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Vermeulen, Joeri ; Buyl, Ronald; Luyben, Ans; Fleming, Valerie; Tency, Inge; Fobelets, Maaïke

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THE EXPLORATION OF PROFESSIONAL MIDWIFERY AUTONOMY: UNDERSTANDING AND EXPERIENCES OF FINAL-YEAR MIDWIFERY STUDENTS.

Abstract

Background: The concept of professional midwifery autonomy holds great significance in midwifery education. Notably, clinical placements play a crucial role in introducing students to its concept. However, the understanding and experiences of students regarding midwifery autonomy are relatively unknown.

Objectives: This study aimed to examine the experiences and understanding of midwifery autonomy among final-year midwifery students.

Methods: A qualitative exploratory study using three focus group interviews with final-year midwifery students from each of the three Belgian regions; Flanders, Walloon and the Brussels Capital Region. Focus groups were recorded, transcribed verbatim and analysed using a thematic analysis.

Results: Upon data analysis, five key themes emerged; 1) working independently, 2) positive learning environment, 3) professional context, 4) actions and decisions of others and 5) beneficial for women. Students emphasized the importance of promoting professional midwifery autonomy through the ability to make their own professional decisions and take initiatives. They highlighted the need for a safe and supportive learning environment that encourages independent practice, nurtures self-governance and facilitates personal growth. Additionally, collaborative relationships with other maternity care professionals and increased awareness among women and the broader healthcare community were identified as essential factors in embracing and promoting professional midwifery autonomy.

Conclusions: Our study provides valuable insights into the significance of midwifery autonomy among final-year midwifery students. To empower midwifery students to truly understand and experience professional midwifery autonomy, educators and preceptors should adopt strategies that enhance comprehension, foster independent yet collaborative practice, establish supportive learning environments, and equip students to navigate challenges effectively, ultimately improving maternal and new-born health.

Keywords:

midwives; midwifery; midwifery autonomy; autonomy; professionalisation; maternity care; midwifery education, midwifery students

1. INTRODUCTION

Professional midwifery autonomy is a cornerstone of midwifery's philosophy (Healy et al., 2017), and a catalyst for the professionalisation of midwifery (Prosen, 2022). Professional midwifery autonomy is usually linked to decision-making and power over the own work (Zolkefli et al., 2020). The central, most frequently documented element is the capacity for decision-making in which midwives are responsible and accountable for their decisions (Perdok et al., 2017; Pollard, 2003; Zolkefli et al., 2020). Education is a field where motivation plays a crucial role in students' learning outcomes and performance. Motivation theory, specifically the Self-Determination Theory, provides valuable insights into understanding and enhancing motivation in educational settings. The Self Determination Theory proposes that three psychological needs—autonomy, competence, and relatedness—play a fundamental role in fostering intrinsic motivation, promoting optimal engagement, and driving performance (ten Cate et al., 2011). Professional midwifery autonomy is consequently positively associated with job satisfaction (Gözükara and Çolakoğlu, 2016; Iliopoulou and While, 2010), professional commitment (Labrague et al., 2019) and well-being (Bondarchuk and Pinchuk, 2020). However, midwives' professional autonomy might be restricted in some counties and professional settings (Mead et al., 2007). The concept of autonomy is relevant for midwifery education as educational programmes need to be designed to equip midwives to function as autonomous professionals (Van kelst et al., 2013).

2. BACKGROUND

In Europe, midwifery education programs are aligned with the EU Directives (EU 2013/55/EC), which have been guiding the requirements for the profession and promotes professional midwifery autonomy (Dilova and Aleksandrova-Yankulovska, 2017; Luyben et al., 2017). Belgian midwifery education, aligned with the European Directives, educates students for autonomous care of women with uncomplicated pregnancies (Van kelst et al., 2013). In Belgium, there are 21 Bachelor's degree programs in Midwifery available, all of which offer direct-entry at the bachelor's level. The duration of midwifery education varies among regions, requiring 180 ECTS (three years) in Flanders and 240 ECTS (four years in Walloon and Brussels Capital Region (Benahmed et al., 2016). Despite this difference in length of the

programmes, students need to acquire the same competencies and are educated as autonomous practitioners in uncomplicated pregnancies, competent in all midwifery domains: obstetrics, reproductive medicine, gynaecology and neonatology (Eggermont, 2018). Students dedicate approximately 50% of their study time to clinical practice, which spans 38 weeks, with about 20 weeks specifically allocated to hospital labour wards. These placements are carefully scheduled to cover both low- and high-risk settings, encompassing public and private healthcare facilities. To guide and support students during these placements, each student is assigned an academic supervisor from the university college. Additionally, experienced midwives from the placement settings serve as preceptors and collaborate with the supervisor to deliver practical education, offer feedback, and evaluate the students' progress (Vermeulen et al., 2019).

Midwifery education aims to provide a safe learning environment promoting self-governance, personal development and autonomous functioning (Ponto, 2011). However, a study among practising midwives revealed that they did not feel adequately equipped for professional autonomy after completing their education (Pollard, 2003). Also, final-year midwifery students felt ill-prepared for autonomous practise (Licqurish and Seibold, 2013). Another study revealed that midwives believed that the concept and achievement of midwifery autonomy had not been explicit enough in their midwifery education. Most participants identified that they had only witnessed midwifery autonomy in midwife-led units and not in obstetrician-led units (Baird, 2007). Students learn the role of midwife in a changing culture, where some midwives practise autonomously, while others rely on obstetricians for decision-making. Belgian midwives have nuanced perceptions regarding their professional autonomy. Notable disparities were observed between hospital-based and primary care midwives, as well across various regions. Nevertheless, Belgian midwives have a common desire for increased professional autonomy (Vermeulen et al., 2023). Autonomous midwives are appropriate and influential role models (Hughes and Fraser, 2011), since they learn students how to become autonomous practitioners (Bluff and Holloway, 2008). Hence, the impact of clinical placements cannot be underestimated for familiarizing students with the concept of professional autonomy (Vermeulen et al., 2019).

Therefore, the aim of this study was to explore final year midwifery students' understanding of midwifery autonomy and their experiences of midwifery autonomy during practice

placements and to assess whether midwifery education equips midwives for autonomous practice.

3. METHODS

3.1. Design

A qualitative exploratory study using focus group interviews. The choice of a qualitative approach through focus group interviews allowed for a comprehensive exploration of midwifery autonomy among final-year midwifery students. Focus group interviews were preferred over individual interviews due to their alignment with the research aim, offering the potential for a deeper and more holistic exploration of midwifery autonomy.

3.2. Setting

Midwifery students from midwifery education programmes in all three Belgian regions: one in Flanders (Odisee University of Applied Sciences, Sint Niklaas), one in the Brussels Capital Region (Erasmus Brussels University of Applied Sciences and Arts, Brussels) and one in Walloon (Haute École de Namur-Liège-Luxembourg, Namur) were invited for a focus group. These university colleges were purposefully selected using convenience sampling in order to ensure representation from each of the three Belgian regions. In selecting university colleges, we considered both the size of the colleges and their student population (150-200 undergraduate midwifery students). Furthermore, we assessed the availability and accessibility of these colleges, including their willingness to participate and the ease of data collection. The inclusion criteria stipulated that only final-year midwifery students could participate. As all university colleges in Belgium adhere to national and European legislation and comply with quality guidelines, no additional criteria related to the universities were applied.

3.3. Recruitment

Students were informed by mail about the study and invited to participate four weeks before the planned focus group. Participation was voluntary. The focus groups involved two researchers, the interviewer, and an observer. This approach was taken to mitigate the potential for power coercion, as neither of them had any affiliation with the midwifery departments in a teaching or assessment capacity. Additionally the researchers guaranteed the confidentiality of all participants.

3.4. Data collection

After explaining the purpose of the study, the interviewer asked participants to provide informed consent. Additionally, socio-demographic data were collected (age, gender, language, year of education, clinical experiences in labour wards). We assured participants that their responses will be kept confidential.

The interview guide explored participants' understanding and experiences of autonomy and related concepts which allowed to structure the focus group conversation. The questions derived from a literature review. The semi-structured interviews started with open questions on how the students 1) understood midwifery autonomy and 2) experienced autonomy during their practice placements (see table 1). During the interview, the interviewer used silence, questioning, validation and other appropriate communication techniques to maintain the flow of the discourse. The observer (MF) observed nonverbal clues and ensured that all students participated in a proportionate way. Additionally, detailed field notes were recorded. Focus group interviews lasted until no new data came up and data saturation was achieved.

Insert Table 1 here: Interview guide

All audio-recorded interviews were securely stored in an onsite locked facility, only accessible to the researchers.

3.5. Data analysis

Interviews were audio recorded and transcribed verbatim by the first author. Data were analysed using a thematic analysis. The transcripts were coded into recurrent and common themes in line with the study aim (Green and Thorogood, 2009). Themes were compared based on content similarities, differences and patterns were identified in the themes (Braun and Clarke, 2021) and was performed in NVivo version 20 (QSR International). To achieve investigator triangulation, discussion between two researchers (XXX and XXX) was incorporated to confirm themes and data saturation (Polit and Beck, 2020) (Polit and Beck, 2009). As suggested in literature member check was performed, participants were invited to provide written feedback on the findings (Corbie-Smith et al., 2018). A summary of the findings was forwarded for feedback to the participants two months after the focus groups. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed to ensure transparency, reliability and reproducibility (Tong et al., 2007).

4. RESULTS

Three focus groups (FG) with a total of 22 students were undertaken, lasting approximately 60 minutes (FG1: 56 minutes, FG2: 65 minutes, FG3: 60 minutes). Participants were aged between 20 and 39 years (mean: 21.95 years), female, except for 1 male student, and with clinical experiences in labour wards between 15 and 24 weeks (mean: 18.81 weeks).

Insert Table 2 here: Characteristics of participants

The analysis of the data resulting from the focus group interviews resulted in five themes: 1) working independently, 2) positive learning environment, 3) professional context, 4) actions and decisions of others and 5) beneficial for women. All participants were invited to provide feedback on the findings, but only one student provided feedback, confirming the accuracy of our findings. Each of the identified themes and accompanying subthemes are described in detail below.

Insert Table 3 here: Identified themes and subthemes

4.1. Working independently

Participating students defined midwifery autonomy as encompassing the capacity to work independently, navigate professional and personal boundaries, and engage in interprofessional collaboration.

Independent decision-making

The significance of independent decision-making was emphasized by several participants who valued the ability to make their own professional decisions and take initiatives without constant supervision. They expressed a desire to be empowered to act autonomously, relying on their professional judgment and organizational skills to carry out tasks without continuous confirmation from others. One participant summed up the importance of independent decision-making by stating that midwifery autonomy involves the freedom to make decisions and execute certain actions without interference from doctors or colleagues. This highlights the desire for midwifery students to have the authority to make independent choices and have ownership over their professional practice.

“That you can be autonomous, make independent decisions, don't always need confirmation from, for example, a doctor or colleagues, but that you can really decide and carry out certain things yourself without anyone else having a say in it”. FG3_1

Working between professional and personal boundaries

Beyond independent decision-making, participants also recognized the importance of working within professional and personal boundaries. They acknowledged that midwifery autonomy extends to being able to navigate these boundaries while providing care. Establishing and respecting these boundaries allows midwives to maintain their individuality and walk their own path within the scope of their practice. The ability to work within limits, while still exercising autonomy, was seen as a crucial aspect of professional identity and practice.

“That is also autonomy for me, that you... yes, within the limits as [fellow student] said, that you can still walk your own path and are allowed to do so”. FG2_5

Collaboration

Participants also emphasized the significance of collaboration and interprofessional teamwork. They acknowledged that effective collaboration in a safe environment, where the "no shame, no blame" principle prevails, is essential for optimal decision-making and care provision. Participants found value in working together as a multidisciplinary team, recognizing that collective expertise and knowledge result in better outcomes for women. Collaboration was seen as an opportunity to learn from others, respect each other's competencies, and ultimately deliver comprehensive care. One participant highlighted the enjoyment derived from working together and receiving recognition from obstetricians. They emphasized the inherent value of teamwork and the shared understanding that, as a multidisciplinary team, they possess a greater wealth of knowledge and skills compared to working alone.

“Of course, it's great to receive recognition from the obstetrician ... It's simply enjoyable when you can work together. You are and you remain a multidisciplinary team, and together, you always know more than alone”. FG3_6

The views of the participants underscored the importance of collaboration in fostering effective teamwork and decision-making within the realm of professional midwifery

autonomy. They recognized the unique strengths and skills that each team member brings, emphasizing the added value of a multidisciplinary approach. The overall consensus was that collaboration enhances the quality of care provided to women, leading to improved outcomes.

“Each individual has their own set of skills ... It is an added value to work as a team... Multidisciplinary, more competence”. FG1_4

4.2. Positive learning environment

The vital role of a positive learning environment in fostering their professional autonomy was repeatedly emphasized by the respondents. They highlighted the importance of elements such as acceptance, safety, empowerment, positive feedback, and a reflective attitude in this regard.

Respectful and safe environment

Midwifery students faced challenges related to rejection, limited critical dialogue, and concerns about evaluation in their learning environment. Some students experienced rejection when introducing themselves as students during internships, resulting in feelings of not being accepted or wanted.

“At my internship when I introduced myself, I immediately heard, 'Oh no, I'm not taking students today' [sounds of recognition from the others]. Such things affect you, ... they simply don't want you ..., they don't even want to accept you”. FG2_2

Creating an atmosphere of openness and respect, where expressing opinions is encouraged without fear of blame, was seen as crucial. Students desired the engagement of all parties in critical dialogue without the fear of being blamed. Concerns about evaluation often hindered students' ability to question observed practices, even when witnessing unnecessary interventions. Establishing a supportive learning environment that encourages open dialogue is essential for empowering students to voice concerns without undermining authority. The act of being evaluated influenced students' feelings of not being safe and hindered their comfort in questioning practices.

“I think if we weren't evaluated, we would be more comfortable [agreement from others] in saying, 'Why are you actually doing that?' when women came in spontaneously in labour and

were progressing well, ... their membranes were (artificially) ruptured,... But why? It's not necessary, but I just don't dare to say it". FG2_12

Empowerment through recognition and trust

Recognition and trust were identified as empowering factors for midwifery students. Participants expressed the desire for acknowledgement and appreciation of their professional autonomy, emphasizing the need for increased recognition and understanding of the multifaceted nature of their profession.

"I simply believe that autonomy as a midwife can still grow, that it is currently very limited ..., and that, yes... I think that goes hand in hand with appreciation, ... yes, just give those opportunities to midwives to grow in that autonomy, but mainly appreciation. I think that's very important". FG3_12

Students additionally highlighted the importance of dispelling misconceptions and being acknowledged for their diverse roles beyond what is commonly portrayed in media. Additionally, misidentification as nurses highlighted the need for clarification of their professional identity, as some students encountered instances where they were mistakenly identified.

"There are certain women when we enter a room and they are on the phone 'I'll let you go because the nurse is here.' No, no, we introduced ourselves by name, and say 'I am a midwife,' but it doesn't register, we remain nurses ..". FG1_11

Trusting relationships were seen as essential for fostering independence and confidence among midwives. Building trust with preceptors and being allowed to work autonomously facilitated professional growth and autonomy.

"A midwife whom I regularly worked with, said to me 'I'll let you do it alone, because I know that it feels better when I'm not just watching over you', it is a solution to build trust between us, and that she can mentor you much better ..., promoting your independence". FG3_8

Reflective environment

A reflective environment was highlighted as crucial for students to gain competence and confidence in their decision-making abilities. Constructive feedback was seen as instrumental

in fostering autonomy and confidence. Positive feedback enhanced students' self-confidence and leading to greater trust and professional autonomy. Additionally, recognition and affirmation from mentoring midwives and obstetricians played a significant role in the development of professional autonomy and capability.

“Or, as a midwife, entrust you to assist the birth to a student who has been on the placement for four weeks, ... and she says, 'go ahead, I know you can do it, go ahead'. One midwife did that with me, and I will never forget that moment”. FG2_6

Acquiring autonomy-related competencies was seen as challenging, but facilitated through practical experiences, guidance, and development of clinical reasoning skills.

“The midwife asked me ‘What would you do in this situation, with this internal examination?’ She really made me think, and I explained what I would do. She said, ‘You reasoned very well, I would do the same’. It gives you a sense of confidence”. FG2_4

4.3. Professional context

The influence of the professional context on professional midwifery autonomy is evident through the subthemes of diversity in healthcare settings, variations among hospitals, and disparities observed across different countries.

Diversity in healthcare settings

Notable differences in the level of autonomy were experienced by midwives in different healthcare settings. Students highlighted the positive impact of a supportive and safe environment especially in primary care settings, which fostered their confidence and competence. The opportunity to handle consultations and make independent decisions played a crucial role in shaping their readiness for primary care.,

“That feeling of 'it's okay what I'm doing, and it's okay to ask for help, and they will gladly help'. The safe atmosphere of a primary care practice has given me a lot of confidence to start working there myself”. FG2_1

In hospital-based services, such as fertility or antenatal consultations, as well as in the postpartum ward, students observed that midwives possess a higher level of autonomy and are often the ones making decisions. In the labour ward, the level of autonomy may be

comparatively lower, possibly due to factors such as time constraints, the presence of obstetricians or guidelines to follow.

“The hospital feels very routine, ... in primary care, ... there's no one there saying, ‘Well, she needs to give birth within my working hours’ or ‘Oh no, she's been at 7 cm for 2 hours, that's not good’ or ‘Her membranes still haven't ruptured’. It's just different, you know?”. FG2_4

Heterogeneity among hospitals

The level of midwifery autonomy can vary significantly between different hospitals. Some hospitals provide more opportunities for midwives to exercise their competences and make autonomous decisions, while others restrict their autonomy and limit their involvement in certain aspects of care. Conversely, in some hospitals midwives have a broader scope of practice and are entrusted with comprehensive care throughout the maternity journey.

“I went for my internship at [name Walloon hospital], and there you really see the difference ... all the follow-up is done by the midwife. The birth is attended by the midwife, and the postpartum care is also provided by the midwife”. FG1_4

Several students suggested that university hospitals generally providing more autonomy compared to non-university hospitals.

“In the university hospital, the midwives work very independently and make quite a lot of decisions on their own. Whereas, during my internship in [non-university hospital in Flanders], it was completely the opposite. For every decision, they had to call a doctor, even for the smallest thing”. FG3_1

Contrasts across neighbouring countries

Overall, the level of midwifery autonomy and responsibility for midwives can vary significantly between neighbouring countries, with France and the Netherlands being mentioned as providing more professional autonomy compared to Belgium. A French student studying midwifery in Belgium specifically emphasized this aspect:

“In France, we have more autonomy, more responsibility, ... there is a huge gap. These are two European neighbouring countries, ... I have the impression that in Belgium, the

obstetrician is the midwife and the midwife is a paediatric nurse, everything is downgraded in terms of status ..., that's a shame". FG1_4

4.4. Actions and decisions of others

Within the broader context of the extent of professional midwifery autonomy, hierarchy and power dynamics, the doctor's presence, and ambiguity of the midwife's role offer insights into how the actions and decisions of different individuals shape the level of autonomy experienced by midwives, emphasizing the intricate interplay between various individuals.

Hierarchy and power dynamics

Hierarchy and power dynamic within clinical placements were observed, particularly between obstetricians, midwives and students. There are certain situations where midwives or students feel hesitant to bother or seek the agreement of obstetricians, implying a hierarchical structure where the opinion or approval of the obstetrician is considered superior.

"Even if we know that we did it well, it's the midwife who did it well, but it's just, do I have the agreement of the obstetrician, who is superior to me, etc. It's not a matter of competence, but of hierarchy." FG1_2

When having medical and midwifery students in the labour ward, the medical students are given priority in attending births, thus reinforcing the existing hierarchy and ingrained lack of midwifery autonomy.

"You can already feel that hierarchy between junior doctors and students [midwifery], once you have three doctors in trainings and two midwifery students, who do you think will be allowed to attend the birth? The doctors,... so autonomy is already ingrained in the study." FG3_3

The presence of assistants and obstetricians in labour wards may restrict midwifery professional autonomy, as they may dictate the steps and limit decision-making. Midwives adapt their approach based on their familiarity with different obstetricians and may verify instructions quickly to align with expectations.

"As a midwife, you already know that 'oh, that's that obstetrician, it's not easy, so I'll verify what he wants', just to be sure." FG3_2

Clear agreements with obstetricians were considered important to understand consultation frequency and autonomy. Supportive relationships with doctors may enhance learning and skill development. Some obstetricians exhibited a relaxed approach, which allowed midwives to proceed without direct supervision, indicating a higher level of midwifery autonomy.,

Ambiguity of the midwife's role

The level of autonomy experienced by midwifery students was influenced by factors such as supervision, confidence, communication, and individual experiences. This ambiguity of the midwife's role is further exemplified in how some midwives feel restricted in their autonomy when they are constantly directed and supervised, while others prefer the support and comfort of having a multidisciplinary team present.

"They [midwives] are so accustomed to being supervised by obstetricians and always having them present that it provides them with assurance. However, when they find themselves alone, it becomes a source of error and distress, causing them to feel destabilized and unsure". FG 1_2

There could be miscommunication and role misconceptions, with midwives feeling undervalued for their contributions, contributing to the ambiguity of the midwife's role. The varying levels of autonomy in midwifery practice were influenced by individual characteristics, including personality and professional experience, highlighting the complex dynamics and considerations involved.

"But those midwives who dare to speak up are generally more autonomous than those who remain silent or are afraid of criticism. They go along without thinking for themselves". FG2_3

Some participants highlighted the challenges and tensions when assuming different roles within the birthing process. These narratives reflected the presence of ambiguity of the midwife's role. Participants encountered challenges and tensions when switching roles, as its specific expectations were not well-defined. Consequently, participants experienced confusion and perceived role discrepancies, leading to a lack of clarity and potential conflicts in their responsibilities.

"They [midwife] explicitly told me, 'Maybe this time you shouldn't assist the birth, and instead take on the role of the midwife rather than the obstetrician.' So, when I am in that position [assisting the birth], I am seen as playing the role of the obstetrician". FG3_5

4.5. Beneficial for women

Safety and quality of care, continuity of care and being with the woman underscore the significance of professional midwifery autonomy in promoting the well-being and satisfaction of women.

Safety and quality of care

Students highlighted the importance of the principle of one midwife for one woman, as it helped to reduce errors. When midwives were assisting multiple women, they might have become overwhelmed, leading to compromised attentiveness and increased chances of mistakes, especially in urgent situations. Additionally, students stressed the need for effective collaboration and respectful communication between healthcare professionals to ensure women's safety and potentially save lives.

"The midwives quickly realized that something was wrong, ... but the doctors actually did nothing, they simply didn't listen to what the midwives had to say..., and that is a dangerous thing, because... it could have saved that woman's life". FG2_3

The profession of midwifery aimed to provide safe and high-quality care to women while ensuring the well-being of both women and midwives themselves.

"For me, the true good profession of a midwife is one that is safe for the woman, ... and provides quality care to everyone". FG 1_2

Midwifery emphasized the importance of autonomy and the ability to advocate for the best interests of the woman. Challenging an obstetrician's decision exemplified the significance of midwifery autonomy and its potential for positive outcomes. Students emphasized the importance of midwives having the freedom to make independent decisions and take appropriate actions based on their expertise and knowledge.

"I heard a midwife say, 'No!' when an obstetrician said, 'We're going to perform a caesarean section because it's taking too long' She stood up against it because she was convinced that it

was a posterior presentation, ... She turned the woman around, and she gave birth very smoothly... saying 'No' as a midwife, ... is important". FG2_5

Continuity of care

Students highlighted the importance of personalized, continuous care provided by midwives, the need for effective communication and collaboration between maternity care professionals, and the significance of respecting the autonomy and expertise of midwives in ensuring a positive birthing experience for women.

"I'm the one monitoring the labour, and then the doctor who absolutely wants to assist the birth, even though she hasn't seen the woman, hasn't witnessed her moments of difficulty, nothing... it's getting on my nerves a bit...". FG1_4

The vulnerability and intimacy of the birthing process was acknowledged by some students as requiring a sensitive and attentive approach. At some occasions, the presence of multiple professionals during labour and birth, including doctors in training and obstetricians, led to disruption in continuity of care and personal connection with the woman, which caused discomfort and dissatisfaction.

"Someone who arrives at the last moment, puts on their gloves, and off we go! 'Who are you, who are you?' ... , it's a stranger arriving, and for 10 hours we've been there, supporting and building trust, caregiver-woman relationship. It's really disturbing for everyone involved." FG1_5

Students reflected on the value placed on midwifery autonomy, women's involvement, and shared decision-making in maternity care. A student acknowledged the expectation to seek permission from the doctor, but emphasized the ideal of seeking permission from the woman, highlighting the significance of woman-centred care.

"It is expected of me that I ask for permission from the doctor when assisting in a birth, but ideally, I should be asking the woman. " FG 3_4

The concept of shared decision-making was emphasized, highlighting the importance of both the midwife and the woman being autonomous and actively involved in making decisions together.

"To be able to make decisions together autonomously with the woman, there is often talk about informed consent, but it should be more about shared decision-making,... where both parties are autonomous and come to a decision together." FG2_1

Students valued midwifery autonomy, they recognized that being an autonomous midwife is not solely about working independently, but also about empowering the woman during childbirth. A midwifery student emphasized the importance of creating a supportive and empowering environment where the woman's autonomy feels respected and nurtured.

"I believe that as an autonomous midwife, one should strive for that ... empowering the woman in her autonomy and strengths." FG2_1

5. DISCUSSION

This study aimed to explore the understanding and experiences of professional midwifery autonomy among final-year midwifery students. The findings shed light on their experiences and provide valuable insights into the phenomenon of midwifery autonomy.

Our research revealed that the respondents had a clear perception of the role that autonomy plays in their future profession. They demonstrated a solid understanding of the concept of midwifery autonomy. Students defined professional midwifery autonomy as the capacity to work independently, without constant supervision. This aligns with previous studies among English final-year midwifery students that describe autonomy as working unsupervised while being competent and responsible (Baird, 2007). Additionally, they recognized the importance of working within professional boundaries and establishing respectful interprofessional collaboration. Midwifery autonomy extends to navigating these boundaries while providing care, allowing midwives to maintain their individuality and professional identity. Balancing a high level of professional autonomy with effective collaboration poses a significant challenge. Striking the right equilibrium between individual autonomy and collaborative teamwork requires careful navigation and consideration (Perdok et al., 2017).

Contextual factors play a crucial role in shaping the extent of autonomy experienced by midwifery students. These factors include the level of support from other maternity care professionals, institutional policies, guidelines, legal frameworks, and the hierarchical structure within hospitals. Our study revealed differences in midwifery scope of practice, influencing midwives' autonomy in university hospitals compared to non-university hospitals

in Belgium. It is important to note that Belgium lacks a unified legislative body for the preservation of midwifery scope of practice, and whether these variations are a common occurrence in the country remains an open question. To enhance students' perceived professional autonomy, clinical placements in university settings are suggested. In countries where midwifery is an autonomous profession, midwives are not supervised by doctors or any other health professional. However, midwives' professional autonomy may clash with the hierarchical and routine-based culture of the hospital (Thompson, 2020). Our findings align with previous literature, emphasizing the significance of a safe and supportive learning environment, including role models, for optimizing students' learning experiences in labour wards (Gilmour et al., 2013). A supportive learning environment fosters socialization and a sense of belonging, playing a vital role in nurturing professional midwifery autonomy. Students' relationships with mentoring midwives were found to be crucial in gaining access to learning experiences and developing confidence in their abilities (Blåka, 2006; Brunstad and Hjälmhult, 2014).

The challenges identified in our study hindered the students' ability to practice autonomously. These challenges encompassed restricted decision-making authority, limited support from other maternity care professionals, resistance to midwifery-led care, and a lack of awareness among women regarding midwifery professional autonomy. Addressing these obstacles is essential to effectively support the implementation and success of midwifery-led continuity care models (Zolkefli et al., 2020). The complexity of the midwife's role is further illustrated by the differing perspectives among midwives, as some feel their autonomy is limited by constant direction and supervision, while others prefer the support and comfort of working with a multidisciplinary team. Conflicting perspectives exist regarding midwives' desire for autonomy and increased responsibility (Pollard, 2003).

Midwifery educators and preceptors can inform their practices by fostering a comprehensive understanding of professional midwifery autonomy and promoting independent yet collaborative work. Creating a supportive learning environment, addressing contextual factors, overcoming challenges to autonomy, and promoting dialogue and collaboration among midwives are key recommendations. Implementing these strategies will support the development of midwifery students' autonomy, enhancing their professional growth and

preparing them for autonomous midwifery practice, ultimately improving care for mothers and new-borns.

Future research should explore strategies like shared decision-making, interprofessional collaboration, and advocacy for midwifery autonomy. Additionally, assessing the long-term impact of autonomous midwifery practice on maternal and new-born health outcomes is crucial. By demonstrating the benefits of midwifery autonomy, such as increased maternal satisfaction and improved health outcomes, we can emphasize its importance in the healthcare system. Prioritizing and investigating midwifery autonomy in education and practice can lead to transformative advancements in maternity care, empowering midwives, promoting their professional growth, and ultimately enhancing maternal and new-born health outcomes.

Strengths and limitations

The strength of our qualitative exploratory study, which used focus group interviews with final-year midwifery students from three Belgian regions, include the richness of the data, regional diversity, and the use of thematic analysis. It is worth mentioning that all participants had arrived at the same point in their study programme. As the focus groups took place during the advanced stages of their course, all students had gained valuable practical experience in labour wards. As a result, students developed a strong grasp of professional midwifery autonomy. Nevertheless, it should be noted that our data solely reflects the perspectives and experiences of students from a single setting within Flanders, Walloon, and the Brussels Capital Region. This might have reduced the variety of responses, while a more diverse sample, might have produced different insights. These considerations should be taken into account when interpreting the findings of this study.

6. CONCLUSIONS

This study provided valuable insights into the understanding and experiences of final-year midwifery students regarding midwifery autonomy. Our findings emphasized the need for supportive learning environments and collaborative relationships with other maternity care professionals. By actively creating a safe and supportive learning environment that encourages autonomous practice, nurtures self-governance, and promotes personal growth among midwifery students, educators can contribute to the development of a truly

autonomous profession. Additionally, our study revealed the urgent need for increased awareness and understanding among women and the broader healthcare community regarding the role of midwifery in order to fully embrace and promote professional midwifery autonomy. Recognizing the value and contributions of midwifery is essential for empowering midwives and advocating for their autonomy within the healthcare system. The findings from our study contribute to ongoing efforts aimed at strengthening midwifery and promoting the autonomy of midwives, ultimately improving the health and well-being of mothers and newborns on a global scale.

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