



## ORIGINAL RESEARCH

# Self Perceptions of Midwives Working in the Delivery Unit on Work Motivation: A Qualitative Study

Gizem Fikriye Kırkız<sup>1,\*</sup> , Ayden Çoban<sup>2</sup>

<sup>1</sup>Department of Midwifery, Health Sciences Institute, Aydın Adnan Menderes University, Aydın, Türkiye

<sup>2</sup>Department of Midwifery, Faculty of Health Sciences, Aydın Adnan Menderes University, Aydın, Türkiye

## ARTICLE INFO

**Received:** 10 September 2024

**Accepted:** 20 April 2025

## KEYWORDS

Delivery unit

Midwife

Motivation

Opinion

Work

## \*Correspondence:

gfkirkiz@gmail.com

## HOW TO CITE

Kırkız GF, Çoban A (2025) Self Perceptions of Midwives Working in the Delivery Unit on Work Motivation: A Qualitative Study, Journal of Health Sciences Institute, 10(1): 9-17

## ABSTRACT

Midwives working in delivery units frequently encounter stressful events and face mental challenges. Work motivation is crucial for delivering high-quality healthcare services. This study aims to explore the perspectives of midwives working in delivery units regarding their work motivation. The research was conducted as a case study based on a qualitative research design, and data were collected using a semi-structured interview technique. The study group consisted of 12 midwives working in a district state hospital. The data were analyzed using content analysis. The perspectives of midwives on work motivation were examined under three main themes: "Choosing the Midwifery Profession," "Sources of Work Motivation for Midwives," and "Determinants of Midwives' Work Motivation." The findings indicate that most midwives chose their profession without full awareness but developed a passion over time. Their motivation was primarily driven by financial compensation for their work and the ability to witness and contribute to maternal and neonatal health. Factors that enhanced work motivation included organizing social activities, protecting maternal and neonatal health, experiencing understanding, harmony, and satisfaction from pregnant and postpartum women and their families, and receiving psychological and social support. Conversely, factors that decreased work motivation included low salaries, difficulties in communication with patients and their relatives, negative attitudes from patients and their families, stress, fear, anxiety, traumatic birth experiences, and conflicts with hospital staff. Based on the findings, several recommendations can be made to improve work motivation among midwives in delivery units, including financial improvements, organizing social activities, enhancing communication channels, establishing a work schedule that ensures work-life balance, providing emotional support from hospital management, and equipping delivery units with more functional equipment.

## Introduction

Motivation can be defined as the process through which human resources in organizations direct their physical, mental, and psychological energy toward organizational goals with high willingness and energy (Tarakçıoğlu et al., 2010; Can et al., 2015). Motivation, which influences employees' productivity, efficiency, performance, and effectiveness, can vary positively or negatively (Tunçer, 2013; Cumbler et al., 2016). Motivation is affected by various factors, including economic aspects such as rewards and wages, psychosocial factors such as achievement and status, and organizational elements such as communication and teamwork (Örücü & Kanbur, 2008).

Employee motivation has been reported as a critical component of health system performance, with motivating factors having a significant impact on healthcare workers' performance (Franco et al., 2002). Healthcare professionals frequently encounter intense physical labor, adverse conditions, and emotional stress. Inadequate physical conditions, shift work, staff shortages, and unfair reward systems can contribute to stress among healthcare workers (Karaca-Sivrikaya & Erişen, 2019). It is well known that low motivation among healthcare professionals negatively affects service quality, and unless issues related to motivation are comprehensively addressed, high-quality

care cannot be ensured (Willis-Shattuck et al., 2008; Ünalı-Türkkan et al., 2014).

Midwives working in delivery units are frequently exposed to stressful events and psychological challenges (Ünver et al., 2020). Understanding what motivates midwives to remain in their profession is crucial for ensuring the delivery of high-quality care before, during, and after childbirth (Filby et al., 2016; WHO, 2016). For midwives, motivation is essential not only for ensuring quality service delivery but also for strengthening teamwork and enhancing their job performance and personal satisfaction. Therefore, investigating the factors that enable midwives working in delivery units to provide high-quality care is of vital importance. This study aims to explore the perspectives of midwives working in a delivery unit regarding their work motivation.

## Material and Methods

### Research Design

This study is a case study based on a qualitative research approach. Case studies are research methods that associate a specific phenomenon with various factors, providing a holistic perspective on the collected data (Aytaçlı, 2012; Merriam, 2013; Yıldırım & Şimşek, 2021). In this study, the case under investigation is the perspectives of midwives working in a delivery unit regarding their work motivation. The study aimed to answer the following questions:

1. What are the midwives' thoughts on the midwifery profession?
2. How do midwives define motivation in their professional lives?
3. What are the midwives' perspectives on the factors affecting their work motivation?

### Study Setting

The study was conducted in the delivery unit of a district hospital in the Aegean region, which operates as a mother- and baby-friendly hospital. The delivery unit consists of six LDR (Labor, Delivery, and Recovery) rooms, with five specialist doctors and 19 midwives working in the unit.

### Participants

The study population consisted of all midwives working in the delivery unit of the district hospital. A criterion-based purposive sampling method, one of the purposive sampling techniques, was used (Hatch, 2002). Midwives who had been working in the delivery unit for at least five months and consented to audio recording during in-depth interviews were included in the study. Midwives who were on leave or medical report leave during data collection were excluded. Additionally, four newly recruited midwives, two midwives on leave, and one midwife who was also a researcher were excluded from the study, resulting in a total of 12 midwives participating in the research. In qualitative research, the sample size is typically determined based on data saturation, with a

recommended range of five to 25 participants (Aksayan & Emiroğlu, 2002; Başkale, 2016). In this study, saturation was reached with the 10th participant.

### Data Collection Tools

Data were collected using a "Demographic Information Form" and A "Semi-Structured Interview Form". The demographic form included ten questions about the midwives' socio-demographic and professional characteristics, while the semi-structured interview form was developed based on the literature (Öztürk & Doğuç, 2020; Acar & Bulut, 2021; Yeşilaydın et al., 2022).

### Data Collection

The research data were collected between April 15 and May 15, 2023, using an in-depth interview technique in a quiet and comfortable area within the delivery unit. To ensure adherence to the inclusion criteria, initial conversations were held with the midwives, and the research aim was explained. The interviews lasted an average of 28 minutes (min: 14, max: 57 minutes).

### Data Analysis and Interpretation

The data were analyzed using the inductive content analysis technique. Audio recordings from the interviews were transcribed into Microsoft Word, resulting in a total of 78 pages of raw data. The data were manually coded by the researcher. A line-by-line reading technique was used to generate initial codes, which were then categorized and grouped into themes. The initial codes were created by the first researcher and verified by the second researcher. The agreement rate for coding consistency (reliability = number of agreements / total number of agreements + disagreements) was found to be 85% (Miles & Huberman, 2014). Subsequently, the data were interpreted within the context of themes and categories and compared with similar studies in the literature where applicable. The study results were reported in the discussion and conclusion sections.

## Results

### Personal Data of Participants

All participating midwives were female. The midwives reported having attended in-service training or certification programs related to their profession. The average age of the midwives was  $38.41 \pm 7.35$  years, with an average professional experience of  $17.25 \pm 8.00$  years, and an average of  $6.18 \pm 3.54$  years of experience in the delivery unit. The detailed characteristics of the midwives in the study group are presented in Table 1.

The data obtained from the interviews were categorized into three main themes:

- Theme 1: "Choosing the Midwifery Profession"
- Theme 2: "Sources of Work Motivation for Midwives"
- Theme 3: "Determinants of Midwives' Work Motivation"

### Perspectives on Choosing the Midwifery Profession

The categories and codes derived from the interviews regarding the reasons for choosing the midwifery profession are presented in Table 2.

Regarding the theme of choosing midwifery, one participant stated: *"Bringing a new life into the world, hearing their first cry, seeing them breathe because of you—I think that's something beautiful. Nothing compares to that."* (P10). Another participant shared a similar view: *"Bringing the mother and baby together, enabling that skin-to-skin contact, helping with breastfeeding—these are beautiful things."* (P3)

Conversely, some midwives expressed different motivations or initial reluctance toward the profession: *"I chose it for a quick entry into the workforce."* (P2)

*"When I saw my first birth and the first episiotomy, I called my mother and said, 'I don't want to do this job.' But my younger siblings who would come after me, my father's financial situation... I had to study, I had to finish it."* (P6)

*"Actually, I didn't choose this profession willingly. My mother and my teacher decided on it for me. But once I started studying and practicing midwifery, I realized it was the right choice."* (P8).

### Perspectives on Sources of Work Motivation for Midwives

The categories and codes obtained from interviews regarding midwives' work motivation sources are presented in Table 3.

Upon analyzing the responses, the participants' motivation sources were classified into social (positive professional experience and work environment; recognition), individual (passion for the profession), and economic (salary).

One participant emphasized economic factors: *"When we talk about motivation, I think of working conditions, salary, and leave rights."* (P3)

Another participant highlighted the importance of passion for the profession: *"I think motivation, above all, is loving your profession. If you love your job, you will already be motivated."* (P11)

Teamwork and the work environment were also identified as crucial factors: *"The work environment, colleagues, the team you work night shifts with—from doctors to fellow midwives and staff—these matter."* (P1)

Additionally, receiving appreciation from patients and their families was found to be motivating: *"After delivery, if at least the patient thanks you, or if the patient's relative says, 'Thank you, midwife, bless your hands,' it motivates us."* (P10).

### Perspectives on Determinants of Midwives' Work Motivation

The data obtained regarding the determinants of midwives' work motivation were categorized into motivational enhancers and motivational reducers. The categories, subcategories, and codes for these determinants are presented in Table 4.

**Table 1.** Characteristics of the midwives constituting the study group

Participant	Age	Education Level	Marital Status	Family Type	Years of Work Experience	Working Time in This Unit
P1	39	Bachelor's	Single	Nuclear	18	11 months
P2	35	Associate's	Married	Nuclear	17	10 years
P3	36	Bachelor's	Married	Nuclear	11	11 years
P4	37	Bachelor's	Married	Nuclear	15	5 years
P5	28	Bachelor's	Married	Nuclear	6	4 months
P6	37	Bachelor's	Married	Nuclear	15	5 years
P7	44	Associate's	Single	Divorced	25	8 years
P8	27	Bachelor's	Married	Childless	4	9 months
P9	50	Associate's	Married	Nuclear	26	3 years
P10	48	Bachelor's	Single	Divorced	27	6 years
P11	46	Master's	Married	Nuclear	28	10 years

**Table 2.** Categories and codes related to the theme of choosing the midwifery profession

Category	Codes	f
Emotional-psychological reasons	Beautiful, enjoyable, wonderful feeling (11)	15
	Desire to care for mother and baby (4)	
	Lack of awareness (6)	
Socio-economic reasons	Job opportunity (5)	15
	Obligation (4)	

Since participants expressed more than one opinion, the obtained frequencies exceeded the number of participants. Frequencies were obtained by summing up the code repeated by the participants.

**Table 3.** Categories and codes related to the sources of work motivation for midwives

Category	Codes	f
Midwives' work motivation sources	Positive professional experience and environment (9)	21
	Income (5)	
	Recognition (5)	
	Passion for the profession (2)	

Since participants expressed more than one opinion, the obtained frequencies exceeded the number of participants.

Frequencies were obtained by summing up the code repeated by the participants.

**Table 4.** Categories, subcategories, and codes related to the theme of determinants of work motivation for midwives

Categories	Subcategories	Codes	f
Motivational enhancers	Social dimension	Social activity (10)	44
		Understanding, harmony, and satisfaction of pregnant/postpartum women and relatives (10)	
		Psychological and social support (9)	
		Positive birth experience (9)	
	Individual dimension	Recognition (6)	26
		Protection of maternal and infant health (11)	
		Rest and leave usage (5)	
		Positive thinking (5)	
	Economic dimension	Opportunity to organize work schedule (5)	6
		Financial improvement (6)	
Motivational reducers	Work environment/working conditions	Team communication and organization (9)	32
		Access to relevant persons within the hospital (8)	
		Qualified hospital equipment (7)	
		Administration's problem-solving ability (5)	
	Social dimension	Difficulty in communication with patients and relatives (11)	36
		Negative attitudes of patients and relatives (10)	
		Traumatic birth experience (10)	
		Lack of interest from administration (5)	
	Individual dimension	Stress, fear, and anxiety (10)	22
		Exhausting profession (8)	
	Economic dimension	Work-life imbalance (4)	21
		Low salary (12)	
		Unfair compensation (9)	
		Low-performance hospital equipment (10)	
	Work environment/working conditions	Internal hospital communication issues (10)	45
		Negative attitudes of team/hospital staff (9)	
		Overtime (6)	
		Lack of healthy communication within the team (5)	
		Lack of a neonatal team (5)	

Since participants expressed more than one opinion, the obtained frequencies exceeded the number of participants.

Frequencies were obtained by summing up the code repeated by the participants.

### Motivational Enhancers

One participant expressed how witnessing positive outcomes contributed to their motivation: "Seeing healthy babies and healthy mothers, seeing their happiness—it makes me even happier." (P7)

Another participant mentioned the importance of flexible work arrangements: "Our supervisor usually adjusts schedules based on circumstances. Since they create a work plan according to our preferences and requests, it positively affects our motivation." (P11)

The role of incentives was also highlighted: "A small performance bonus would be nice. Like 'Employee of the Month.' Private hospitals do this, and their staff are more motivated." (P6)

Social interactions outside of work were also seen as a motivation booster: "Spending time with colleagues outside of work—going on trips or gatherings—also enhances our motivation." (P4)

Other participants shared similar views: "If the patient is communicative and positive, and if you accompany them throughout labor and delivery, you also feel positive. I always think about this: I want the mother to remember her birth experience in a good way." (P8)

"Receiving recognition matters—not just financially but emotionally. Being acknowledged for a successful audit, a well-organized event, or a well-executed practice increases our motivation." (P6)

### Motivational Reducers

Among the factors that reduced motivation, communication barriers with certain patient groups were mentioned: *"Working with Syrian patients and providing healthcare for them is really challenging. Not being able to communicate properly is a major issue."* (P4)

Experiencing traumatic events during work also had a significant impact: *"I once had a case of umbilical cord prolapse, and the baby didn't survive. That deeply affected me. At that moment, I wished I could work in another department. Because we are responsible for two lives. Our job can be extremely difficult at times."* (P2)

Economic challenges and work conditions were also demotivating: *"In normal circumstances if we didn't have financial concerns, working 24-hour shifts wouldn't be ethical. It's truly exhausting and affects my motivation."* (P10)

*"Balancing both home and work responsibilities is difficult. It negatively affects us."* (P4)

Another participant expressed dissatisfaction with compensation: *"We work shifts, we work in a stressful and high-risk environment, and yet, we are paid the lowest government salary. I don't think that's fair."* (P3)

Interdepartmental conflicts and poor communication with medical staff were also cited as demotivating factors: *"We often have problems with the neonatal unit and the operating room. Poor communication lowers our motivation. Sometimes the delivery unit gets involved as well, which further decreases motivation."* (P2)

*"Every doctor has a different attitude. When we encounter a negative attitude, it affects us negatively."* (P9)

Other participants shared structural and organizational concerns: *"Because our hospital follows a mother-friendly policy, we have LDR (Labor, Delivery, and Recovery) rooms. Patients are expected to labor, give birth, and stay postpartum in the same room. But those beds are so uncomfortable. I once lay on one to test it, and my back hurt so much. Sure, a patient can tolerate it for one- or two hours during birth but spending the entire labor and postpartum period there is not suitable. These beds are not designed for extended use."* (P10)

*"The doctors we work with are very important. Even though we are supposed to function as a team, they are our superiors. We don't have autonomy. In Turkey, we can't even suture an episiotomy independently—it's considered a doctor's task. Yet, we still do it, and doctors receive performance-based compensation for it. There is a clear issue with role definitions and task distribution in Türkiye."* (P11)

In this study, the perspectives of midwives working in the delivery unit on work motivation were examined. The findings of our research were discussed under themes by reviewing the relevant literature.

### Choosing the Midwifery Profession

Research examining the reasons for choosing the midwifery profession among students in Turkey has found that ease of employment and family influence are

significant factors, which is consistent with the findings of this study (Çakaloz & Çoban, 2019; Güner et al., 2019). Additionally, it has been observed that midwifery is often chosen randomly without a clear understanding of its definition and responsibilities, suggesting that economic concerns play a crucial role in the decision-making process.

Similarly, studies conducted in Australia and Portugal (Cullen et al., 2016; Sim-Sim et al., 2022) have identified reasons for choosing midwifery that align with our findings, such as a childhood desire to pursue the profession, an interest in maternal and infant health, witnessing midwifery firsthand, a love for babies, and a preference for midwifery over nursing. Other qualitative studies (Bloxsome et al., 2020; Adcock et al., 2022) have reported similar motivations, emphasizing the role of midwives in supporting women through the transition to parenthood, advocating for women, providing care, and experiencing feelings of pride, passion, and fulfilment.

### Sources of Midwives' Work Motivation

Consistent with our findings, the literature suggests that healthcare workers' motivation is influenced by both material and non-material factors, such as salary, positive recognition, appreciation from others, and passion for their work (Çakar, 2013; Kılıç Aksoy, 2020; Keleş & Altinkaya, 2022). Similarly, positive professional experiences in the delivery unit and a supportive team culture have been reported as influential factors in midwives' behaviors (Sheehy et al., 2021; Peterwerth et al., 2022).

### Determinants of Midwives' Work Motivation

Similar to our study findings, a survey conducted by the International Confederation of Midwives (ICM), the World Health Organization (WHO), and the White Ribbon Alliance found that only 58% of midwives across 93 countries felt respected in their profession (WHO, 2016). Furthermore, midwives have reported experiencing bullying from senior midwives, managers, and physicians (Cull et al., 2020). Studies have shown that midwives enhance their motivation by distancing themselves from work-related issues while at home, receiving social support from colleagues and their surroundings, and achieving a work-life balance (Hunter & Warren, 2014).

Positive professional interactions and support are known to be primary sources of work motivation and satisfaction (Morgeson & Humphrey, 2006). Supporting our findings, previous studies have shown that having colleague support and feeling like part of a team is crucial for midwives in coping with challenges (Adcock et al., 2022; Kool et al., 2023). Qualitative research has indicated that midwives struggle to provide holistic care without peer support and that a lack of support leads to burnout (Bloxsome et al., 2020; Catling et al., 2022). Teamwork and social relationships have been found to have a strong impact on work motivation (Çakar, 2013). Midwives have reported that recognition and trust from the women they care for and from society increase their motivation

(Bogren et al., 2020), whereas concerns about potential legal actions negatively affect their job satisfaction (Hunter & Warren, 2014; Robertson & Thomson, 2016).

## Discussion

The WHELM Report on midwives' work, health, and emotional well-being in the UK found that 67% of midwives reported work-related stress, burnout, anxiety, and depression. Related factors included being under 40 years old, having less than 30 years of work experience, working in hospitals or integrated hospital/community settings, perceiving low managerial support, and experiencing limited professional recognition and opportunities (Hunter et al., 2018). These findings align with our study results. Occupational stress among midwives is globally acknowledged to have negative effects on their professional, physical, and psychological health (Wright et al., 2018). Midwives' compassion and burnout levels have been associated with professional factors such as patient load, shift work, exposure to traumatic births, work-related stress, and long working hours (Ergin et al., 2020; Coll et al., 2021). Our study also highlights these factors as significant determinants of work motivation.

Long working hours have been linked to disruptions in family life, increased stress, anxiety, and somatic symptoms, as supported by qualitative data (Versevel, 2011). However, some studies have shown that midwives with fewer working hours may still experience burnout due to other workplace stressors, while others choose to work longer hours to maintain job satisfaction (Gilkison et al., 2015; Dixon et al., 2017). Another study emphasized that taking midwives' preferences into account regarding work schedules and implementing more personalized shift planning can enhance motivation (Cull et al., 2020). A survey conducted among midwives revealed that 68% believed their workplaces were understaffed, leading to excessive workloads (WHO, 2016). Similar to our findings, another study reported that midwives felt unable to provide the desired level of care due to staff shortages, high workloads, and excessive documentation requirements (Catling et al., 2022).

The midwives in our study expressed that financial compensation significantly influenced their motivation. Their views align with findings in the literature that highlight economic factors as the most influential on work motivation (WHO, 2016; Yeşilaydın et al., 2022). Additionally, a qualitative study conducted in the Democratic Republic of the Congo found that some midwives felt their salaries were too low and complained about the lack of a fair wage system (Bogren et al., 2020).

Our findings also reflect concerns about the delegation of medical tasks to midwives and the role ambiguity within healthcare teams. One participant noted that midwives often take on physicians' responsibilities due to systemic and interpersonal factors, yet the financial rewards and official records of these procedures are attributed to physicians. This situation negatively impacts midwives' professional motivation and job satisfaction, as

also reported in previous studies (Öztürk et al., 2018). Similarly, another study (Catling et al., 2022) found that midwives perceived childbirth services as overly medicalized, which disrupted midwife-led care and undermined the woman-centered approach and autonomy central to midwifery philosophy.

Several studies support our findings, emphasizing that midwives' motivation is influenced by physical working conditions, the adequacy of medical equipment, and regular updates of workplace tools to align with technological advancements and proper lighting systems. Conversely, lacking the necessary tools to perform their job and deliver quality care has been shown to decrease motivation (Çakar, 2013; Bogren et al., 2020).

Managerial support also plays a crucial role in motivation. Factors such as managers addressing employees' problems, valuing their opinions, acknowledging their efforts on special occasions, rewarding high-performing employees, giving gifts during holidays, and organizing social activities have been found to enhance motivation, supporting our study findings (Aksoy, 2020). Similarly, studies have indicated that non-material rewards are significant motivators for midwives and that personal challenges in their private lives have a substantial impact on work motivation (Çakar, 2013).

Consistent with our results, qualitative studies have reported that midwives describe their profession as challenging (Keleş & Altinkaya, 2022). In multiple qualitative studies, midwives have expressed feelings of guilt due to traumatic births and complications, as well as concerns about the quality of care they provide, leading to self-doubt about their professional competency (Rice & Warland, 2013; Bogren et al., 2020). Other studies have reported that one-third of midwives who had witnessed at least one traumatic event in the workplace exhibited symptoms equivalent to post-traumatic stress disorder (Beck et al., 2015; Schrøder et al., 2016).

Despite the barriers they face, midwives continue to provide care due to their strong intrinsic motivation and deep commitment to their profession. A qualitative study aligned with our findings showed that midwives remain dedicated to their work because of their passion for saving the lives of women and newborns (Ismaila et al., 2021). Even in the face of challenges, midwives identified their strongest motivation as their unwavering dedication to maternal and neonatal health and their love for the profession.

## Conclusion

This study examined the perspectives of midwives working in a delivery unit regarding their work motivation, identifying sources of motivation as well as factors that enhance or diminish motivation. The findings indicate that midwives consider their work environment as a significant factor in their work motivation. Additionally, earning an income from their profession, receiving recognition, and having a passion for midwifery were also reported as influential elements.

The most frequently mentioned motivational enhancers included participation in social activities, harmony with pregnant and postpartum women and their families, psychological and social support, protecting maternal and neonatal health, financial improvements, and effective communication within the team and hospital. Conversely, the most frequently cited motivational reducers included negative attitudes and lack of communication with patients' relatives, traumatic birth experiences, stress and anxiety, low salaries, unfair compensation, inadequate hospital equipment, poor communication within the hospital, and negative attitudes from team members or hospital staff.

Based on these findings, several recommendations can be made to improve the work motivation of midwives working in delivery units:

- Policymakers can implement financial improvements, increase incentive payments, and ensure job security for midwives.
- The employment of midwives can be increased, and working conditions can be improved, particularly in terms of working hours, rest and leave periods, and the safety and functionality of the work environment.
- Psychological support should be provided for midwives who witness traumatic births, and hospital staff should receive training on effective communication both within the institution and with patients and their families.
- Social activities can be organized to strengthen collaboration among midwives and other healthcare professionals in the hospital.
- Continuous and efficient communication channels within the hospital can be developed, and a dedicated neonatal team can be established to ensure proper care for newborns immediately after birth.
- Hospital administrations can provide greater support for midwives and conduct new research aimed at enhancing their work motivation.

## Declarations

### Acknowledgments

We would like to thank Aydın Adnan Menderes University Faculty of Education Academicians Prof. Dr. Ruken Akar Vural and Prof. Dr. Kerim Gündoğdu for their help in the design phase of this research. We would also like to sincerely thank all the midwives working in the maternity unit who participated in our research.

### Conflict of Interest

No conflicts of interest were reported.

### Ethics Statement

The ethical suitability of this study was approved by the Non-Interventional Clinical Research Ethics Committee of the Faculty of Health Sciences at a state university on March 31, 2023, under protocol number 2023/008. Institutional permission was obtained from the relevant institution to conduct the research.

## Informed Consent

At the beginning of the study, the participants were informed about the research purpose, and their verbal and written consent was obtained after informing them that the semi-structured interviews would be recorded using a mobile phone with audio recording capability.

## Author Contributions

G.F.K. conceptualized the study, developed the methodology, curated the data, performed the statistical analysis, developed the software, managed the project administration, contributed to the original draft, conducted the literature review, and contributed to the validation of the results. A.Ç. contributed to the conceptualization and methodology, co-wrote the original draft, supervised the research, contributed to the validation of the results, and critically reviewed and edited the manuscript for intellectual content and clarity.

## Funding

Not applicable.

## Data Availability

The data used to support the findings of this study can be made available upon request to the corresponding author.

## References

- Acar, M. D., & Bulut, E. (2021). Yenidoğan yoğun bakım hemşirelerinin motivasyonları üzerine niteliksel bir araştırma. *Hacettepe University Faculty of Nursing Journal*, 8(2), 223-230. <https://doi.org/10.31125/hunhemsire.968914>
- Adcock, J. E., Sidebotham, M., & Gamble, J. (2022). What do midwifery leaders need in order to be effective in contributing to the reform of maternity services? *Women and Birth*, 35(2), e142-e152.
- Aksayan, S., & Emiroğlu, N. (2002). *Hemşirelikte Araştırma: İlke, Süreç ve Yöntemleri* (1st ed.). Nobel.
- Aksoy, Ş. K. (2020). Çalışanların motivasyonunu etkileyen faktörler: Mehmet Akif Ersoy Üniversitesinde bir analiz. *Akdeniz University Journal of Social Sciences Institute*, (7), 89-111.
- Aytaçlı, B. (2012). Durum çalışmasına ayrıntılı bir bakış. *Adnan Menderes University Faculty of Education Journal of Educational Sciences*, 3(1), 1-9.
- Başkale, H. (2016). Nitel araştırmalarda geçerlik, güvenirlik ve örneklem büyüklüğünün belirlenmesi. *Dokuz Eylül University Faculty of Nursing Electronic Journal*, 9(1), 23-28.
- Bloxsome, D., Bayes, S., & Ireson, D. (2020). "I love being a midwife; it's who I am": A Glaserian grounded theory study of why midwives stay in midwifery. *Journal of Clinical Nursing*, 29(1-2), 208-220.
- Bogren, M., Grahm, M., Kaboru, B. B., & Berg, M. (2020). Midwives' challenges and factors that motivate them to remain in their workplace in the Democratic Republic of Congo—An interview study. *Human Resources for Health*, 18(1), 1-10.
- Can, H., Aşan-Azizoğlu, Ö., & Miski-Aydın, E. (2015). *Örgütsel davranış* (1st ed.). Siyasal Kitabevi.

- Catling, C., Rossiter, C., Cummins, A., & McIntyre, E. (2022). Midwifery workplace culture in Sydney, Australia. *Women and Birth*, 35(4), e379-e388.
- Coll, P. R., Ferreiro, R. C., Costafreda, R. P., Codina, L. C., Perdomo, S. G., Gutiérrez, N. O., & Peiró, R. E. (2021). Level of job burnout among midwives working in labour rooms in Barcelona region: A cross-sectional study. *International Journal of Community Based Nursing and Midwifery*, 9(3), 215.
- Cull, J., Hunter, B., Henley, J., Fenwick, J., & Sidebotham, M. (2020). "Overwhelmed and out of my depth": Responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. *Women and Birth*, 33(6), e549-e557.
- Cullen, D., Sidebotham, M., Gamble, J., & Fenwick, J. (2016). Young students' motivations to choose an undergraduate midwifery program. *Women and Birth*, 29(3), 234-239.
- Cumbler, E., Kneeland, P., & Hagman, J. (2016). Motivation of participants in an interprofessional quality improvement leadership team. *Journal of Interprofessional Education & Practice*, 3, 5-7. <https://doi.org/10.1016/j.xjep.2016.03.005>
- Çakaloğlu, D. K., & Çoban, A. (2019). Profesyonel bir meslek olarak ebelik: Lisansüstü program öğrencileri ne düşünüyor? Tek durumlu bir örnek olay çalışması. *Anatolian Journal of Nursing and Health Sciences*, 22(4), 240-249. <https://doi.org/10.17049/ataunihem.450075>
- Çakar, Y. (2013). Hastanelerde doktor, hemşire ve ebelerin motivasyonunu etkileyen faktörler: Çivril Devlet Hastanesi örneği [Master's thesis, Beykent University, Institute of Social Sciences]. YÖK Tez Merkezi.
- Dixon, L., Guilliland, K., Pallant, J., Sidebotham, M., Fenwick, J., McAra-Couper, J., & Gilkison, A. (2017). The emotional wellbeing of New Zealand midwives: Comparing responses for midwives in caseloading and shift work settings. *New Zealand College of Midwives Journal*, 53(1), 11-16.
- Ergin, A., Özcan, M., & Aksoy, S. D. (2020). The compassion levels of midwives working in the delivery room. *Nursing Ethics*, 27(3), 887-898. <https://doi.org/10.1177/0969733019874495>
- Filby, A., McConville, F., & Portela, A. (2016). What prevents quality midwifery care? A systematic mapping of barriers in low- and middle-income countries from the provider perspective. *PLOS ONE*, 11(5), e0153391.
- Franco, L. M., Bennett, S., & Kanfer, R. (2002). Health sector reform and public sector health worker motivation: A conceptual framework. *Social Science & Medicine*, 54(8), 1255-1266.
- Gilkison, A., McAra-Couper, J., Gunn, J., Crowther, S., Hunter, M., Macgregor, D., & Hotchin, C. (2015). Midwifery practice arrangements which sustain caseloading Lead Maternity Carer midwives in New Zealand. *New Zealand College of Midwives Journal*, 51(6), 11-16.
- Güner, Ş. İ., Karaaslan, S., & Orhun, R. (2019). Why do nursing and midwifery students choose their profession in Turkey? *Eastern Journal of Medicine*, 24(2), 1-11.
- Hatch, J. A. (2002). Deciding to do a qualitative study. In *Doing qualitative research in education settings* (pp. 28-29).
- Hunter, B., & Warren, L. (2014). Midwives' experiences of workplace resilience. *Midwifery*, 30(8), 926-934.
- Hunter, B., Henley, J., Fenwick, J., Sidebotham, M., & Pallant, J. (2018). Work, health and emotional lives of midwives in the United Kingdom: The UK WHELM study. Cardiff University: School of Healthcare Sciences.
- Ismaila, Y., Bayes, S., & Geraghty, S. (2021). Midwives' strategies for coping with barriers to providing quality maternal and neonatal care: A Glaserian grounded theory study. *BMC Health Services Research*, 21, 1-11.
- Karaca-Sivrikaya, S., & Erişen, M. (2019). Sağlık çalışanlarının tükenmişlik ve işe bağlı gerginlik düzeylerinin incelenmesi. *Anatolian Journal of Nursing and Health Sciences*, 22(2), 121-129.
- Keleş, M. G., & Altınkaya, S. Ö. (2022). Ebelerin yetkileri hakkında görüşleri; nitel bir çalışma. *Journal of Health Sciences*, 31(2), 145-151. <https://doi.org/10.34108/eujhs.915118>
- Kılıç, R., & Keklik, B. (2012). Sağlık çalışanlarında iş yaşam kalitesi ve motivasyona etkisi üzerine bir araştırma. *Afyon Kocatepe University Journal of Faculty of Economics and Administrative Sciences*, 14(2), 147-160.
- Kool, L., Schellevis, F. G., Bax, I., Jaarsma, D. A., & Feijen-de Jong, E. I. (2023). Midwives' perceptions of the performance-and transition into practice of newly qualified midwives, a focus group study. *Women and Birth*, 36(1), 63-71.
- Merriam, S. B. (2013). Nitel araştırma: Desen ve uygulama için bir rehber (S. Turan, Çev.). Nobel Publishing.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook*. Sage, London.
- Morgeson, F. P., & Humphrey, S. E. (2006). The Work Design Questionnaire (WDQ): Developing and validating a comprehensive measure for assessing job design and the nature of work. *Journal of Applied Psychology*, 91(6), 1321.
- Örücü, E., & Kanbur, A. (2008). Örgütsel-yönetimsel motivasyon faktörlerinin çalışanların performans ve verimliliğine etkilerini incelemeye yönelik ampirik bir çalışma: Hizmet ve endüstri işletmesi örneği. *Journal of Management and Economics*, 15(1), 85-97.
- Öztürk, M., Alan, S., & Kadioğlu, S. (2018). Çağdaş obstetride doğumhane: Yapı ve işleyiş standartları. *Mersin University Faculty of Medicine Lokman Hekim Journal of Medical History and Folkloric Medicine*, 8(3), 198-204. <https://doi.org/10.31020/mutftd.443290>
- Öztürk, Z., & Doğuç, E. (2020). Hastanelerde performans değerlendirme sisteminin çalışan motivasyonuna etkileri hakkında çalışan görüşleri (Çankaya ilçesi örneği). *Afyon Kocatepe University Journal of Social Sciences*, 22(2), 519-536. <https://doi.org/10.32709/akusosbil.541500>
- Peterwerth, N. H., Halek, M., & Schaefer, R. (2022). Intrapartum risk perception—a qualitative exploration of factors affecting the risk perception of midwives and obstetricians in the clinical setting. *Midwifery*, 106, 103234.
- Rice, H., & Warland, J. (2013). Bearing witness: Midwives' experiences of witnessing traumatic birth. *Midwifery*, 29(9), 1056-1063.
- Robertson, J. H., & Thomson, A. M. (2016). An exploration of the effects of clinical negligence litigation on the practice of midwives in England: A phenomenological study. *Midwifery*, 33, 55-63.
- Schröder, K., Larsen, P. V., Jørgensen, J. S., vB Hjelmberg, J., Lamont, R. F., & Hvidt, N. C. (2016). Psychosocial health and well-being among obstetricians and midwives involved in traumatic childbirth. *Midwifery*, 41, 45-53.
- Sheehy, A., Smith, M. R., Gray, J., & Ao, C. H. (2021). Understanding workforce experiences in the early career period of Australian midwives: Insights into factors which strengthen job satisfaction. *Midwifery*, 93, 102880.
- Sim-Sim, M., Zangão, O., Barros, M., Frias, A., Dias, H., Santos, A., & Aaberg, V. (2022). Midwifery Now: Narratives about motivations for career choice. *Education Sciences*, 12(4), 243. <https://doi.org/10.3390/educsci12040243>
- Tarakçıoğlu, S., Sökmen, A., & Boylu, Y. (2010). Evaluation of motivation factors: A research in Ankara. *Journal of Business Research*, 2(1), 3-20.
- Tunçer, P. (2013). Örgütlerde performans değerlendirme ve motivasyon. *Journal of Turkish Court of Accounts*, (88), 87-108.
- Ünalı-Türkkan, N., Eşkin-Bacaksız, F., & Tuna, R. (2014). Nursing services management. Academy Publishing.

- Ünver, H., Aksoy-Derya, Y., & Uçar, T. (2020). The relationship between job stress levels, burnout, organizational commitment, and organizational justice among midwives working in delivery rooms. *Inönü University Journal of Health Services Vocational School*, 8(3), 893-905. <https://doi.org/10.33715/inonusaglik.747322>
- Versevel, N. (2011). Why do midwives stay? A descriptive study of retention in Ontario midwives. *CJMRP*, 10, 29-45.
- Willis-Shattuck, M., Bidwell, P., Thomas, S., Wyness, L., Blaauw, D., & Ditlopo, P. (2008). Motivation and retention of health workers in developing countries: A systematic review. *BMC Health Services Research*, 8, 1-8.
- World Health Organization (WHO). (2016). *Midwives voices, midwives realities: Findings from a global consultation on providing quality midwifery care*.
- Wright, E. M., Matthai, M. T., & Budhathoki, C. (2018). Midwifery professional stress and its sources: A mixed-methods study. *Journal of Midwifery & Women's Health*, 63(6), 660-667. <https://doi.org/10.1111/jmwh.12869>
- Yeşilaydın, G., Özkan, Ş., Uğuroğlu-Aldoğan, E., & Kurt, E. (2022). Evaluation of factors affecting motivation of health professionals using fuzzy analytical hierarchy process method. *Anadolu University Journal of Social Sciences*, 22(3), 839-858. <https://doi.org/10.18037/ausbd.1181524>
- Yıldırım, A., & Şimşek, H. (2021). *Sosyal bilimlerde nitel araştırma yöntemleri. Nitel araştırma desenleri* (11th ed.). Seçkin Publishing.