

ORIGINAL ARTICLE

Awareness of Professional Differences and Similarities Among Midwifery and Nursing Students in Türkiye

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ABSTRACT

This study examined the professional awareness among nursing and midwifery students in Türkiye, with a focus on interprofessional dynamics, conflicts and collaboration between these closely related professions. Employing a qualitative inductive and descriptive methodology, 14 in-depth interviews and two focus group discussions were conducted with undergraduate students from a state university. Thematic analysis of the transcribed data yielded four primary themes: factors influencing career choice; societal perceptions of the professions, duties and authority areas; and students' perspectives on vocational education. The findings suggest that, despite shared responsibilities, disparities in educational backgrounds and societal perceptions contribute to occasional conflicts. Nevertheless, there is significant potential for collaboration, particularly in clinical environments. This study underscores the necessity for more clearly defined professional boundaries and enhanced educational processes to foster cooperation. These insights may inform policy modifications aimed at improving the quality of healthcare services and addressing inter-professional challenges.

1 | Introduction

Nursing and midwifery are two internationally recognised professional groups with different educational processes, practices and legal regulations (Browne et al. 2018; Karaçam and Eroğlu 2019). These two professions are determined by professional awareness and identity shaped by student years (Kennedy et al. 2015; Fealy et al. 2018; Mbalinda et al. 2024). Better recognition of professions enables the development of a positive professional attitude in this field and increases the profession's status (Ay et al. 2018; Ndirangu, Sarki, and Mbekenga 2021; Stadnicka and Zarzycka 2023). The career choices of nursing and midwifery

students are primarily influenced by their interest in the profession, self-perceived aptitude for their chosen field and available career opportunities (Güner, Karaaslan, and Orhun 2019; Ucan Yamac and Cetinkaya 2021; Turan, Öner, and Atasoy 2021). However, the distinctions between the nursing and midwifery professions may become more pronounced due to variations in education and practices within national and international contexts (Lazenby et al. 2020; Mayra, Padmadas, and Matthews 2021; Md Sharif et al. 2021; Turkish Official Gazette 2007; Turkish Official Gazette 2014). There are international differences between the professions of nursing and midwifery. For example, in the United States, nurses and midwives enter the profession through

different certification processes, whereas in India, there is a mandatory service period for both professions (Holland, Tham, and Gill 2018; Jefford, Alonso, and Stevens 2019; Mayra, Padmadas, and Matthews 2021; Ho et al. 2023). Although these two professions carry similar responsibilities in Türkiye, they are subject to different educational processes and legal regulations. This situation is one of the most important factors that pave the way for interprofessional conflict (Karaçam and Eroğlu 2019). The vagueness of professional boundaries and the similarities in the job descriptions of both professions can cause conflict and tension (Ayala et al. 2014; Kennedy et al. 2015).

Interprofessional conflict can become more pronounced in environments where job descriptions lack clarity and there exists a struggle for status between professions (Holland, Tham, and Gill 2018; Kennedy et al. 2015). The perception that nurses and midwives view each other as inadequate or superior can impede potential collaboration between these professions (Abbott 1988). However, according to international regulations, midwifery specifically focuses on maternal and newborn health, whereas nursing provides services in a broader scope (Kennedy et al. 2015; Eden, Fleet, and Cominos 2021; Kimani and Gatimu 2023). Legal regulations in Türkiye also emerge as one of the primary factors distinguishing these two professions from each other (Karaçam and Eroğlu 2019; Güner, Karaaslan, and Orhun 2019; Altınayak, Apay, and Vermeulen 2020).

This study aims to examine the awareness of nursing and midwifery students in Türkiye regarding their profession. The manner in which students perceive their professions and the implications of these perceptions on professional conflict and collaboration form the foundation of this research. Furthermore, this study sought to provide a framework for enhancing the quality of health services and addressing interprofessional challenges by utilising student perspectives.

1.1 | Theoretical Framework

Nursing and midwifery are professional disciplines that are often studied in relation to inter-professional collaboration and conflict. Despite differences in educational pathways, legal frameworks, and job roles, these two professions frequently overlap in terms of responsibilities, which can increase the potential for conflict (Karaçam and Eroğlu 2019). Nevertheless, it is important to highlight both the opportunities for cooperation and the possibility of conflict, especially between closely related fields, such as midwifery and nursing. Therefore, our study examined the dynamics of interprofessional interactions between these two professions. To this end, we can utilise various theoretical frameworks, including the social identity theory, the role conflict theory, the system of professions, and the social perception approach towards professions.

The social identity theory suggests that individuals derive a sense of self from their membership in social groups, shaping their identities based on these associations (Tajfel and Turner 1986). This framework helps explain the intra- and interprofessional dynamics between nursing and midwifery, as both professions form distinct group identities. As both professional groups develop professional identities, they may encounter competition

and conflict in their relationships with other professions. In this context, disparities between nurses and midwives may precipitate group identity conflicts and impede inter-professional collaboration. It has been postulated that group identity differences between nurses and midwives have the potential to engender interprofessional conflict through a sense of belonging to their professional roles. It is further suggested that highlighting the shared goals of these groups, such as patient care and recovery, could promote greater collaboration (Karam et al. 2018; Bochatay et al. 2019; Dahl and Crawford 2018).

The role conflict theory suggests that when individuals hold multiple roles, conflicting expectations of these roles can lead to stress (Kahn et al. 1964). In the case of nurses and midwives performing similar duties in shared work environments, unclear role boundaries may lead to conflicts. Ambiguities in job descriptions between these professions can intensify tensions in clinical interactions (Sandelowski 2000). It is argued that without a clear delineation of professional roles, such ambiguities may foster conflict between nurses and midwives. These conflicts may impede cooperation between professional groups.

Abbott's system of professions theory explores how boundary conflicts emerge between different professions (Abbott 1988). According to this theory, tensions may develop when the boundaries between the two professions, such as nursing and midwifery, are unclear. Managing interprofessional competition requires a clear delineation of professional identities and well-defined boundaries. Successful collaboration between nurses and midwives hinges on precise establishment of these boundaries (Furness 2019; Hansson et al. 2019; Ernst 2020). It can be argued that conflicts over professional identities may arise because of ambiguous boundaries separating nursing from midwifery. Elucidating these boundaries may facilitate collaboration and mitigate potential conflicts.

The societal perceptions of the professions approach are helpful in understanding the dynamics of conflict and cooperation between nursing and midwifery. While nursing is generally perceived as a 'helping' role, midwifery is more associated with childbirth and newborn care (Witz 1992). The societal perceptions of the nursing and midwifery professions are primarily related to gender roles. Nursing is generally perceived as a profession associated with women (Witz 1992; Davis-Floyd and Sargent 1997). Such societal perceptions can directly affect interprofessional cooperation or conflict by influencing the status of the profession. We believe that societal perceptions of nursing and midwifery also play a role in shaping the potential for collaboration and conflict among these professions. The social status of each profession, particularly within specific historical and cultural contexts, can serve as a foundation for interprofessional tension.

2 | Methods

2.1 | Design

This research was conducted as qualitative content analysis with second-, third- and fourth-year midwifery and nursing students from a public university in Türkiye. First-year students were not included in the study because they were at the beginning of their

education in these subjects and had no field experience. The first-year curriculum in nursing and midwifery programs generally consists of introductory science courses (e.g., anatomy and physiology). Therefore, first-year students were not included in the study because they did not participate in clinical practice or interprofessional teamwork experiences and were not thought to be able to make meaningful contributions to the topics examined in the study, such as interprofessional dynamics and collaboration. The research method was selected with the purpose of gaining in-depth knowledge of students' awareness of their future professions and their awareness and opinions on the similarities and differences between nursing and midwifery (Willis et al. 2016). The research was conducted in accordance with the guidelines for conducting and reporting qualitative research as outlined below (O'Brien et al. 2014). In-depth interviews (IDIs) and focus group discussions (FGDs) were used to obtain information while ensuring both the depth and breadth of responses (Sandelowski 2000). FGDs simulates a type of social discussion, making it possible to look at topics from the participants' perspectives. The spontaneity and provision of participants' views in focus groups make this technique attractive for many qualitative studies (Cyr 2019). This study used the focus group interview technique to explore the group dynamics related to the research topic and ensure validity and reliability through evaluations of patterns of differentiation and data triangulation. This study used the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.

2.2 | Ethical Considerations

Before obtaining any data, ethical approval was obtained from the relevant Social and Human Sciences Ethics Committee (date 08.06.2021 and number E-61923333-050.99-33900). Other necessary administrative permissions were obtained from the university administrations and relevant department heads before starting the data collection process. Information sessions were held in the classrooms, and the purpose, methods, and voluntary nature of the study were explained in detail. Informed consent forms were provided to interested students to review and sign. Participant consent was confirmed in all the recorded interviews.

2.3 | Sample

The sample was selected using purposive sampling and comprised students of undergraduate nursing and midwifery programs ($n=32$) (Corbin and Strauss 2014). For the purpose of the study, we conducted 14 individual IDIs and two FGDs, holding one FGD with nursing students ($n=9$) and one FGD with midwifery students ($n=9$) (Table 1). Participants were selected using a purposive sampling method and volunteered to participate in the study from 2nd, 3rd and 4th-year midwifery

and nursing students at a public university. This method was selected to obtain in-depth information about the target audience. Volunteer participants were contacted one-on-one and informed of the purpose and methods of the study. Of the 41 students approached, 32 agreed to participate, resulting in a participation rate of 80%. Nine students declined because of scheduling conflicts or personal reasons. No incentives were offered for participation, emphasising the voluntary nature of this study.

2.4 | Inclusion Criteria

Students enrolled in 4-year undergraduate programs in nursing and midwifery programs were recruited on a voluntary basis. Since it was preferred that the students have some practical professional experience and observations, second-, third- and fourth-year students were included in this study.

2.5 | Data Collection

An eight-item semi-structured question form was prepared to inquire about the students' opinions on the subject of the research. For the pilot test, three students were asked to assess their comprehensibility. The participants in this preliminary study were excluded from the main study. Students were informed of the purpose of the study, the basic rules of the interview process, and the approximate duration of the interviews. Interviews were scheduled according to the availability of the participants. Interviews were scheduled according to participant availability and were conducted online between June and July 2021 due to the coronavirus disease (COVID-19) pandemic. During this period, face-to-face interviews were avoided to comply with public health guidelines and to minimise the risk of virus transmission for both participants and researchers. Given the restrictions on physical meetings, social distancing measures, and the potential vulnerability of participants and their close contacts, online interviews were chosen as safer and more practical alternatives. This approach also allowed for greater flexibility in planning and enabled the study to continue under pandemic conditions. The interviews were conducted by two female research assistants (PhD students), who were trained in qualitative studies and had experience with the subject. Each one-on-one IDI lasted approximately 30 min. Each FGD was conducted by one moderator and one observer, and each FGD took a total of 2h, at which point data saturation was reached, and each participant had a chance to speak.

2.6 | Data Analysis

In the process of analysing the data collected through IDI and FGD, the results were carefully categorised to ensure a

TABLE 1 | Distribution of the sample by interview method ($n=32$).

Interview method	Midwifery				Nursing			
	2nd year	3rd year	4th year	Total	2nd year	3rd year	4th year	Total
In-depth interviews	2	2	3	7	2	2	3	7
Focus group interviews	3	3	3	9	3	3	3	9

comprehensive analysis of the data from both approaches. First, data collected for each method were transcribed separately. While the IDI data focused on detailing individual participants' personal views and experiences, the FGD data were used to analyse group dynamics and shared views.

The coding process was conducted in two stages. In the first stage, the findings from each method were analysed thematically, and common themes were identified. IDIs were analysed separately to capture personal experiences and unique assessments. Open coding was conducted to allow themes to emerge naturally from data. FGD transcripts were analysed for group dynamics, consensus and divergent views. The coding focused on the collective views and interactions among the participants. In the second stage of the process, we combined the results from both the datasets and performed a detailed comparison. Following our assessments, we compared the themes that emerged from individual interviews and group discussions to identify similarities and differences. We used a constant comparative method to refine the codes and categories to ensure that the individual and group data contributed to the overall themes. This process allowed us to develop a unified thematic framework that reflected the depth of personal experiences and breadth of group discussions. Consequently, emerging themes and subthemes were rearranged to encompass the data from both methods, creating an integrated analysis scheme. We adopted this analytical approach to capitalise on the strengths of both IDIs and FGDs, enabling a more nuanced and comprehensive interpretation of the data.

All IDIs and FGDs were recorded, and data were analysed using qualitative content analysis. This method emphasises the identification of themes and key ideas within narratives or texts (Corbin and Strauss 2014). Particular care was taken to ensure transparency and reproducibility in the coding process, as well as consistency in coding and validity of the findings (Drisko and Maschi 2016). By presenting data through words and themes, qualitative content analysis allows for meaningful interpretation of the results (Elo et al. 2014).

- This analysis method is dependent on how deeply the researcher tries to reflect the informants' statements about a topic, which also affects the number of participants needed and how data are collected. The researcher must decide whether the analysis will be explicit or implicit. In this study, because all IDIs and FGDs were conducted online, explicit analysis was preferred because it would not be possible to capture non-verbal implicit expressions and indicators (Drisko and Maschi 2016; Ullström et al. 2014). The analysis process is as follows:
- In the evening of the day of the interviews, the researcher listened to the interviews several times, transcribed the contents, and read the transcripts. All interview questions were typed out in Microsoft Word, and the answers of FGD participants were transcribed under the relevant questions. While the responses were transcribed, participants were assigned numbers to maintain privacy. Midwifery students were numbered as M-1, M-2, M-3 and so forth, and nursing students were numbered as N-1, N-2, N-3 and so forth. FGD participants were numbered as FM-1, FM-2, FM-3 and

so forth for the midwifery focus group and as FN-1, FN-2, FN-3 and so forth for the nursing focus group.

- Prominent statements regarding midwifery and nursing professions and professional awareness were determined.
- The researchers categorised the participants' responses by using keywords. Thus, each major topic was assigned a code. The researchers indicated opinions on midwifery and nursing professions and professional awareness in parentheses.
- Themes emerged and were categorised according to content/codes. In addition, the themes were integrated.
- The themes were described in detail.
- Quotations from participants on the midwifery and nursing professions and professional awareness were presented in a structured manner.
- In the final stage, the obtained data were verified and tested for reliability.

For reliability, the data were independently analysed by two researchers who did not participate in the interviews. To improve reliability, the data were reassessed by two researchers who conducted the interviews and who were experienced in conducting qualitative research. The purpose of this study was to accurately represent the data and prevent the influence of assumptions or bias. The data analysis steps were explained in detail to ensure the external reliability of the research. After the analysis, participants were informed about the findings. The COREQ checklist (Tong, Sainsbury, and Craig 2007) was used throughout the study.

3 | Results

The obtained results were categorised into four main themes, with a total of 11 sub-themes (Figure 1). The four main themes were as follows: Factors for choosing a career, image of the profession, duties and areas of authority of midwives and nurses, and students' perceptions of vocational training.

3.1 | Theme 1: Factors for Choosing the Career

Factors for choosing the nursing or midwifery profession were primarily exam scores and success rankings; job and career opportunities; and cultural, religious and spiritual reasons. The interviews revealed that nursing and midwifery students' reasons for choosing their respective fields were heterogeneous but not significantly different for the two groups of students. The analysis revealed statements containing both subjective and pragmatic reasons.

3.2 | Sub-Theme 1: Exam Scores and Success Rankings

Both nursing and midwifery students emphasised the role of their university exam scores and success rankings in their choice of profession. Although this factor may also be valid in

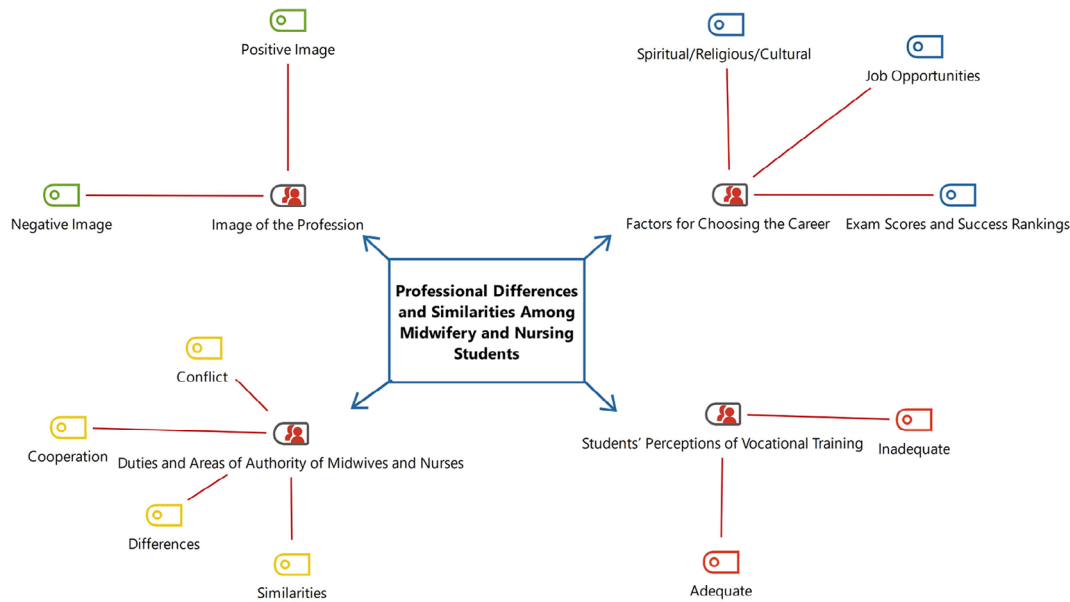


FIGURE 1 | Main themes and sub-themes.

other countries, the central university entrance exam in Türkiye has a major social component, where higher scores and success rankings are associated with more prestigious and respected professions (Saukkoriipi et al. 2020; Güner, Karaaslan, and Orhun 2019; Sim-Sim et al. 2022).

I didn't go into midwifery very willingly. I would have chosen nursing if my entrance exam scores had allowed me, but now I definitely prefer midwifery.

(M-5)

I didn't have enough points for [enrollment in] departments such as dentistry, nutrition, or physiotherapy.

(FN-6)

3.3 | Sub-Theme 2: Job Opportunities

The high demand for healthcare personnel, especially in the public and private sectors, makes it relatively easier to find employment or be appointed to government jobs and allows for better jobs and more income security. Several students stated that their choice of profession was due to their job and income security.

Nursing wasn't my dream profession. I chose the nursing profession thinking I could more easily find a job and have better opportunities because of it.

(N-4)

I actually chose midwifery because of job opportunities.

(M-4)

I chose the nursing profession thinking I could more easily find a job and have.

better opportunities because of it.

(FN-2)

3.4 | Sub-Theme 3: Spiritual/Religious/Cultural

For some students, spiritual, religious and cultural factors were effective in choosing a profession.

My religion played a significant role in my choice of profession. People saying 'God bless you' was more important to me than the paycheck I would receive at the end of the month.

(N-5)

I didn't really want to be a midwife or a nurse. When I was in high school, my parents forced me to choose a profession in healthcare, so I applied to midwifery school.

(FM-4)

I've always seen nursing as a cool and respectable profession. Actually, nurses are the backbone of the entire operation, so I chose it because I thought it's a cool profession.

(FN-9)

3.5 | Theme 2: Image of the Profession

Midwifery and nursing are perceived both negatively and positively in society. The negative descriptions used for the two professions included being dirty and disgusting, having low status and low income, and performing only simple tasks such as giving injections, measuring blood pressure, and giving medications, together with qualities such as being tiring, wearisome, and

stress. The negative terms 'dirty', 'disgusting' and 'difficult' were more commonly used for midwifery. Positive descriptions were also used for both professions, including being sacred, helpful, of service to the community, respectable, of high status and prestigious, yielding high emotional/spiritual satisfaction.

3.6 | Sub-Theme 1: Positive Image

...they also express respect and call it a sacred profession.

(M-2)

I usually get nice reactions when I say or it becomes known that I'm studying nursing, I haven't heard anything negative.

(N-6)

Nursing is associated with compassion and friendliness. Actually, you'll be a better nurse if you have compassion and are friendly. If you work with a long, sullen face, it won't really matter how much you work, you will have done nothing as they see it.

(FN-1)

3.7 | Sub-Theme 2: Negative Image

There is an unfounded and erroneous perception in society that 'midwives only deliver babies'. I've heard people mention midwifery being disgusting, scary, dirty...

(M-5)

When it comes to nursing, people think we only perform simple tasks—give injections, give medications, measure blood pressure and so on.

(N-5)

3.8 | Theme 3: Duties and Areas of Authority of Midwives and Nurses

Participating midwifery and nursing students did not report significant tension or conflict for any concrete reason, but did report that the two professions were mainly distinguished by the fact that midwives are more knowledgeable and experienced in obstetrics and delivery. Our data suggest that the division of labour and cooperation is more prominent. Accordingly, students of both professions indicated benefiting from and being happy with cooperation, division of labour and solidarity in clinics.

3.9 | Sub-Theme 1: Conflict

Looking at the relevant interview data, the students made many statements on the issues of tension, conflict and cooperation.

The nurses belittle us and don't respect us. [Nurses] are lacking in postpartum education. Midwives are more sensitive, knowledgeable and humane, that's how it is in clinical care. In training and practice, we are superior to nurses. I perceive a lack of practice or experience in nurses. Nurses are incompetent and ignorant when it comes to patient care.

(M-5)

Conflict is more like us not talking to each other, but in the end, we need each other. There's tension, that's inevitable in a way, and we have to find a way to resolve these problems.

(M-1)

There are small conflicts between us, but they resolve before they become significant. I do resent the other party when there's tension, though.

(N-1)

There's no tension between us. We had some problems warming up to each other in the beginning, but you get over that with time.

(N-3)

3.10 | Sub-Theme 2: Cooperation

We sometimes have knowledge gaps in different clinics, such as surgery, internal medicine and obstetrics, and we have to cooperate to overcome these, and that's what we do. I think there's not much of a disadvantage.

(M-1)

When it comes to obstetrics, [midwives] are more experienced, this is an advantage on their side, and we try to benefit from their experience. There's an exchange of information, that's an advantage. We work in collaboration with midwives; one of us takes the patient's history and the other does something else, for instance.

(N-1)

Midwives have theoretical and practical superiority in the obstetrics clinic. I don't see much of a disadvantage. I think it's more efficient for midwives and nurses to work together...

(M-5)

3.11 | Sub-Theme 3: Differences

Regarding the similarities and differences between nursing and midwifery, the students offered various explanations.

I wanted to study nursing because midwifery is not as broad as nursing. In my opinion, society sees nurses as more competent and knowledgeable.

(FN-6)

The definition and main field of midwifery is childbirth. Midwives should choose this profession with this in mind. People try to leave midwifery because the delivery clinic is too busy. It's a really special and important field, but it's different than other clinics. Therefore, midwifery and nursing are separate professions.

(FN-1)

Midwifery is a historical profession. I think it should be further differentiated from nursing.

(FM-8)

Although our responsibilities largely overlap, we have more training and knowledge in terms of childbirth, gynecology and pediatrics. That is why there are two separate schools and two separate professions.

(M-4)

3.12 | Sub-Theme 4: Similarities

I don't think our professions are really that different. I think that the difference isn't really due to us but due to the faulty perception in society. Most people assume that 'nursing equals giving care.' However, a midwife can perform the same duty.

(M-1)

I don't think there's any difference between nurses and midwives, but midwives disagree. We don't study delivery in detail, but I think nurses can also be present at deliveries and perform the associated tasks.

(N-2)

I've had the chance to see how important midwives are. Midwives focus more on obstetrics, but I don't think there's a major difference between us. They used to see it as a completely different occupation, but I see that's no longer the case.

(N-3)

3.13 | Theme 4: Students' Perception of Vocational Training

Analysis of the data revealed certain areas for which the students felt that their vocational training was adequate or inadequate.

In general, the participants expressed inadequacies in clinical practice. Additionally, midwifery students mentioned theoretical and practical deficiencies in intensive care and surgery. Some students, on the other hand, reported that their theoretical education was sufficient and that they hoped to compensate for their lack of experience over time. Examples of students' statements regarding this theme are presented within the sub-themes of 'adequate' and 'inadequate'.

3.14 | Sub-Theme 1: Adequate

We receive theoretical training, and I think we make up for the lack of experience day by day in the clinic.

(M-2)

I never felt any significant inadequacy. But as I become more experienced, I think I make up for my shortcomings, like by observing others, such as in vital monitoring, Non-Stress Test (NST), intravenous (IV) interventions...But midwives helped us when we needed it.

(N-2)

3.15 | Sub-Theme 2: Inadequate

We don't get enough training in surgery and internal medicine.

(M-7)

I didn't know how to insert a catheter, but I had the opportunity to learn that by cooperation in the clinic. When you notice you have such shortcomings, you want to learn more to make up for them.

(N-1)

We don't really understand the importance of our profession in our first year of education. Or I should say, we couldn't really differentiate the two professions. I think we are specialized because we predominantly studied pregnancy.

(FM-1)

4 | Discussion

In this study, the awareness of nursing and midwifery students about their professions, factors affecting their profession choice, the image of the profession in society, the duties and authority areas of the two professions, and their perceptions of professional education were examined under four main themes. The findings provide important clues about these two professions' educational processes, professional boundaries, and collaboration dynamics. The implications of the findings and their comparison with literature are discussed below.

4.1 | Factors Affecting Profession Choice

Both nursing and midwifery students emphasised that exam scores, job opportunities, and cultural and religious reasons influenced their career choices. The finding that the central examination system, especially in Türkiye, plays a decisive role in career choice is consistent with existing literature (Dursun Ergezen, Akcan, and Kol 2022). Although students generally preferred these professions for pragmatic reasons, some participants stated that spiritual motivation also influenced their choices. This finding parallels the results of a study conducted by Sim-Sim et al. (2022), showing that motherhood experience and empathy based on the female gender played an essential role in the choice of midwifery. The findings of the factors that play a role in the choice of nursing and midwifery professions in Türkiye, when compared to career choice processes in other countries, provide essential data. For example, nursing and midwifery students' career choices based on exam scores, job opportunities and cultural/religious reasons are parallel to similar trends in other countries. The fact that pragmatic reasons are at the forefront of career choices, especially in developing countries, is frequently emphasised in the international literature (Mbalinda et al. 2024; Sim-Sim et al. 2022). Considering that career choices can affect students' future professional satisfaction and performance, it is important to increase career counselling services to support more conscious career choices (Hambridge et al. 2023; Stanley et al. 2023). Ensuring that students have more information about their profession can increase their professional motivation and long-term satisfaction. The findings of both our research and other international studies and literature indicate that professions should be better promoted internationally and that conscious choices should be encouraged (Johnston et al. 2022; Stanley et al. 2023). International health organisations can develop campaigns and policies that will improve the social perception of health professions and the reasons for their preferences by considering such findings. For instance, organisations such as the World Health Organization (WHO) and the International Confederation of Midwives (ICM) could implement strategies to elevate the societal status of the midwifery and nursing professions.

4.2 | The Image of the Profession

The study data reflect both positive and negative perspectives regarding students' statements about their social perceptions of their profession. While nursing is often associated with qualities like compassion and sacrifice, midwifery tends to be viewed as a profession centered on the birth process, sometimes perceived as 'dirty' and 'difficult'. A study by Ndirangu, Sarki, and Mbekenga (2021) similarly highlights that while nursing and midwifery are generally regarded as trustworthy and respected professions, they also face certain negative stigmas (Block, Croft, and Schmader 2018; Ndirangu, Sarki, and Mbekenga 2021). Gender significantly influenced these perceptions. Both nursing and midwifery are often labelled as 'women's professions', which can diminish their social status (Witz 1992; Prosen 2022; Jaoul-Grammare 2023). These societal perceptions can directly impact the social standing of these professions and influence the potential for inter-professional collaboration. In this context, developing awareness campaigns at the international level can

help change the negative perceptions of professions in society. Findings from Türkiye suggest that professional identities of nurses and midwives need reinforcement, particularly in relation to gender roles. These findings can inform global efforts to reshape perceptions of the nursing and midwifery professions with a specific focus on gender dynamics. Developing awareness campaigns that highlight the positive attributes of these professions could enhance public perception and bolster the professional identities of those within the field.

4.3 | Duties and Authority Areas

The findings indicate that interprofessional conflicts occasionally arise in Türkiye because of unclear distinctions in duties and areas of authority between nursing and midwifery. Karaçam and Eroğlu (2019) pointed out that the overlap in job descriptions between these professions can blur the boundaries, leading to potential sources of conflict. On the other hand, nursing and midwifery, two professions that assume very similar roles in the clinical environment, also have the potential for collaboration. The findings show that students in Türkiye are aware of this potential for collaboration, but conflicts occasionally occur because of role ambiguity. Similarly, in other countries, it is emphasised that the midwifery and nursing professions should work together, but the boundaries of their duties are blurred (Kennedy et al. 2015; Waller-Wise 2018; Terry 2020). This situation is consistent with the literature that, in many countries, the boundaries between the nursing and midwifery professions are unclear, and therefore interprofessional conflicts occur (Abbott 1988). These findings highlight the need to clarify the boundaries between professions. A clearer definition of the duties and areas of authority of these professions, both nationally and internationally, can increase inter-professional cooperation and reduce the potential for conflict. Clarifying job descriptions, especially in a clinical setting, can enable both professions to work more effectively. In other words, emphasising the common goals between nurses and midwives (e.g., improving maternal and newborn health) can encourage cooperation (Durmuş, Ekici, and Yildirim 2018). The findings from the Turkish example may contribute to the development of strategies to prevent similar conflicts and to strengthen cooperation in other countries. In this context, our study supports international discussions on the clarification of interprofessional boundaries. As similar conflicts are known to occur in different countries, the findings presented in the Turkish example may contribute to the development of international health policies. Global health organisations, such as the WHO and ICM, can develop policies on a country basis to more clearly delineate the duties and jurisdictions of these professions.

4.4 | Student Perceptions Towards Vocational Education

An important finding of our study is that students' theoretical education in nursing and midwifery education processes is sufficient; however, there are deficiencies in practical applications. In particular, midwifery students stated that they experienced deficiencies in areas, such as surgery and intensive care (Günay and Kılınc 2018; Şimşek et al. 2023). In a study conducted by Arkan, Ordin, and Yılmaz (2018), it was emphasised that the

high number of students and limited resources in clinical practices negatively affected the learning processes. Similarly, studies conducted in Bangladesh, the Philippines, and Iran have also shown that there are practical deficiencies in nursing and midwifery education (Bogren et al. 2021; Appiah 2020; Ahmadi et al. 2018). These findings indicate that both the theoretical and practical aspects of vocational education should be provided in a more balanced way. The national core education programs implemented in Türkiye (Midwifery National Core Education Program [MNCEP] 2016, Nursing National Core Education Program [NNCEP] 2014) aim to provide students with sufficient practical experience before graduation. However, further development of these programs in the field of practice and increasing students' clinical experience can strengthen their professional competence.

5 | Limitations

This study has several limitations. First, the data were collected from a single university, restricting the generalizability of the findings to other institutions. Second, the use of an online data collection method may have limited the richness of the data provided by face-to-face interactions. Additionally, the study focused exclusively on undergraduate students, potentially overlooking insights from students at other educational levels such as graduate or vocational students, which could have offered a broader perspective.

Future studies should gather more comprehensive data by incorporating larger and more diverse samples from multiple universities, both nationally and internationally, to improve the generalizability of the findings.

6 | Conclusions

This study emphasises that the boundaries between the nursing and midwifery professions should be clarified, and the educational processes of these professions should be improved. Increasing interprofessional cooperation is possible by clearly defining areas of duty and authority. Reforms should be made to ensure theoretical and practical balance in educational programs. Career counselling services should be expanded and programs that encourage students to make conscious career choices should be developed. At the international level, organisations such as WHO and ICM can contribute to national policy development by supporting these reforms. The findings obtained in Türkiye can also be guiding for other countries.

In conclusion, although midwifery and nursing are different professions, they are similar in terms of their preference, status, image, duties and authority. However, another result obtained from the interviews is that sharing similar duties in the same working environment, despite different career preferences and educational processes, can cause conflict and tension between members of these two professions.

Awareness policies are needed to help future nurses and midwives to make more conscious career choices. Considering the importance of career choices for quality of life, choices made

without sufficient knowledge about the profession can lead to irreversible damage or personal tragedies. This is a critical issue for policy makers.

To clarify the duties and responsibilities of health professionals, especially professions such as nursing and midwifery, which have important roles in protecting and improving human health, national and international professional and authorised institutions should develop up-to-date policies in cooperation.

Finally, more qualitative and quantitative research is needed in different countries with students or practicing nurses and midwives to determine the differences between midwifery and nursing.

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Ethics Statement

Before obtaining any data, ethical approval was received from the relevant Social and Human Sciences Ethics Committee (date 08.06.2021, number E-61923333-050.99-33900).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data supporting the findings of this study are available upon request from the corresponding author.

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