



Volume 3/ Issue 2/ April 2025

## Research Article

### Application of the Midwifery Professional Competency Survey

Emel GÜDEN<sup>1</sup>

<sup>1</sup>Assist. Prof., Cappadocia University, School of Health, Department of Midwifery, Nevşehir, Türkiye.  
ORCID: 0000-0003-3492-4298

\*Corresponding author: [emelguden@gmail.com](mailto:emelguden@gmail.com)

Güden, E. (2025) Application of the Midwifery Professional Competency Survey. *Cappadocia Health Science Journal*, 3(2), 449-462. DOI: <https://doi.org/10.58241/ksbd.36>

Submission date/Gönderilme tarihi: 26.03.2025; Accepted/Kabul tarihi: 29.04.2025; Publication/Yayın tarihi: 30.04.2025

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.



## Application of the Midwifery Professional Competency Survey

### Abstract

**Objective:** Competency in midwifery, defined as a combination of knowledge, skills, and attitudes, is essential for the provision of quality healthcare services. The aim of this study is to evaluate midwives' self-assessment of their professional competencies and to analyze the outcomes within this framework.

**Methods:** The study employed a cross-sectional research design, focusing on the self-assessment of professional competencies among midwives working in Türkiye. A total of 548 midwives participated, providing self-assessments through a questionnaire based on the standards of the International Confederation of Midwives (ICM). Data were collected online between July 2020 and June 2021. Descriptive statistics and Pearson correlation analysis were conducted using SPSS 26, and non-parametric tests were applied where necessary.

**Results:** Midwives stated that they found their overall professional competencies, particularly in the areas of postpartum care and counseling, to be at a high level. They reported feeling competent in areas such as pregnancy monitoring, public health activities, and family planning, while indicating lower competence in managing high-risk births, traumatic deliveries, and participation in professional development activities. Younger and less experienced midwives were found to have generally lower competence scores in specific areas, such as labor management and pelvic examinations.

**Conclusion:** The study highlights the need for enhanced training and development opportunities for midwives in Türkiye, particularly in high-risk birth management and professional development.

**Keywords:** Midwife, Midwifery, Competency

### Ebelik Mesleki Yeterlilik Anketi Uygulaması

#### Öz

**Amaç:** Ebelikte yeterlilik, bilgi, beceri ve tutumların bir kombinasyonu olarak tanımlanmakta olup, kaliteli sağlık hizmetleri için esastır. Bu çalışmanın amacı; ebelerin, mesleki öz değerlendirmelerini mesleki yetkinlikleri çerçevesinde sorgulamaları ve sonuçlarının değerlendirilmesidir.

**Yöntem:** Çalışmada, Türkiye'de çalışan ebelerin mesleki yeterliliklerinin öz değerlendirmesine odaklanan kesitsel bir araştırma deseni kullanılmıştır. Toplamda 548 ebe, Uluslararası Ebelik Konfederasyonu (ICM) standartlarına dayalı bir anket ile öz değerlendirme yapmıştır. Veriler Temmuz 2020 ile Haziran 2021 tarihleri arasında çevrimiçi olarak toplanmıştır. SPSS 26 programı kullanılarak betimleyici istatistikler ve Pearson korelasyon analizi yapılmış, gerekli durumlarda parametrik olmayan testler uygulanmıştır.

**Bulgular:** Ebeler, genel mesleki yeterliliklerini özellikle doğum sonrası bakım ve danışmanlık alanında yüksek düzeyde yeterli bulduklarını ifade ettiler. Gebelik takibi, halk sağlığı faaliyetleri ve aile planlaması gibi alanlarda kendilerini yeterli bulurken, yüksek riskli doğumların yönetimi, travmatik doğumlar, mesleki gelişim faaliyetlerine katılım konularında yeterli bulmamaktadır. Daha genç ve deneyimsiz ebelerin, doğum yönetimi ve pelvik muayene gibi belirli alanlarda genel olarak daha düşük yeterlilik puanlarına sahip oldukları görüldü.

**Sonuç:** Çalışma, Türkiye'deki ebeler için özellikle yüksek riskli doğum yönetimi ve mesleki gelişim alanlarında eğitim ve gelişim fırsatlarının artırılması gerektiğini vurgulamaktadır.

**Anahtar Sözcükler:** Ebe, Ebelik, Yetkinlik

## INTRODUCTION

Midwifery is an ancient and respected profession historically dedicated to serving women during childbirth and deeply rooted in many cultures (Khakbazan et al., 2019). As a discipline that integrates science, art, and ethical values, midwifery plays a critical role during some of the most sensitive and significant moments in a person's life. Midwives are responsible for addressing the physical, emotional, and social needs of women during pregnancy, childbirth, and the postpartum period through a holistic approach. Utilizing their knowledge, skills, and

competencies, they deliver high-quality and safe care to mothers and newborns, thereby contributing to improved health outcomes. Literature highlights that midwifery services encompass more than physical care, emphasizing the empowerment of women, enhancement of self-confidence during labor, and facilitation of active participation in the birthing process (Renfrew et al., 2014).

Midwives, as key actors within health systems, have been shown to play a vital role in the protection of maternal and child health, the support of physiological childbirth free from unnecessary medical interventions, and the improvement of reproductive health outcomes (Nove et al., 2018). According to the World Health Organization's (WHO) 2014 State of the World's Midwifery Report, midwives who are educated and regulated in accordance with international standards are capable of meeting up to 87% of the essential global healthcare needs. Furthermore, investment in midwifery services has been identified as a cost-effective strategy for reducing maternal and neonatal mortality, and midwife-led models of care have been associated with improved birth outcomes (WHO, 2016; ten Hoope-Bender et al., 2014).

It is emphasized that in order to enhance the effectiveness of midwives, they must be able to exercise professional autonomy, demonstrate their competencies, and operate within work environments supported by appropriate legal and institutional frameworks. However, in many countries, particularly low- and middle-income nations, midwives are unable to fully realize their potential due to restricted scopes of practice and insufficient institutional support (United Nations sexual and reproductive health agency, 2021).

In line with advancements in science and technology within healthcare, midwifery education has also undergone significant transformation. Authorities such as the ICM, WHO, the Council of Higher Education (CHE) in Türkiye, and Ministries of Health have established professional competency standards and defined the scope of practice for midwives (ICM, 2018; WHO, 2019; CHE, 2016). Midwifery education must be structured within a holistic framework that encompasses not only theoretical knowledge but also the development of clinical skills and the internalization of ethical values. The "Essential Competencies for Midwifery Practice" defined by ICM include knowledge, skills, and attitudes and emphasize the provision of care that is safe, culturally appropriate, and respectful of human rights (ICM, 2018).

Professional competence is typically associated with observable levels of performance based on acquired skills, whereas competency encompasses a broader concept that includes knowledge, skills, attitudes, experience, motivation, and interpersonal style (Biçer & Düztepe, 2003). While WHO highlights the integration of cognitive (knowledge), affective (attitudes), and psychomotor (skills) domains in midwifery competency, ICM emphasizes the safe and

effective application of these elements. In Türkiye, pre-licensure midwifery programs consist of integrated theoretical and clinical education modules aligned with the national core curriculum developed by CHE.

Nonetheless, objective evaluation of midwives' professional competencies in the post-graduation period is essential for both individual professional development and the enhancement of healthcare quality (Goshu et al., 2018). David McClelland (1973) proposed that assessing competence may be more effective than traditional intelligence testing in predicting performance, thereby underscoring the importance of competency evaluation in healthcare professions. The limited number of scientific studies evaluating the professional competencies of midwives in Türkiye points to a significant gap in the literature.

This study is one of the few investigations aimed at evaluating the professional competencies of midwives in Türkiye and contributes to addressing the knowledge gap in this field. Moreover, by drawing attention to competency assessment methods aligned with international standards, it aims to support quality assurance in midwifery education. Future research should include comprehensive comparisons with midwifery education systems and competency levels in other countries to provide further insights into the development of the midwifery profession in Türkiye.

## **METHOD**

### **Research design and aim**

The aim of this study is to analyze midwives' professional competencies in Türkiye through self-assessment and to identify necessary improvements in professional education and development based on these evaluations.

This study is cross-sectional research based on the self-assessments of midwives living in Türkiye regarding their professional competencies.

### **Population and sample**

The study population consisted of individuals aged 18 and older who graduated from midwifery schools in Türkiye. There was no gender limitation. According to data from the Ministry of Health, 56,531 midwives were actively working in Türkiye (Ministry of Health, 2019).

A power analysis was conducted to determine the appropriate sample size for the study. The power analysis was performed using the G\*Power 3.1.9.4 software (Faul et al., 2007). The effect size was set at 0.12 ( $\rho = .12$ ), which indicates a small effect size. Based on this effect size, the power analysis indicated that for a two-tailed hypothesis with an effect size of ( $\rho$ )= 0.12, an error margin of ( $\alpha$ )=0.05 and power ( $1-\beta$ )=0.85, the minimum sample size should be 490

participants. At the end of the data collection phase, a total of 548 participants were reached.

### **Data collection instruments**

The research data were collected through a Personal Information Form and a Professional Self-Assessment Questionnaire.

- *Personal information form:* This form was designed by the researcher. It gathered demographic data and personal experiences related to participants' professional lives.
- *Professional self-assessment questionnaire:* This section consisted of statements reflecting professional competence and qualifications in midwifery. The statements were developed based on the criteria published by the International Confederation of Midwives (ICM, 2018). A question pool consisting of 155 statements was created and reviewed by 12 academic experts specializing in midwifery and obstetric nursing. Following their feedback, a final set of 76 questions covering eight domains was prepared. Participants rated their level of competence for each statement on a Likert scale from 1 ("not competent at all") to 4 ("very competent"). There are no cutoff values for the scores of the Likert-type questionnaire items. The mean scores of the responses given to the questionnaire items were presented without any classification. The Cronbach's Alpha reliability coefficient for the Likert scale questionnaire was calculated as 0.964.

### **Data collection process**

The questionnaire forms used in this research were distributed online through social media platforms and communication channels between July 19, 2020 and June 30, 2021. Data were collected via these online platforms.

### **Data analysis**

The study's data were analyzed using SPSS 26 software. Before conducting data analysis, skewness and kurtosis values were examined to determine whether the variables followed a normal distribution. As a practical rule, skewness and kurtosis values between  $\pm 1.0$  or  $\pm 1.5$  are considered indicative of normal distribution. To assess the reliability of the scales used in the study, Cronbach's Alpha (Cronbach  $\alpha$ ) values were examined. Descriptive statistics such as numbers, means and percentages were used to evaluate the data. For variables that did not exhibit normal distribution, the Kruskal-Wallis H test was applied for comparisons, and Pearson correlation analysis was used to examine relationships.

## **RESULT**

A total of 548 participants were included in the study, all of whom were female. The average

age of the participants was  $35.40 \pm 8.1$  (min: 20, max: 65) and the average number of years worked was  $13.6 \pm 9.2$  (min: 1, max: 44). Of the participants, 75.4% held a university degree, and 44% had 1-10 years of professional experience. Additionally, 40.3% of the participants were employed in primary healthcare settings, while 4.4% of those who selected "other" for their workplace were working in provincial or district health directorates. Further demographic characteristics of the participants are presented in Table 1.

**Table 1.** Demographic Characteristics of Participants

Category	Number	%
<b>Age</b>		
20-29	153	27.9
30-39	201	36.7
40-49	175	31.9
50 and above	19	3.5
<b>Education Level</b>		
High School	66	12.0
University	413	75.4
Postgraduate	69	12.6
<b>Professional years</b>		
1-10 years	241	44.0
11-20 years	157	28.6
21-30 years	132	24.1
31 years and above	18	3.3
<b>Workplace</b>		
Primary Care	221	40.3
Hospitals under Ministry of Health	191	34.9
Private Health Institutions	72	13.1
University Hospitals	22	4.0
Other	42	7.7
<b>Total</b>	548	100

The mean score of the participants' professional self-assessment survey was  $3.45 \pm 0.40$ . The average score for participants' public health activities skills was  $3.30 \pm 0.61$ . Among public health activities, the highest-scoring skill was immunization practices, while the lowest score was for knowledge of epidemiology and community recognition principles and indicators (Tables 2-3).

The average score for family planning activities skills was  $3.36 \pm 0.55$ . Within this category, the lowest-scoring items were the ability to insert an intrauterine device (IUD) and provide

counseling to infertile couples, while the highest-scoring item was "I can provide adequate counseling to help couples choose the most suitable family planning method". The groups with the lowest mean scores for family planning skills were midwives aged 20-29 and those with 1-10 years of work experience ( $p<0.05$ ) (Tables 2-3).

The average score for pelvic examination skills was  $3.40\pm0.66$ . The item with the lowest score was "I can determine the position of the uterus through bimanual examination", while the highest-scoring item was "I can collect samples for cervical screening". The groups with the lowest mean scores for pelvic examination skills were midwives aged 20-29 and those with 1-10 years of work experience ( $p<0.05$ ) (Tables 2-3).

The average score for pregnancy monitoring and evaluation skills was  $3.69\pm0.41$ . The items "I can calculate the expected date of delivery" and "I can measure the fetal heart rate" had the highest scores, while "I can provide counseling on non-medical and medical methods for dealing with abnormal conditions during pregnancy" received the lowest score. The group with the lowest mean score for pregnancy monitoring and evaluation skills was the 20-29 age group ( $p<0.05$ ) (Tables 2-3).

The average score for labor monitoring and management skills was  $3.33\pm0.58$ . The highest-scoring items were "I can perform an enema when necessary" and "I can insert a urinary catheter to empty the bladder when necessary", while the lowest-scoring item was "I can manage breech deliveries and multiple pregnancies in emergency situations". The group with the highest mean score for labor monitoring and management skills was midwives aged 50 and over ( $p<0.05$ ) (Tables 2-3).

The average score for postpartum care and counseling skills was  $3.74\pm0.37$ . Skills related to breastfeeding and lactation counseling received high scores, while providing support for adolescents and victims of sexual violence, as well as offering emotional support to mothers after stillbirth, were the lowest-scoring items (Tables 2-3).

The average score for newborn care, monitoring, and examination skills was  $3.57\pm0.48$ . Facilitating skin-to-skin contact between the newborn and the mother or father when conditions permit scored highly, while skills related to performing newborn resuscitation in emergencies and providing special care tailored to the newborn's needs had lower scores (Tables 2-3).

The average score for professional development activities was  $3.26\pm0.52$ . The lowest-scoring items in this domain were membership in professional associations and participation in congresses and symposiums, while the item "I perform my profession in accordance with ethical principles" received the highest score (Tables 2-3).

Overall, the lowest-scoring area in the professional self-assessment questionnaire was

professional development, while postpartum care and counseling received the highest scores (Tables 2-3).

**Table 2.** Self-Assessment Scores and Distributions of Midwives Across Different Professional Competency Areas

Competency Area	Mean/Std. Dev.	Lowest Scoring Competency	Highest Scoring Competency	Number of Competencies Below Overall Survey Average
Public Health Activities Skills	3.30 ± 0.61	I am familiar with epidemiology and principles and indicators of community health.	I can conduct immunization programs to prevent diseases in the community.	2
Family Planning Activities Skills	3.36 ± 0.55	I can insert intrauterine devices.	I can perform breast examinations.	1
Pelvic Examination Skills	3.40 ± 0.66	I can perform a bimanual vaginal examination.	I can collect samples for cervical screening.	1
Pregnancy Monitoring and Evaluation Skills	3.69 ± 0.41	I can provide counseling on medical and non-medical methods for abnormal conditions during pregnancy.	I can calculate the expected date of delivery.	0
Labor Monitoring and Management Skills	3.33 ± 0.58	I can manage a breech presentation delivery.	I can apply a urinary catheter to empty the bladder when necessary.	12
Postpartum Care and Counseling Skills	3.74 ± 0.37	I can provide support for adolescents and victims of sexual violence requiring special attention.	I can describe the characteristics of breast milk.	1
Newborn Care	3.57 ± 0.48	I can provide specialized care for newborns with health issues.	I can facilitate skin-to-skin contact between the baby and parent if conditions permit.	2
Professional Development	3.26 ± 0.52	I attend conferences and seminars for professional development.	I practice my profession according to ethical rules and principles.	6
Overall Survey Averages	3.45 ± 0.40	I can manage a breech presentation delivery.	I can calculate the expected date of delivery.	29

*This table presents the average self-assessment scores and standard deviations of midwives in relation to eight different professional competence areas. The competencies were rated on a scale from 1 (not sufficient) to 4 (very sufficient). For each area, the lowest and highest rated competencies are indicated, and the number of competencies with scores below the overall average is also shown.*



**Table 3.** Distribution of Mean Scores for Professional Competencies Among Midwives by Demographic Characteristics

Demographic Characteristics	Public Health			Family Planning		Pelvic Examination		Pregnancy Monitoring and Evaluation		Labor Monitoring and Management		Postpartum Care and Counseling		Newborn Care, Monitoring, and Examination		Professional Development		Total Score on Professional Self-Assessment	
Age	N	Mean Rank	H	Mean Rank	H	Mean Rank	H	Mean Rank	H	Mean Rank	H	Mean Rank	H	Mean Rank	H	Mean Rank	H	Mean Rank	H
20-29	153	255,92	3,22	239,47	0,01	234,68	0,002	240,88	0,006	246,71	0,017	257,17	0,158	257,6	0,249	271,11	0,486	255	0,179
30-39	201	278,87		289,23		287,41		300,92		284,5		292,5		293,54		284,73		286,43	
40-49	175	281,87		280,48		286,06		271,28		278,21		266,1		267,32		263,04		274,2	
50 and +	19	321,91		321,91		347,26		282,97		345,18		272,06		280,29		285,88		290,68	
		p>0,05		p<0,05		p<0,05		p<0,05		p<0,05		p>0,05		p>0,05		p>0,05		p>0,05	
Education Level																			
High School	66	284,09	8,63	306,37	0,18	285,2	0,834	274,73	0,784	269,94	0,958	278,28	0,85	298,73	0,246	296,14	0,384	284,17	0,838
University	413	273,45		271,9		273,25		272,45		274,68		275,5		274,02		273,62		273,98	
Postgraduate	69	271,6		259,58		271,78		286,54		277,77		264,89		254,21		259,06		268,37	
		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05	
Professional years																			
1-10	241	270,02	0,86	253,17	0,02	250,87	0,002	266,81	0,622	265,61	0,103	269	0,794	274,48	0,99	285,64	0,507	274,8	0,808
11-20	157	275,4		288,19		288,51		282,78		273,74		283,32		275,31		264,96		269,21	
21-30	132	278,08		288,03		287,86		274,42		279,99		271,97		272,17		264,59		275,73	
31 and +	18	300,39		341,53		370,81		305,83		359,97		289,81		284,81		281,22		307,61	
		p>0,05		p<0,05		p<0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05	
Work place																			
Primary care	221	284,94	0,56	277,2	0,932	290,75	0,623	282,02	0,736	294,36	0,346	267,4	0,73	281,08	0,527	285,15	0,197	287,5	0,554
Public hospital	191	259,33		256,56		258,09		269,93		254,45		271,13		272,11		279,2		262,41	
Private hospital	72	267,8		264,03		261,72		257,24		253,78		261,7		255,71		251,23		251,94	
University hospital	22	260,54		263,53		259,86		259,01		272,32		238,21		271,34		234,92		273,43	
Other	42	242,99		263,5		256,76		253,41		272,85		267,58		245,05		265,23		267,18	
		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05		p>0,05	

## DISCUSSION

The findings of this study suggest that midwives in Türkiye generally consider themselves competent in their professional skills, though there are specific areas where further development is needed. Notably, there is a significant need for additional competency in managing high-risk births, addressing traumatic birth cases, postpartum care and counseling, and pregnancy monitoring and evaluation. Furthermore, it is emphasized that lifelong learning principles should be strengthened for professional development. This perceived competence is likely linked to the experiential learning gained through routine practices frequently encountered in maternal care. However, the feeling of inadequacy in more complex or rare cases points to a gap in in-service training.

The literature reveals that self-assessment studies on midwifery competencies are limited. In the study, essential competencies for midwives were emphasized, and it was stated that to be a safe practitioner, both self-sufficiency and the application of up-to-date knowledge are required (Butler et al., 2008). The findings of this study demonstrate that the participating midwives perceive themselves as having adequate knowledge and skills based on their self-assessments. A previous study conducted with midwifery students in Türkiye found that students had high perceptions of competency, similar to the results of this study (Arslan et al., 2019). Postpartum care and counseling skills, in particular, were rated highly by both professional midwives and midwifery students. This highlights the importance of the postpartum period in midwifery practice and the central role it plays in education. Since the postpartum period involves significant physical and emotional changes, effective care during this time can greatly influence the mother's recovery and adaptation. This may be explained by the fact that postpartum care is a routine responsibility in most healthcare institutions, providing midwives with more practice opportunities and thereby increasing their perceived competence and confidence in this area.

In this study, pregnancy monitoring and evaluation skills were identified as the second most highly rated area by participating midwives. Another study conducted with midwifery students in Türkiye also reported that students felt competent in providing quality care from the onset of pregnancy to delivery (Arslan et al., 2019). However, midwives rated themselves as less competent in managing breech presentations and multiple pregnancies in emergency situations. In a study by Çiçek, midwifery students expressed that they felt insufficient in assessing and deciding on referrals for high-risk deliveries (Çiçek, 2009). It has been noted that breech presentations are rare and associated with high cesarean section rates (Hannah et al., 2000). The lack of experience in this area may lead to skill deficits. This situation can be associated with

the rarity of such cases in clinical practice and the limited opportunities for hands-on experience. Therefore, simulation-based training becomes increasingly important for developing safe decision-making skills in high-risk scenarios. Türkiye's regulation on minimum education requirements for healthcare personnel states that midwives must actively participate in breech deliveries or practice through simulation. Additionally, ICM has recommended that appropriate maneuvers and various birthing positions be utilized (ICM, 2018).

The study also found that midwives rated themselves as less competent in areas requiring special attention, such as providing support to adolescents and victims of sexual violence, as well as offering support to mothers after stillbirths. It appears that guidelines for competencies related to traumatic births are lacking. This may indicate that undergraduate and in-service training programs do not adequately cover trauma-informed care and psychosocial support. As a result, midwives may feel ill-equipped to manage these sensitive issues and may experience difficulty in delivering care. However, ICM recommendations include competencies for caring for victims of traumatic births and sexual violence (ICM, 2013). The importance of forensic midwifery has also been highlighted, and it is emphasized that educational programs for midwives working in frontline healthcare settings should be expanded (Aksu, 2017).

In terms of professional development, the lowest competency scores were related to the lack of participation in seminars, courses, and conferences. This finding suggests that limited participation in seminars, courses, and congresses negatively affects midwives' access to updated knowledge and undermines their professional motivation. Therefore, increasing opportunities for professional development is critical for maintaining current knowledge and achieving greater job satisfaction. It is essential to support and motivate midwives for lifelong learning and continuous professional development (Stewart et al., 2012). According to ICM competencies, midwives must take responsibility for self-care and professional development (ICM, 2018). A study conducted among midwives employed in the public sector in Türkiye found that those who would choose their profession again, enjoyed their work unit, were satisfied with practicing their profession, attended congresses, symposia, or conferences, were members or aspired to be members of professional associations, read scientific publications and pursued or were pursuing postgraduate education demonstrated higher levels of professional attitudes and lower levels of stress (Sökmen, 2018).

However, it should not be overlooked that evaluation methods other than self-assessment, such as practical and field observations, should also be utilized. This is because self-assessment does not always reflect an individual's actual clinical competence. As such, measurements based solely on personal perception may create a misleading sense of adequacy. It is important to

balance this with practice-based evaluations. More comprehensive and in-depth research is needed to determine how closely self-assessment findings align with actual practical performance. In this regard, more emphasis should be placed on scale development studies for midwifery practices. Findings from the international literature, such as the study on midwifery competency standards in Vietnam (Le, Truong & Vu, 2024) and the competency assessment tool developed by Firoozehchian et al for Iranian midwifery students (Firoozehchian et al., 2022), highlight the importance of conducting more in-depth and comprehensive examinations in these areas.

Midwives in Türkiye generally possess strong competencies in their profession; however, additional training is required in areas such as high-risk births, traumatic cases, and professional development. It is recommended that training programs be expanded, supported by practical experience and comprehensive field observations, to address these gaps. Furthermore, the development of scales aligned with international standards and the provision of continuous professional development opportunities are crucial.

### **Limitations of study**

This study was based on the views of midwives who accessed and consented to participate in the Turkish online survey platform.

### **CONCLUSION**

This study has revealed that midwives working in Türkiye generally perceive their professional competence at a high level. However, it was found that midwives consider themselves less competent in areas such as managing high-risk births, intervening in traumatic births, approaching forensic cases, and professional development. Specifically, a lack of hands-on experience in rare birth types, such as breech presentations and multiple pregnancies, stands out. Additionally, it appears that midwives' competence in providing care for psychosocially intensive situations, such as traumatic births, adolescent pregnancies, and stillbirths, needs to be enhanced. Low scores in professional development and lifelong learning indicate that midwives require support in updating their knowledge and achieving professional satisfaction. The findings suggest that both undergraduate education programs and in-service training should be restructured to include more practice-based learning and trauma-informed care modules. Furthermore, self-assessment tools for the midwifery profession should be supported by observational and practical data, which would contribute to more accurate monitoring of clinical competencies. Strengthening the midwifery profession in Türkiye in accordance with international competency standards will improve the quality of care for maternal and neonatal health.

**Acknowledgments:** We would like to thank the field experts and the First Touch Project Team for their contributions to the preparation of the survey questions.

**Funding:** Partial financial support was received from European Commission.

**Conflict of interest:** There is no conflict of interest among the authors.

**Ethical Considerations:** This research was conducted in accordance with the Declaration of Helsinki, and ethical approval was obtained from Cappadocia University (14.05.2019/2019-04). In line with the Declaration of Helsinki, participants were informed of the study through an introduction text containing details about consent, which they were required to approve before participating in the survey.

**Author Contributions:** EG: Conceptualization, methodology, soft-ware, validation, formal analysis, investigation, writing-original draft preparation, writing-review and editing published version of the manuscript.

## REFERENCES

- Aksu, S. (2017). Forensic midwifery. *HSP*, 4(3), 277–284. <https://doi.org/10.17681/Hsp.306089>
- Arslan, Ş. F., Yıldız, A., & Şen, M. M. (2019). The perceptions of midwifery students about program competency. *SDÜ Sağlık Bilimleri Dergisi*, 10(1).
- Biçer, G., & Düztepe, Ş. (2003). Yetkinlikler ve yetkinliklerin işletmeler açısından önemi (Competencies and their importance for organizations). *JAST*, 1(2), 13–20. <https://jast.hho.msu.edu.tr/index.php/JAST/article/view/69>
- Butler, M. M., Fraser, D. M., & Murphy, R. J. L. (2008). What are the essential competencies required of a midwife at the point of registration? *Midwifery*, 24(3), 260–269. <https://doi.org/10.1016/j.midw.2006.10.010>
- Çiçek, Ö. E. (2009). Evaluation of final-year midwifery students on their roles and competencies according to the duties of midwives (Master's thesis). <https://avesis.deu.edu.tr/yonetilen-tez/b70f8b69-dfbc-41e7-a87f-c81ce388a434/ebelik-son-sinif-ogrencilerinin-ebelerin-gorev-tanimlari-ve-yeterlilik-alanlarina-gore-kendilerini-degerlendirmeleri>
- David, M. C., & McClelland, D. C. (1973). Testing for competence rather than for intelligence. *Am Psychol*, 28(1), 1–14. <https://doi.org/10.1037/h0034092>
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175–191. <https://doi.org/10.3758/BF03193146>
- Firoozehchian, F., Zareiyan, A., Geranmayeh, M., & Behboodi Moghadam, Z. (2022). Domains of

- competence in midwifery students: A basis for developing a competence assessment tool for Iranian undergraduate midwifery students. *BMC Med Educ*, 22(1), 704. <https://doi.org/10.1186/s12909-022-03759-z>
- Goshu, M., Godefay, H., Bihonegn, F., Ayalew, F., Haileselassie, D., Kebede, A., Temam, G., & Gidey, G. (2018). Assessing the competence of midwives to provide care during labor, childbirth, and the immediate postpartum period – A cross-sectional study in Tigray region, Ethiopia. *PLOS ONE*, 13(10), e0206414. <https://doi.org/10.1371/journal.pone.0206414>
- Hannah, M. E., Hannah, W. J., Hewson, S. A., Hodnett, E. D., Saigal, S., & Willan, A. R. (2000). Planned caesarean section versus planned vaginal birth for breech presentation at term: A randomised multicentre trial. *The Lancet*, 356(9239), 1375–1383. [https://doi.org/10.1016/s0140-6736\(00\)02840-3](https://doi.org/10.1016/s0140-6736(00)02840-3)
- International Confederation of Midwives. (2018). Essential competencies for midwifery practice 2018 (Update). <https://www.internationalmidwives.org/assets/files/general-files>
- Khakbazan, Z., Ebadi, A., Geranmayeh, M., & Momenimovahed, Z. (2019). Midwifery professionalism: An integrative review. *J Clin Diagn Res*, 13(3), LE01–LE08. <https://doi.org/10.7860/JCDR/2019/38209.12654>
- Le, T. T., Truong, A. T., Vu, T. V., et al. (2024). Vietnam national competency standards for midwifery: A Delphi study. *F1000Research*, 12, 981. <https://doi.org/10.12688/f1000research.138350.2>
- Ministry of Health. (2014). Regulation on the job descriptions of healthcare professionals and other professionals working in healthcare services. <https://dosyaism.saglik.gov.tr/eklenti/12541,20140522-29007-sag-meslek-mensuplari-ile-sag-hizde-cal-diger-meslek-mensuplarinin-is-ve-gorev-tanimlarina-dair-yonetmelikpdf.pdf>
- Nove, A., Hoope-Bender, P. T., Moyo, N. T., & Bokosi, M. (2018). The Midwifery services framework: What is it, and why is it needed? *Midwifery*, 57, 54–58. <https://doi.org/10.1016/j.midw.2017.11.003>
- Renfrew, M. J., McFadden, A., Bastos, M. H., Campbell, J., Channon, A. A., Cheung, N. F., ... & Declercq, E. (2014). Midwifery and quality care: Findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*, 384(9948), 1129–1145. [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3)
- Sökmen, Y. (2018). Professional attitudes of midwives and influencing factors (Unpublished master's thesis). Adnan Menderes University, Institute of Health Sciences, Midwifery Master's Program, Aydın, Türkiye
- Stewart, S., Sidebotham, M., & Davis, D. (2012). The virtual international day of the midwife: Social

- networking for continuing professional development. *Nurse Educ Pract*, 12(5), 248–252.  
<https://doi.org/10.1016/j.nepr.2012.06.004>
- Ten Hoope-Bender, P., de Bernis, L., Campbell, J., Downe, S., Fauveau, V., Fogstad, H., ... & Renfrew, M. J. (2014). Improvement of maternal and newborn health through midwifery. *The Lancet*, 384(9949), 1226–1235. [https://doi.org/10.1016/S0140-6736\(14\)60930-2](https://doi.org/10.1016/S0140-6736(14)60930-2)
- UNFPA. (2021). State of the World's Midwifery 2021. United Nations Population Fund.  
<https://www.unfpa.org/sowmy-2021>
- World Health Organization. (2009). Global standards for the initial education of professional nurses and midwives. [https://www.who.int/hrh/nursing\\_midwifery/hrh\\_global\\_standards\\_education.pdf](https://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf)
- World Health Organization. (2016). Midwives' voices, midwives' realities.  
<https://apps.who.int/iris/bitstream/handle/10665/250376/9789241510547-eng.pdf?sequence=1>
- World Health Organization (WHO). (2019). WHO competency framework for health workers' education and training on antimicrobial resistance.  
<https://www.who.int/publications/i/item/9789241516358>
- Yüksek Öğretim Kurumu. (2016). National core curriculum for pre-graduate midwifery education.  
[https://www.yok.gov.tr/Documents/Kurumsal/egitim\\_ogretim\\_dairesi/Ulusal-cekirdek-egitimi-programlari/ebelik.pdf](https://www.yok.gov.tr/Documents/Kurumsal/egitim_ogretim_dairesi/Ulusal-cekirdek-egitimi-programlari/ebelik.pdf)