these variable literature data between age and perception of empowerment in midwifery, the high perception of empowerment in midwifery among young people in the current study suggested that it might be related to their up-to-date knowledge of professional competency. Moreover, it was thought that the result obtained might be related to the fact that nursing knowledge was given to midwives as basic information and the competencies specific to midwifery were not sufficiently stressed due to the limited midwifery literature in Turkey until the recent time.

Lukasse and Pajalic (16) found that midwives working for more than 20 years scored significantly higher on each scale factor. Netshisaulu and Maputle (20) reported in their study that midwives with little professional experience had insufficient competencies in the midwifery profession. Huang et al. (21) found that midwives' perceptions of professional authority increased with an increase in their professional experience. A study from Kenya determined that the working time of midwives did not impact their competency (18). A study from Turkey showed that the increase in the professional experience of midwives adversely affected their levels of knowing their authority and responsibilities (10). Upon comparing the national and international literature data, it is possible to say that, unlike developed countries, the duration of professional experience in Turkey influences midwives' perception of competency adversely, and according to the results of this study, it only affects the perception of "Support and Management" in favor of young midwives. It seems possible to explain this finding obtained, as in the finding on the relationship between age and midwives' perception of empowerment, with the interpretation that midwifery-specific competency has been discussed with the emphasis and in line with the midwifery literature in recent years. Thus, the

age and the duration of professional experience of midwives are variables directly related to each other.

A significant part of the midwives participating in the study work in the delivery room (34.5%). The "skill" factor scores of the midwives working in the delivery room were found to be statistically significantly higher than the midwives working in the neonatal intensive care unit, family health center, or outside the midwifery field. According to a study including 2585 midwives in Australia, New Zealand, and Sweden, working in a primary healthcare-oriented health system and working in a culture with normal birth strengthen midwives' perceptions of professionalism and authority (22). A study examining the factors impacting midwives' self-efficacy perceptions stated that midwives were mostly competent in intrapartum care and were at least competent in operative vaginal delivery (21). Contrary to the data of this study and the literature knowledge, a study reported that midwives working in units with an annual number of births <2500 scored higher on the factors of supportive management, autonomous professional role, and competency in practice (16). Although it was an expected result that the unit in which midwives worked did not impact the perception of empowerment, it was seen that there were significant results in the national and international literature. It was thought that there was a need for studies based on in-depth interviews to explain this relationship.

In this study, it was determined that the PEMS total and all factor scores of the midwives who willingly chose and practiced their profession, found it suitable for themselves, and recommended it to others were found to be higher than those of the group who answered "no" to these variables. A study reported that midwives who loved their profession and were satisfied with the unit they worked in had higher professional attitudes (23). A study carried out in New Zealand stated that midwives who were considering leaving the profession did not regard themselves as professionals (15). In a study investigating the factors affecting the professional competency of newly graduated nurses, the level of professional competency of those who were satisfied with the nursing profession was quite high (24). Furthermore, in the present study, 76.3% of the midwives followed the scientific activities related to midwifery and the empowerment perceptions of the midwives who followed the scientific activities were found to be higher with statistical significance. According to Wang et al. (25),

taking part in scientific studies in midwifery positively impacts professional competency. Likewise, according to another study, the professional attitudes of midwives who followed professional scientific activities and were members of professional associations were higher (23). Belonging to the profession and adopting the ethical values of that profession are the first condition for reaching and developing accurate professional knowledge and performing ideal practices. Hence, the results obtained are in the expected direction and satisfactory.

It was observed that 59.7% of the midwives within the scope of the present study did not reflect their professional problems on their social lives, and the PEMS total and factor scores of this group were significantly higher than the group that reflected their professional problems. Therefore, the perception of empowerment in midwifery was positive. It seemed possible to explain these data acquired as a result of individual coping, and it was thought to be a subject that should be examined in detail.

In their study, Koc and Dolgun (10) revealed that as professional satisfaction increased, the midwives' levels of knowing their authority and responsibilities also increased. In the in-depth interviews with midwives, it was concluded that the midwives' contribution to the optimal care of the individuals they served to and the respect and support they received from the environment would contribute to the excellence of the service they provided (26). As a result, being respected by society positively impacts midwives' perspectives on the profession and their professional satisfaction. The data of this study are an expected result within the scope of the literature knowledge.

CONCLUSION AND RECOMMENDATIONS

According to the results of the present study, midwives' perception of empowerment in midwifery is above average, and the factors of midwives' age, professional experience, the units they worked in, the status of choosing their profession willingly and practicing their profession willingly, finding the profession suitable for themselves, recommending the profession to others, following the scientific activities, reflecting their professional problems on their social life, and being professionally respected affect their perception of empowerment in midwifery. As a result, it can be recommended:

To provide training specific to midwifery competency areas in healthcare institutions with midwives and empower midwives in their areas of competency,

- To take into account midwives whose graduation year is before 2014 and who have more experience in the planning of competency training,
- To determine the occupational problems of midwives, evaluate their coping methods, and identify the effects of these problems on their social lives,
- To contribute to studies on identifying problematic areas by conducting qualitative research on midwives' perceptions of competency, adequacy, and empowerment in midwifery and develop solution options in this regard.

Author Contributions

All authors affirm that they fulfill the International Committee of Medical Journal Editors (ICMJE) criteria for authorship.

Conflict of Interest

There are no conflicts of interest among the institutions, organizations, or researchers involved in the study.

Ethical Issues

To conduct the study, ethics committee approval dated 06.12.2022 and numbered 567991 from Istanbul University-Cerrahpasa Social and Human Sciences Research Ethics Committee were obtained. Moreover, the participants were informed that their identity information would be kept confidential and that the data would only be used for this study. Permission was obtained from the responsible author of the Turkish version of the "Perceptions of Empowerment in Midwifery Scale" to use it in this study. The study was conducted in line with the Principles of the Declaration of Helsinki.

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