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Construction of the identity and empowerment of the midwife during the practice of maternal health care in the Democratic Republic of the Congo

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ABSTRACT

Introduction

The professional identity of midwives develops and consolidates through various personal and professional experiences in the practice of care. However, the autonomous practice of midwifery, within a multidisciplinary approach, remains a significant obstacle to this construction.

Purpose

This study aims to understand how midwives construct their professional identity and autonomy in their practice.

Method

This is a qualitative study using grounded theory. Data were collected from seven midwives at the N'Djili General Reference Hospital through semi-structured interviews. The questions addressed professional identity. The analysis was conducted using open, axial, and selective coding, allowing the discovery of themes, categories, and concepts using an analysis grid.

Results

The construction of professional identity is associated with initial training, the specific care practices of midwives (roles), the support from health structures, and the support of the midwifery association. This process occurs through the practices of identity care, the precision of the midwife's field of activities, the publication of professional guidelines, and the dissemination of regulations specifying the scope of action of midwives.

Conclusion

The midwifery profession has experienced significant evolution in its skills in recent years, an evolution perfectly integrated from academic training. It is, therefore, necessary to inform learners in training about ways to achieve professional autonomy in a clinical environment. Practicing midwives should strive to create autonomy within a professional group, practice and demand to perform autonomous acts, and provide independent care in maternity wards, birthing centers, medically assisted procreation centers, family planning centers, or in private practice when they are independent.

INTRODUCTION

The professional identity of midwives is an essential aspect of their overall social identity. It develops and consolidates through various personal and professional experiences in the practice of care. In many countries, such as France, the Public Health Code (Article L.4151-1) defines the scope of midwives' competence, including acts necessary for diagnosing and monitoring pregnancy, psychoprophylactic preparation for childbirth, monitoring and practicing childbirth, and postnatal care of the mother and child if the pregnancy and delivery were normal (Jacques, 2010). This includes conducting contraceptive consultations, preventive gynecological follow-ups, and contributing to medically assisted procreation activities. However, the autonomous tasks assigned to midwives often lack specificity within their skills, requiring them to stand out through a specific approach to maternity and birth (Jacques, 2010).

At the heart of the midwifery profession's specificity is the construction of identity and autonomy, which becomes crucial in addressing maternal and neonatal mortality, with the midwife serving as a key human resource in sexual and reproductive health (International Confederation of Midwives [ICM], 2021). In most industrialized countries, professional identity and autonomy for midwives are challenging to achieve. In Switzerland, the autonomous role of midwives varies greatly depending on their institution, position, collaboration with the medical profession, and institutional policy (Tournier, 2018). In France, midwives, despite having medical status, lack real professional autonomy, as their competence in pregnancy and physiological childbirth is often delegated by obstetricians. In contrast, in the Netherlands, midwives have achieved autonomy and identity in service environments, with Dutch midwives who have specialized training in obstetrics holding a monopoly on physiological care, while obstetricians focus on pathology (Carricaburu & Menoret, 2005).

In sub-Saharan African countries, acquiring professional identity and autonomy for midwives presents a significant challenge, with high and multifaceted stakes in maternal health care structures. A central and complex issue is defining the actions to be performed within a multidisciplinary team (Gouilhers, 2009). In the Democratic Republic of the Congo (DRC), the midwifery profession is still marked by its historical stigma. At the time of independence in 1960, the opening of Medical Technical Institutes initiated the training of auxiliary midwives with a two-year program, targeting candidates who had completed primary school and two years of secondary school. Professionally, these midwives enjoyed only partial autonomy, dependent on Belgian colonial doctors. It took several years for midwifery training to be established at the Higher Institute of Medical Techniques of Kinshasa (Cuso International, 2019).

Given these historical and professional developments, a draft law on the order of midwives in the DRC is currently under review by the national assembly, aiming to define the practice fields of Congolese midwives. This draft stipulates that midwives in the DRC work with women requiring continuous essential care during pregnancy, labor, childbirth, and the postpartum period, and provide specific care to newborns and infants (SCOSAF Report, 2022). However, these maternal health professionals face certain obstacles regarding their identity and professional autonomy in maternal health care provision. In several maternity wards in Kinshasa, the current context of midwifery care raises new questions (SCOSAF Report, 2022).

Despite these challenges, professional identity remains crucial for the continued development of midwifery. In some environments, the midwifery profession is still poorly understood by patients and some health professionals, leading to reduced autonomy. Better awareness of midwives' skills could elevate the profession and affirm its autonomy. The fact that a midwife is fully responsible for her actions supports this assertion. Expanding prescription rights and opening birthing centers could enhance professional autonomy, as birthing centers would allow midwives to provide comprehensive and continuous care to their patients (Frau, 2020).

Finally, the role of the midwife has existed for thousands of years, undergoing numerous developments that have established it as a medical profession. However, doubts persist regarding the true professional autonomy of midwives (Frau, 2020). These doubts may complicate the

process of constructing the professional identity of midwives in the DRC. This study aims to understand how midwives construct their identity and professional autonomy.

METHODS

Midpoint of the Study

The study was conducted in the maternity ward of the General Reference Hospital of N'Djili. This location was chosen because it is an institution that has increased the number of midwives in the maternity service by retraining nurses with a diploma in midwifery, a sector established during the review and empowerment of midwifery training in higher education in the Democratic Republic of Congo (DRC) in 2013.

Target Population and Study Sample

The study focused on midwives working in maternity wards in the N'Djili health zone. The target population consists of midwives employed in the maternity ward of the N'Djili General Reference Hospital, totaling 16 midwives. The following criteria were used to select participants for this research: being a midwife assigned to the maternity ward; performing in the labor or delivery room, or in administration; and voluntarily agreeing to participate in the study.

Sampling and Sample Size

Qualitative research typically focuses on the characteristics of a phenomenon, making it challenging to anticipate the number of participants (Corbière & Larivière, 2014; Lejeune, 2014). However, if the content of the interviews is well-targeted, the data quality improves, and grounded theory can be developed with 10 to 15 interviews (Corbière & Larivière, 2014). It should be noted that "sampling no longer concerns a population made up of individuals. The researcher starts from their questions and samples the phenomenon under study," leading to a "theoretical" sample (Corbière & Larivière, 2014). Therefore, data collection began with a convenience sample, predetermined based on the initial criteria mentioned above to obtain an overview of the phenomenon (Corbière & Larivière, 2014). The number of participants was not predetermined; empirical data collection concluded when most concepts were saturated, considering the available time. The theoretical sample consisted of 7 midwives, which provided an understanding of the phenomenon studied—the construction of the professional identity of midwives in the DRC.

Data Collection Technique and Instrument

Qualitative research using grounded theory primarily involves observations and open interviews, employing an inductive approach (Delefosse & Carral, 2017; Lejeune, 2014). For this study, the chosen data collection technique was the interview, transcribed after recording. The interviews allowed the researcher to enter the private world of the participants, capturing their unique speech and vocabulary (Delefosse & Carral, 2017). The interview was semi-structured, guided by questions based on themes related to the research subject, giving participants freedom of speech within a partially limited framework (Godfroid, 2012). The interview guide consisted of open-ended questions that emerged from themes addressed in the contextual and conceptual frameworks of this dissertation.

Ethical Considerations

For ethical reasons, the first step was to obtain consent from the Ethics Committee of the Doctoral School of the Higher Institute of Medical Techniques of Kinshasa in the Democratic Republic of Congo, which approved the study (No. 0015/CET/ECODOC/ISTM-KIN/2023, March 3, 2023). The second step involved informing and obtaining free and informed consent from the participants. An information form and a consent form were made available to them. The investigator committed to respecting the confidentiality and anonymity of the information collected, explaining the study's aim and objectives, defining the respondent's expected contributions, answering any questions they might have, explaining the data collection methods, and choosing a quiet environment for the interview in collaboration with the respondent. Furthermore, the respondent had the option to refuse or interrupt the interview at any time.

Data Analysis

After contextualizing the research through methodological and theoretical development, the empirical data collected were manually analyzed using identified dimensions to understand the phenomenon studied. The synthesis of empirical data collected during the semi-structured

interviews and the construction of an analysis tool were implemented by designing a comparative table containing the profiles of midwives and recurring themes. Data were anonymized by coding the interviewees using a letter code (SF) followed by the interview number assigned chronologically. After an initial review, five recurring and exploitable themes were identified to understand the professional identity of midwives. In the development, these themes were broken down into sub-themes to support the argument narratively. Oral recordings were transcribed and checked for validity. The following activities were planned: partial transcription of recordings by listening to extracts that seemed more representative, open and systematic coding, merging certain codes after re-reading the transcriptions, grouping codes into themes, analyzing transcribed data, and dividing the data into meaningful units. At this stage, a neutral attitude was maintained to allow unforeseen meanings to emerge. The open and systematic coding was carried out, and the verbatim were referenced as follows: midwife interviewed (SF) and interview number (1 to 7).

RESULTS

This section of the study is divided into two major parts: the first presents the results related to the socio-professional characteristics of the population studied, and the second is devoted to thematic analysis.

Socio-Professional Characteristics of the Study Subjects

Table 1:
Distribution of Study Subjects According to Their Socio-Professional Profile

No.	Age (in completed years)	Sex	Interview framework	Level of study	Professional experience	Interview duration (in minutes)
INT 1	25	M	HGR N'Djili	L3	2	25
INT2	28	F	HGR N'Djili	L3	5	20
INT 3	37	F	HGR N'Djili	L3	8	20
INT 4	38	F	HGR N'Djili	L3	5	20
INT 5	46	F	HGR N'Djili	SF R	12	25
INT 6	25	M	HGR N'Djili	L3	3	25
INT 7	26	F	HGR N'Djili	SF R	3	20

Note: INT = interviewed; F = female gender; M = male; Level of study L3: midwives with a bachelor's degree who have followed the LMD system, SF R to designate midwives who have followed the retraining course for nurses into midwives.

This Table shows that a total of seven midwives aged between 25 and 46 participated in the study. The majority were female midwives, they had more than a bachelor's degree (L3), and their professional experience ranged from 2 to 12 years.

Development of Themes, Sub-Themes, and Categories

The results are presented in sections with boxed text. The sections emerging from the analysis of the empirical data are titled: "*The Elements That Lead Midwives to Construct Their Professional Identity,*" "*The Way in Which SFs Proceed to Achieve Their Professional Identity in the Professional Environment,*" and "*The Perceptions of Midwives in the Maternity Ward of N'Djili Hospital on the Factors Facilitating and/or Hindering the Process of Empowerment and the Evolution of Social Representations of the Midwifery Profession.*" Visual representations such as diagrams will be used when necessary to better illustrate the relationships between concepts. Additionally, excerpts from the interviews will be used to help maintain proximity to the material, illustrating the analysis with the participants' words. Most concepts are named using the participants' words to remain faithful to the empirical data.

Central Theme:

Elements That Lead Midwives to Construct Their Professional Identity

When questioned on this subject, the midwives described the different variables that lead them to construct their professional identity, including individual and structural variables.

Table 2:
Subjects' Opinions on the Elements That Lead Midwives (SF) to Construct Their Professional Identity

Question: *"In your opinion, what are the elements that lead SF practitioners to construct their professional identity?"*

Subtopics	Categories	Verbatims
Individual variables	Initial training of SFs	SF must recognize themselves as trained maternal health personnel [Int. 3] ; "… SFs act in light of up-to-date knowledge on maternal care [Int. 5] » ; "… the SF proves his professional abilities during care in the multidisciplinary health team [Int. 7] » ; "knowledge of the standards laid down by the International SF Confederation ...[Int. 3]»
	Practices of care gestures (roles) specific to SFs	… our actions defined in the professional guideline such as monitoring the parturient, her technical monitoring at the time of labor must be carried out only by ourselves [Int. 1] ; we must do everything to ensure in the healthcare environment that the actions which belong only to the SF as systematic filling of the partogram [Int. 2] … we ensure support for women and couples during pregnancy, acts of care recognized as falling within our own role [Int. 6]
Institutional variables	Support for health structures	"… It is up to the Ministry of Health to provide us with its support… [Int. 1] » "… the structure for which the SFs perform must provide its support to promote our identity [Int. 3]" ; "… it is obvious that all the services are organized to talk about our identity [Int. 5]»
	Support from the SF association	"… it is up to the associative movement to promote this identity [Int. 2] » ; "…it is up to the SF association to promote our identity"; "…we must have our union which must advocate our cause and promote our identity as a FS woman provider [Int. 6] ; "…SFs working in healthcare settings must come together as FS providers in clinical settings to create strategies to build our identity [Int. 7] »

The results indicate that the elements most often leading SFs to construct their professional identity are the initial training of SFs, which provides essential skills for SF practice; the specific care practices (roles) of SFs, particularly the filling of the partogram; the support of health structures; and the involvement of the SF association in recognizing the profession as an independent entity.

Theme 2:

How SFs Go About Achieving Their Professional Identity in the Clinical Environment

Two sub-themes emerge from this theme: professional practices and the development of laws on the SF profession.

Table 3:
Subjects' Opinions on How SFs Proceed to Achieve Their Professional Identity in the Clinical Environment

Question: *"In what way do SFs proceed in their practices to achieve their professional identity in the professional environment?"*

Subtopics	Categories	Verbatims
Professional practices	Practices of identity care acts	"… the SF must perform in its field of activities [Int. 2] » ; "…he must however carry out acts falling within his field of activity [Int. 3] » ; "… He must really stay in what has obstetric care [Int. 7] »
	Specify your scope of activities	"… we must differentiate the tasks for SFs in the labor room, those who work in administration and gynecological-obstetricians [Int.4]"; "…we need to orient SF towards imaging [Int.5]"; "our identity must be differentiated on the level of practice, ensuring up-to-date acts of care [Int. 6]".
Development of laws on the SF profession	Publication of professional guidelines	"…the SF association and local SF groups must develop documents that guide daily practice [Int. 1] » ; "…we need guidelines to improve our everyday practices [Int. 4]".
	Dissemination of order regulations	"…we need laws that guide our daily practice [Int. 3]", "… we need articles which specify what we must do however because many are unaware of our field of activities [Int. 2] » ; "…that we are presented with articles which specify what we can do and what we must avoid [Int. 5] » "... the SF order must standardize skills in clinical practice with women in need of help [Int. 6], [Int. 7] »

The results indicate that SFs proceed to achieve their professional identity in the clinical environment in different ways, notably through the practices of identity care acts, by defining their field of activities precisely, and by publishing professional guidelines and disseminating regulations.

Theme 3:

Factors Facilitating Professional Identity and the Empowerment Process of the SF Profession

The analysis of this theme reveals two sub-themes: professional knowledge and the development of midwifery practice.

Table 4:
Subjects' Opinions on the Factors Facilitating Professional Identity and Empowerment of the SF Profession

Question: *"What are the situations that facilitate the process of empowerment and the evolution of social representations of the SF profession?"*

Subtopics	Categories	Verbatims
Professional knowledge	On-the-job professional training	"…. the training benefited during practical lessons in SF training institutes made it easier for us… [Int. 1] » ; "… the on-the-job training provided by the SF association facilitated the process of empowerment and the evolution of social representations of the SF profession [Int. 3] » ; "recycling contributed to empowerment [Int. 4]".
development of midwifery practice	Professional skills	"…our skills in supporting women in the obstetric care process are being talked about in our profession… [Int. 2] [Int. 5] » ; the better quality of care that we provide to women in the structures facilitates our empowerment [Int. 6] »
	Knowledge mobilization and transfer	We must train what comes to learn during practical or professional internships [Int. 7]

According to these results, the situations that facilitate the process of empowerment and the evolution of social representations of the SF profession include on-the-job professional training, professional skills, and the mobilization and transfer of knowledge.

Theme 4:

Factors Hindering Professional Identity, Midwifery Empowerment, and Social Perceptions of the SF Profession

Two variables emerge from this theme that prevents the process of empowerment and the evolution of social representations of the SF profession: the lack of specific continuing training and the lack of feedback during certain training courses organized by associations.

Table 5:
Subjects' Opinions on Factors Hindering Professional Identity, Empowerment, and Social Perceptions of the SF Profession

Question: *"What are the obstacles or factors hindering the process of empowerment and the evolution of social representations of the SF profession in your daily practice?"*

Subtopics	Categories	Verbatims
Lack of specific continuing training	Lack of member training by the association	"… we lack training in which everyone can participate, the association does not even organize training to train us [Int. 1] » ; "training with the association helps us work better [Int. 1] » "… there is only one category that we select for training [Int. 2] » "… our leaders here do not schedule any training for SFs while other professionals have training all the time [Int. 3] » « no training has ever been organized for all categories of SF (new or old) [Int. 4] » « within healthcare structures, we are not autonomous because the doctors do not consider us... [Int. 7]".
Lack of feedback	Lack of restitution or feedback by SFs trained at the base	"… following training, there is no restitution of what was taught during the training [Int. 1], [Int. 2], [Int. 3] » ; "what we delegate for training does not give us feedback [Int. 4] » ; "…we do not send anyone who is not capable of presenting the conclusions of the training [Int. 5] » ; "…the others are not competent to form those who remained, we delegate them according to the relationships they have with our leaders [Int. 6], [Int. 7]".
Social perceptions of the midwifery profession	Midwifery profession is very difficult which has difficulties	"midwives carry out difficult work [Int. 2], [Int. 3] » "It is not easy to give birth, especially to very young, immature girls [Int. 5]," "it's really difficult [Int. 4], [Int. 6] »
	Good appreciation by users and society	"midwives do commendable work [Int. 1], [Int. 3] » ; "we must thank them [Int. 4]", "they do a good job [Int. 7] »

According to this table, the process of empowerment and the evolution of social representations of the SF profession encounters slowdowns such as the lack of training provided by the association and the absence of feedback from SFs trained in the field. Furthermore, the profession of midwifery is perceived as highly demanding, and midwives are generally well regarded by users and society.

DISCUSSION

The elements discussed here are at different levels. All practicing midwives in Kinshasa maternity wards were interviewed. This part of the study is divided into two major sections: the first section is dedicated to presenting the socio-professional characteristics of the study population, while the second section focuses on thematic analysis.

Socio-Professional Characteristics of the Study Subject

The analysis of the collected results helped identify a general profile of the population surveyed, allowing for a clear understanding and precise interpretation of the phenomenon, based on the respondents' comments. The study revealed that seven SFs aged between 25 and 46 years old participated, with a predominance of respondents aged 28 years or younger. Similar findings are reported in other studies. Lateyrie (2013) found an average age of 22.57 years, while Bouzid and Bouzidi (2016) reported a dominance of midwives aged between 25 and 35 (7 midwives).

In this study, the majority of participants were female SFs, consistent with Lateyrie's (2013) findings, where out of 166 student participants, only 11 were male. The results also reveal that the study subjects had a bachelor's level (L3) education, with some midwives undergoing retraining from nurses to midwives, also holding a bachelor's level qualification. This observation aligns with other studies where all the midwives in the survey sample had a bac+3 level of education or were undergraduate students from various cohorts (Bouzid & Bouzidi, 2016; Lateyrie, 2013).

Midwives interviewed during the study emphasized that they were pursuing various specializations and continuing their training to develop skills that were not fully addressed in their initial education. These training courses cover several specific areas, some directly linked to midwifery and others not, such as physiology, well-being, personal development, and relational rather than technical skills. The most commonly followed continuing education courses cited include babywearing, haptonomy, hypnosis, breastfeeding, sophrology, baby massage, acupuncture, nutritherapy, and even aromatherapy (D'Alpaos, 2019).

The majority of the study participants were midwives with less than or equal to 5 years of professional experience. This average aligns with findings from other studies, where experience ranged from 2 to 10 years, with only one midwife having between 11 to 19 years of experience, and two midwives having between 20 to 28 years of experience (D'Alpaos, 2019).

It is important to emphasize that professional experience contributes to the construction of one's identity as a subject through work activity. This dual process of production and self-construction is always inseparable, as work involves both transforming the world through the production of goods and services and transforming oneself as a subject. This process contributes to the construction of professional identity (Rémery & Françoise, 2014). Identity is not static; it evolves and changes throughout one's professional career. It is a dynamic process that unfolds over the course of a midwife's career, with seniority playing a significant role. The more experience one has, the more the professional identity is affirmed and becomes more complex over time (Dubar, 2014).

Thematic Analysis Relating to the Elements Leading SFs to Construct Their Professional Identity

Subjects' Opinions on the Elements That Lead SFs to Construct Their Professional Identity

The results indicate that the elements leading SFs to construct their professional identity include both individual variables (such as initial training and specific care practices) and structural variables (such as support from health structures and the SF association). The reasons for identity reconstruction can originate from multiple levels, always relating to oneself, others, the context of the institution, and the broader institutional context. Identity is the result of various socialization processes that construct and define individuals (Dubar, 1992).

For learners in training, three main chronological stages of professional identity development are described: the period related to their past identity, the phase associated with their current training, and the projection into the future (David, Franck, Paris, & Delacour, 2021). The approach chosen also illustrates identity construction for oneself, highlighting the significant weight of individual life history, introspection, and major conceptual changes, in addition to constructing a professional identity for others, through relationships and the development of professional skills. These findings are consistent with Bouzid and Bouzidi's (2016) observations, where midwives indicated that courage, responsibility, recognition, satisfaction at work, and a strong personality were fundamental to their identity, despite societal challenges.

Subjects' Opinions on How SFs Achieve Their Professional Identity in the Clinical Environment

The results reveal that SFs achieve their professional identity in the clinical environment through various means, including the practice of identity care acts, the precision of their scope of activities, and the publication of professional guidelines and regulations defining the midwives' field of action. Professional identity is constructed through the acquisition of characteristics inherent to the profession, such as theoretical knowledge, skills, competencies, and values, during initial training, and it continues to develop and consolidate through personal and professional experiences (Beddoe, 2011).

For liberal midwives, identity recognition occurs individually through the construction of a relational network of reciprocal trust with health professionals and institutions, limiting the identity construction of the professional group whose contours are blurred and fragmented. While there is a desire among liberal midwives for greater professional recognition in their relationships with others, this socialization often occurs individually rather than in a concerted or organized manner (D'Alpaos, 2022).

Subjects' Opinions on Factors Facilitating Professional Identity and Empowerment

The results suggest that the factors facilitating professional identity and the empowerment of the SF profession include on-the-job professional training, professional skills, and the mobilization and transfer of knowledge. These findings align with previous studies indicating that midwives create their identity through their work, as the work environment helps them build and be recognized in society (Bouzid & Bouzidi, 2016). Facilitating elements are linked to initial training, the content of courses, and professional integration and maturation courses (Després, 2016).

Professionalization, defined as a process of constructing knowledge, skills, and identities recognized as part of the chosen profession, plays a crucial role in this development (Wittorski, 2007, 2008, 2010). Professionalization can also involve the formation of an autonomous social group by social actors aiming to establish themselves as a profession, which Merton and Wittorski refer to as "professional socialization" (Wittorski, 2005).

Clara Frau (2020) found that trust and experience are essential factors in the perception of professional autonomy. Continuing education and skills in preventive gynecology further enhance professional autonomy. Additionally, formal recognition of the profession, initial training, and professional experience are critical for professional identity, as highlighted by Crête et al. (2015) and Feen-Calligan (2012).

Subjects' Opinions on the Factors Hindering the Empowerment Process and the Midwifery Profession

The study's results suggest that the empowerment process and the evolution of social representations of the midwifery profession face challenges such as dependency on other medical professionals, insufficient training provided by the association, and a lack of regulation and feedback from midwives trained at the base level. The limited autonomy of midwives is primarily due to the non-specificity of their technical skills and the necessity of transferring patients to doctors when situations exceed their physiological expertise. As Carricaburu (1992) notes, midwives are often defined by their support skills, which, while bringing them closer to autonomy, also highlight their reliance on medical professionals.

The shift from a predominantly liberal profession to one where midwives are primarily salaried hospital workers has led to a decrease in the autonomy traditionally associated with the profession. Simmel (1993), as cited by Fregonese (2018), discusses how the increase in salaried employment has contributed to a loss of prestige and social position for midwives, a trend that could be reversed by a return to liberal practice (Schweyer, 1996). Freidson (1984), as cited by Burgard (2014), notes that midwives' autonomy is "always partial because it derives from the dominant profession and is limited by it" (Schweyer, 1996).

The difficulty in constructing a professional identity is further compounded by the recent nature of the profession, diversity in practice fields, and a lack of clarity in defining the profession of sexologist (Wylie, de Colomby, & Giami, 2004; Fugl-Meyer & Giami, 2006; Zamboni, 2009). Other studies indicate that a lack of recognition and exposure to

negative societal views can threaten professional identity (Feen-Calligan, 2012). D'Alpaos (2022) observes that the arbitrary determination of professional identity by individual selection of cultural traits leads to multiple identities and feelings of isolation among liberal midwives.

The expansion of work-related tasks allows midwives to acquire and use new skills, increasing job satisfaction, autonomy, and professional responsibility (Dubois & Singh, 2009). Watson et al. (2002) found that role expansion in acute care settings in Australia could enhance midwives' job satisfaction and autonomy. Walsh and Devane (2012), as cited by Abou-Malham (2014), also note the positive effects of increased organizational and clinical autonomy. Lindberg, Christensson, and Öhrling (2005), as cited by Castel (2016), suggest that redefining professional identity through role expansion can help midwives find new meaning in their professional roles.

Opinions on Social Perceptions of the Midwifery Profession

The midwives interviewed in this study perceive their profession as challenging, but they are well-regarded by both users and society. These findings are consistent with those of Bouzid and Bouzidi (2016), who found that midwives are appreciated by their families and society, although they may face negative perceptions during childbirth, where misunderstandings often arise. One midwife in their study reported receiving insults during delivery, highlighting the complex social dynamics surrounding the profession.

The notion of autonomy is a significant factor in the construction of midwives' professional identity, but it is often seen as an obstacle due to the increasing medicalization and technical demands of the profession (CNSF, 2019). Charrier (2011) emphasizes the importance of relationships between midwives and patients, as well as among health professionals. The quality of these relationships is often the foundation of commitment to the profession (Jacques, 2012). However, there is concern that the emphasis on technological advancements may diminish the relational aspect of midwifery.

Despite the increased responsibilities and skills granted to midwives in recent years, including the authorization to practice the SCAF alongside doctors since 2021 (Duriez, 2019), the social and human aspects of the profession remain central. Abensur and Chevalier (2008) note that many midwives prefer their profession to that of a doctor because of the opportunity to engage more closely with patients and couples. The concept of "support" is fundamental to the midwifery profession, underscoring the importance of balancing technical proficiency with humanity and compassion.

Strengths of the Study

This study contributes to the understanding of the construction of professional identity and empowerment among midwives, a relatively under-researched area. While much of the existing literature focuses on the professional identity of students and nurses, this dissertation provides original and relevant insights by examining midwives' identities in a comprehensive manner. The validation of the theoretical framework with participants adds to the study's credibility, making the findings transferable to similar settings.

Limitations of the Study

The study faced several limitations, including time constraints and a limited sample size of seven participants, which may affect the saturation of theoretical data. Additionally, all participants worked in the same health institution, potentially reducing the sample's heterogeneity. The study's findings are contextualized to the specific sample and may not be generalizable to a broader population. Another limitation was the lack of triangulation with data from the head nurse and medical director, which could have provided additional perspectives on midwives' professional identity.

CONCLUSION

This study explored the construction of professional identity and empowerment among midwives at HGR Ndjili during December 2022 using a grounded theory approach. The findings indicate that both individual variables, such as initial training and specific care practices, and structural variables, such as support from health institutions and professional associations, play crucial roles in shaping midwives' professional identity. Despite the challenges posed by limited autonomy and evolving social representations, midwives continue to adapt and find new meaning in their roles, emphasizing the importance of both technical skills and compassionate care.

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