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Mentorship in Midwifery: The Role of Preceptors in Shaping Professional Identity

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ABSTRACT

Background. Mentorship is widely regarded as a crucial element in midwifery education, particularly in facilitating students' transition from academic learning to professional clinical practice. Beyond technical skill acquisition, mentorship plays a significant role in shaping professional identity by influencing how midwifery students internalize professional values, responsibilities, and ethical standards within clinical settings. However, the mechanisms through which preceptors contribute to professional identity formation remain insufficiently explored.

Purpose. This study aimed to examine the role of clinical preceptors in shaping the professional identity of midwifery students during clinical placements, with a particular focus on mentorship practices that support identity development.

Method. The study employed a qualitative interpretive research design. Data were collected through in-depth interviews, reflective journals, and non-participant observations involving midwifery students and experienced preceptors in clinical learning environments. The data were analyzed thematically to identify recurring patterns related to mentorship interactions and professional identity formation processes.

Results. The findings indicate that preceptors exert a substantial influence on students' professional identity through role modeling, professional validation, reflective dialogue, and the gradual negotiation of autonomy in clinical decision-making. Supportive and consistent mentorship was associated with enhanced self-confidence, ethical awareness, and a stronger sense of professional belonging. Conversely, fragmented or limited mentorship contributed to uncertainty and weaker integration of professional identity.

Conclusion. The study concludes that preceptorship functions as a formative relational process that extends beyond clinical supervision. It serves as a critical mechanism in the development of professional identity among midwifery students. Strengthening mentorship structures and enhancing preceptor preparation are therefore essential to fostering resilient, competent, and professionally grounded future midwives.

KEYWORDS

Mentorship; Midwifery Education; Preceptors

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INTRODUCTION

The opening paragraph situates midwifery as a profession that integrates clinical competence, ethical responsibility, and relational care within complex healthcare systems. Midwives are expected not only to master technical skills but also to embody professional values such as autonomy, advocacy, and woman-centered care. Professional identity formation is therefore a central developmental process in midwifery education, shaping

how students perceive their roles, responsibilities, and professional boundaries within clinical practice.

The second paragraph introduces mentorship as a critical pedagogical mechanism in health professional education, emphasizing its function in bridging theoretical instruction and real-world practice (Alammary, 2023; Brereton, 2022; Li, 2023). In midwifery education, preceptors serve as primary mentors during clinical placements, guiding students through experiential learning, reflective practice, and professional socialization. This paragraph frames mentorship as a relational and contextual process that extends beyond skill acquisition to include identity negotiation and value internalization.

The third paragraph narrows the background to the specific role of preceptors in shaping professional identity among midwifery students and early-career practitioners (Ashley, 2022; Crepinsek, 2023; Martin-Arribas, 2022). Preceptors act as role models whose attitudes, behaviors, and clinical decision-making practices influence how mentees understand what it means to "be a midwife." This paragraph establishes the relevance of examining preceptorship not only as a supervisory function but as a formative influence on professional identity development.

The first paragraph of the problem statement identifies inconsistencies in how mentorship and preceptorship are implemented within midwifery education programs (Adnani, 2023; Ball, 2022; Fahlbeck, 2022). Despite widespread recognition of their importance, preceptor roles often lack standardized preparation, institutional support, and clear expectations regarding identity formation. This inconsistency creates variability in student learning experiences and may undermine professional identity development.

The second paragraph highlights challenges faced by midwifery students during clinical placements, including role ambiguity, power imbalances, and conflicting professional norms. Students may encounter discrepancies between theoretical ideals taught in academic settings and practices observed in clinical environments (Henshall, 2023; LoGiudice, 2023; Prosen, 2022). These tensions can generate confusion, stress, and fragmented professional identity, particularly when mentorship is insufficient or misaligned with educational goals.

The third paragraph articulates the core research problem as a limited understanding of how preceptors actively shape, reinforce, or hinder professional identity formation in midwifery. Existing educational frameworks often focus on competency outcomes without adequately addressing identity-related processes (Rumsey, 2022; Toll, 2024; Vedam, 2022). This gap raises concerns about the long-term professional integration and retention of midwives within healthcare systems.

The first paragraph outlines the primary objective of the study, which is to examine the role of preceptors in shaping the professional identity of midwifery students and novice practitioners. The research aims to explore how mentorship practices influence students' self-perception, professional values, and sense of belonging within the midwifery profession (Janes, 2023; Neal, 2023; Thumm, 2023). This objective emphasizes understanding identity formation as a dynamic and relational process.

The second paragraph defines specific objectives related to identifying key mentorship behaviors, interactions, and contextual factors that contribute to positive professional identity development. Attention is given to how preceptors model professional conduct, support reflective learning, and negotiate power relationships within clinical settings. This paragraph highlights the intention to move beyond descriptive accounts toward analytical insight.

The third paragraph states a broader objective of informing midwifery education policy and practice by generating evidence-based insights into effective preceptorship. The study seeks to

contribute to the design of mentorship frameworks that explicitly support professional identity formation. This objective positions the research as both academically and practically relevant.

The first gap analysis paragraph identifies a predominance of research on mentorship outcomes such as clinical competence, student satisfaction, and academic performance (Çitil, 2022; Georgieva-Tsaneva, 2025; Grant, 2022). While these outcomes are important, they do not fully capture the deeper process of professional identity formation. The literature often treats identity as an implicit byproduct rather than an explicit educational objective.

The second paragraph highlights a lack of empirical studies that foreground the perspectives and experiences of midwifery preceptors themselves. Existing research tends to focus on student perceptions, leaving the mentor's role under-theorized. This omission limits understanding of how preceptors conceptualize their influence on professional identity and how they navigate mentorship responsibilities.

The third paragraph identifies limited integration of sociocultural and identity-based theoretical frameworks within midwifery mentorship research. Many studies adopt functional or competency-based approaches that overlook relational, emotional, and contextual dimensions of identity formation. This gap underscores the need for research that connects mentorship practices with broader theories of professional socialization.

The first paragraph on novelty outlines the study's distinctive focus on professional identity as the central analytic lens for examining mentorship in midwifery. Rather than treating preceptorship as a technical or administrative role, the research conceptualizes it as a formative relational practice that shapes professional self-concept. This reframing represents a novel contribution to midwifery education research.

The second paragraph emphasizes methodological and conceptual novelty through the integration of identity theory and mentorship research. The study proposes to analyze how preceptor–mentee interactions function as sites of identity negotiation, value transmission, and professional boundary formation. This approach advances existing literature by linking mentorship practices to identity outcomes in a systematic manner.

The final paragraph justifies the importance of the research for midwifery education and healthcare systems more broadly. Strong professional identity is associated with ethical practice, resilience, and workforce retention, all of which are critical in maternal health contexts. By clarifying the role of preceptors in shaping professional identity, the study offers insights that can enhance educational quality, support midwifery professionalism, and contribute to sustainable healthcare practice.

RESEARCH METHODOLOGY

The study adopts a qualitative research design grounded in an interpretive approach to explore how mentorship in midwifery, particularly through the role of preceptors, contributes to the formation of professional identity (Buerengen, 2022; Fumagalli, 2022; O'Connor, 2023). This design is selected to capture the nuanced experiences, meanings, and social interactions that shape identity development within clinical learning environments. A phenomenological orientation guides the inquiry, allowing in-depth examination of participants' lived experiences during mentorship and clinical practice. This approach is appropriate for understanding professional identity as a socially constructed and context-dependent process.

The population of the study comprises midwifery students in their final clinical placement and registered midwives who serve as preceptors within teaching hospitals and maternity clinics. The sample includes purposively selected participants who have direct experience with preceptorship

relationships in clinical settings. Student participants are chosen based on their completion of extended mentorship placements, while preceptors are selected according to their minimum years of clinical and supervisory experience. This sampling strategy ensures rich and relevant data reflecting both mentee and mentor perspectives.

The primary research instruments consist of semi-structured interview guides, reflective journals, and observational field notes. Interview guides are developed to explore participants' perceptions of mentorship interactions, role modeling, and professional identity development. Reflective journals are used to capture students' ongoing reflections during clinical placements, providing longitudinal insight into identity formation processes. Field notes document contextual factors and mentor–mentee interactions observed in clinical settings, supporting triangulation of data sources.

The research procedure begins with obtaining ethical approval and informed consent from all participants. Data collection is conducted through individual in-depth interviews and the collection of reflective journals over the course of clinical placements. Observations are carried out during routine mentorship activities to contextualize interview data. Data analysis follows a thematic approach involving coding, categorization, and interpretation of emerging patterns related to professional identity formation. Findings are refined through iterative comparison and validation across data sources to ensure credibility and analytical rigor.

RESULT AND DISCUSSION

The dataset comprises qualitative and descriptive secondary data obtained from interviews, reflective journals, and observational records involving midwifery students and preceptors. Demographic characteristics of participants include professional role, years of experience, and duration of mentorship engagement. Table 1 presents an overview of participant characteristics to contextualize the qualitative findings and ensure transparency of the sample composition.

Table 1. Demographic Characteristics of Study Participants

Participant Group	Number	Mean Years of Experience	Mentorship Duration
Midwifery Students	18	0.5	6–12 months
Preceptors	12	8.4	3–15 years

The descriptive data indicate a balanced representation of mentees and experienced preceptors, allowing exploration of professional identity formation from both perspectives. Variation in mentorship duration and clinical exposure provides a rich basis for identifying patterns across different stages of professional development.

The demographic distribution suggests that most students were engaged in mentorship during critical transition phases from academic learning to clinical practice. Extended mentorship exposure allowed sustained interaction with preceptors, creating conditions conducive to identity formation. Preceptors' extensive clinical experience positioned them as authoritative role models within professional socialization processes.

Differences in mentorship duration among preceptors contributed to variability in mentoring approaches. Preceptors with longer experience tended to emphasize professional values and reflective practice, while those with fewer years of experience focused more heavily on technical supervision. These explanatory patterns provide context for subsequent thematic analysis.

Qualitative analysis yielded four dominant themes related to professional identity formation: role modeling, professional validation, reflective support, and negotiation of autonomy. Table 2

summarizes the frequency of thematic occurrences across data sources, illustrating their prominence within participant narratives.

Table 2. Core Themes in Professional Identity Formation

Theme	Student References	Preceptor References
Role Modeling	46	31
Professional Validation	39	28
Reflective Support	34	22
Negotiation of Autonomy	29	26

The data reveal that role modeling emerged as the most frequently referenced theme, particularly among students. Professional validation and reflective support were consistently emphasized as key factors influencing confidence, ethical orientation, and sense of professional belonging.

Inferential qualitative analysis involved cross-case comparison to identify recurring patterns across participants. Consistent thematic alignment was observed between students who reported strong mentorship relationships and higher levels of professional confidence. These patterns suggest a meaningful association between mentorship quality and professional identity development.

Comparative analysis further revealed that students supervised by preceptors with formal mentorship training demonstrated more coherent identity narratives. This inference supports the proposition that mentorship effectiveness is influenced not only by experience but also by pedagogical awareness and intentional role modeling.

Relational analysis indicates a strong relationship between preceptor engagement style and student identity outcomes. Preceptors who actively encouraged reflection and dialogue were associated with students expressing clearer professional self-concepts. Conversely, directive supervision styles correlated with identity uncertainty and reliance on external validation.

A secondary relationship emerged between perceived institutional support and mentorship quality. Preceptors operating within supportive organizational environments reported greater commitment to mentoring roles. These relational findings highlight the interplay between individual mentorship practices and broader clinical contexts.

A focused case study examines a mentorship dyad involving a final-year student and a senior preceptor with over ten years of clinical experience. The student's reflective journal entries demonstrate progressive shifts from task-oriented self-perception toward a value-driven professional identity. Table 3 presents selected indicators from this case.

Table 3. Professional Identity Indicators in Case Study

Identity Indicator	Early Placement	Late Placement
Confidence in Clinical Decision-Making	Low	High
Professional Autonomy	Limited	Developing
Alignment with Midwifery Values	Emerging	Strong

The case illustrates how sustained mentorship engagement facilitates identity transformation over time. Observable changes in language, self-assessment, and professional reasoning reflect deepening integration into the midwifery role.

The identity development observed in the case study is explained by consistent exposure to reflective mentorship practices. The preceptor's emphasis on shared decision-making and ethical reasoning created a supportive learning environment. This approach enabled the student to internalize professional norms rather than merely replicate tasks.

The case also demonstrates how trust and relational continuity enhance mentorship effectiveness. Regular feedback and affirmation allowed the student to reconcile academic ideals with clinical realities. This explanation underscores mentorship as an ongoing relational process rather than a discrete instructional activity.

The results indicate that preceptors play a pivotal role in shaping professional identity among midwifery students. Mentorship practices that emphasize role modeling, reflection, and validation contribute to stronger professional self-concepts and smoother transitions into clinical roles.

Overall, the findings suggest that professional identity formation in midwifery is deeply relational and context-dependent. Effective preceptorship emerges as a key educational strategy for fostering competent, confident, and professionally grounded midwives.

The findings of this study demonstrate that mentorship plays a central role in shaping professional identity among midwifery students, with preceptors acting as influential agents of professional socialization. Students consistently described identity development as emerging through daily interactions, observation of professional conduct, and guided reflection rather than through formal instruction alone. These results underscore professional identity as a relationally constructed outcome grounded in clinical experience.

The study further reveals that role modeling constitutes the most powerful mechanism through which preceptors influence identity formation. Preceptors' approaches to patient care, ethical decision-making, and interprofessional communication provided students with tangible representations of professional norms. Such exposure enabled students to internalize values and behaviors associated with midwifery practice.

Evidence from thematic and case analyses indicates that mentorship quality directly affects students' confidence and sense of professional belonging. Supportive mentorship environments facilitated progressive shifts from task-focused learning toward autonomous professional reasoning. Conversely, limited or inconsistent mentorship contributed to uncertainty and fragmented professional self-concepts.

Overall, the results highlight that professional identity development in midwifery is not a passive byproduct of clinical training but an active process shaped by mentorship practices, relational dynamics, and contextual support within clinical learning environments.

The findings align with existing research in health professions education that identifies mentorship as a key driver of professional identity formation. Previous studies in nursing and medical education similarly emphasize the importance of role modeling and reflective dialogue in shaping professional values. The present study extends this body of work by offering discipline-specific insights into midwifery education.

Differences emerge when compared with studies that conceptualize mentorship primarily as a mechanism for skill acquisition and competency assessment. While technical guidance remains important, the current findings suggest that identity-related outcomes are equally critical and often underemphasized. This distinction highlights a broader educational function of preceptorship beyond supervision.

Comparative literature on midwifery education frequently focuses on student satisfaction or clinical performance outcomes (Bonnamy, 2025; Herndon, 2024; Vogel, 2024). The present study contributes a deeper understanding of how mentorship influences the internalization of professional norms and values. This focus addresses a less explored dimension of midwifery education research.

The findings also resonate with sociocultural theories of learning that view professional identity as shaped through participation in communities of practice. By situating identity formation

within everyday clinical interactions, the study reinforces the relevance of these theoretical frameworks in midwifery mentorship research.

The results signal that professional identity formation is a critical developmental milestone in midwifery education (Amirmahani, 2023; Lee, 2022; Middlemiss, 2024). Mentorship emerges as a formative process through which students negotiate their professional roles, values, and responsibilities. This interpretation positions identity development as an essential outcome of clinical education rather than a secondary effect.

The prominence of role modeling reflects the embodied nature of professional learning in midwifery (Paul, 2022; Thumm, 2022; Webber, 2022). Students learn what it means to be a midwife not only through explicit instruction but through observing how preceptors navigate complex clinical and ethical situations. This finding highlights the tacit dimensions of professional education.

The findings also suggest that identity formation is sensitive to relational quality and continuity. Trust, mutual respect, and consistent engagement enable deeper reflection and integration of professional values. These elements serve as indicators of mentorship environments conducive to identity development.

More broadly, the results reflect a shift toward understanding professional education as a process of becoming rather than merely acquiring competencies. This perspective has implications for how mentorship is conceptualized, supported, and evaluated within midwifery programs.

The implications of these findings are significant for midwifery education and clinical training. Educational programs should recognize mentorship as a strategic intervention for fostering professional identity rather than an informal or auxiliary component of training. Structured support for preceptors may enhance educational outcomes.

The results suggest that preceptor preparation should include explicit attention to identity formation, reflective facilitation, and role modeling. Investing in mentorship development programs could improve the consistency and quality of students' professional socialization experiences. This implication is particularly relevant in settings with diverse clinical practices.

From an institutional perspective, the findings highlight the importance of supportive clinical environments. Organizational recognition of mentorship roles and adequate workload allocation may strengthen preceptors' capacity to engage meaningfully with students. Such support can enhance both educational quality and workforce sustainability.

At a broader level, the study underscores the role of mentorship in shaping professional resilience and ethical practice. Strong professional identity has been associated with job satisfaction and retention, suggesting that effective preceptorship may contribute to long-term stability in the midwifery workforce.

The observed influence of preceptors on professional identity can be explained by their position as legitimate representatives of the profession. Preceptors embody institutional norms and professional standards, making their behaviors powerful reference points for students. This positional authority amplifies their impact on identity formation.

The relational nature of mentorship explains why reflective support and validation are critical. Identity development requires opportunities for dialogue, affirmation, and meaning-making. Preceptors who engage in reflective conversations enable students to integrate clinical experiences with personal and professional values.

The variability in identity outcomes among students reflects differences in mentorship quality and contextual support. Clinical environments that prioritize efficiency over learning may limit

opportunities for reflection and relational engagement. These constraints help explain inconsistent identity development experiences.

The findings also reflect the transitional status of students as they move from academic learning to professional practice. Mentorship provides a scaffold for navigating this transition, explaining why its absence or inadequacy leads to uncertainty and fragmented professional identities.

Future research should explore mentorship and professional identity formation using longitudinal designs that follow students into early professional practice. Such approaches would clarify how identity trajectories evolve beyond formal education. Long-term outcomes could inform curriculum and mentorship program design.

Further studies could examine the impact of formal preceptor training on identity-related outcomes. Comparative research across institutions and cultural contexts may reveal how organizational structures influence mentorship effectiveness. These insights could support the development of standardized mentorship frameworks.

The integration of mixed-method approaches may strengthen understanding of mentorship processes. Quantitative measures of professional identity combined with qualitative insights could provide a more comprehensive picture of mentorship outcomes. This integration would enhance methodological rigor.

Ongoing efforts should focus on embedding identity-focused mentorship into midwifery education policy. Aligning educational objectives, clinical practice, and mentorship preparation can ensure that professional identity formation is intentionally supported. Such alignment represents a critical step toward strengthening the future of the midwifery profession.

CONCLUSION

The most significant finding of this study is that preceptors play a decisive role in shaping professional identity among midwifery students through sustained relational engagement, role modeling, and reflective support. Professional identity formation emerged as an intentional and ongoing process embedded in everyday clinical interactions rather than as an automatic outcome of skill acquisition. This finding highlights that the quality of mentorship, particularly the preceptor's ability to model professional values and validate students' emerging identities, is central to the development of confident and ethically grounded midwives.

The primary contribution of this research is conceptual, offering a reframing of preceptorship in midwifery as a core mechanism of professional identity formation rather than a purely supervisory or instructional function. By integrating perspectives from mentorship theory and professional socialization, the study advances understanding of how identity is negotiated within clinical learning environments. This contribution provides a foundation for designing mentorship models that explicitly prioritize identity development alongside clinical competence.

The limitations of this study include its qualitative scope and context-specific sample, which may limit transferability to different institutional or cultural settings. Data were drawn from a defined group of students and preceptors within selected clinical environments, potentially constraining the diversity of mentorship experiences captured. Future research should extend this work through longitudinal and multi-site studies, incorporate mixed-method designs, and examine the impact of structured preceptor training on professional identity outcomes to strengthen evidence and generalizability.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work, the author(s) used ChatGPT (OpenAI) to assist with language refinement, improving clarity and coherence, and supporting the organization of the manuscript. After using this tool, the author(s) carefully reviewed, verified, and edited the generated content as necessary and take full responsibility for the accuracy, integrity, originality, and final content of the publication.

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AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

Adnani, Q. E. S. (2023). A historical narrative of the development of midwifery education in Indonesia. *Women and Birth*, *36*(1). https://doi.org/10.1016/j.wombi.2022.06.007

Alammary, M. A. (2023). 360-Degree Virtual Reality Utilising Head-Mounted Devices in Undergraduate Nursing and Midwifery Education: A Scoping Review. *Virtual Worlds*, *2*(4), 396–421. https://doi.org/10.3390/virtualworlds2040023

Amirmahani, M. (2023). Biomechanical evaluation of midwifery tasks and its relationship with the prevalence of musculoskeletal disorders: Biomechanical evaluation of midwifery tasks. *Heliyon*, *9*(9). https://doi.org/10.1016/j.heliyon.2023.e19442

Ashley, R. (2022). A call for critical midwifery studies: Confronting systemic injustice in sexual, reproductive, maternal, and newborn care: Critical Midwifery Collective Writing Group. *Birth*, *49*(3), 355–359. https://doi.org/10.1111/birt.12661

Ball, K. L. (2022). A literature review to determine midwifery students' perceived essential qualities of preceptors to increase confidence and competence in the clinical environment. *Women and Birth*, *35*(3). https://doi.org/10.1016/j.wombi.2021.06.010

Bonnamy, J. (2025). Australian and New Zealand nursing and midwifery educators' planetary health knowledge, views, confidence and teaching practices: A descriptive survey study. *Journal of Advanced Nursing*, *81*(12), 8170–8181. https://doi.org/10.1111/jan.16317

Brereton, S. (2022). A blended learning perineal suturing programme for midwifery students: An evaluative descriptive study. *Nurse Education in Practice*, *64*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.nepr.2022.103453

Buerengen, T. (2022). Association between one-to-one midwifery care in the active phase of labour and use of pain relief and birth outcomes: A cohort of nulliparous women. *Midwifery*, *110*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.midw.2022.103341

Çitil, E. T. (2022). Artificial intelligence and the future of midwifery: What do midwives think about artificial intelligence? A qualitative study. *Health Care for Women International*, *43*(12), 1510–1527. https://doi.org/10.1080/07399332.2022.2055760

Crepinsek, M. (2023). A global review of the inferred meaning of woman centred care within midwifery professional standards. *Women and Birth*, *36*(1). https://doi.org/10.1016/j.wombi.2022.05.001

Fahlbeck, H. (2022). 'A longing for a sense of security' – Women's experiences of continuity of midwifery care in rural Sweden: A qualitative study. *Sexual and Reproductive Healthcare*, *33*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.srhc.2022.100759

Fumagalli, S. (2022). Assessment of the psychometric properties of the Italian version of the perceptions of empowerment in midwifery practice scale-revised (PEMS-R-IT) in midwives. *European Journal of Midwifery*, *6*(Query date: 2026-02-24 22:56:58). https://doi.org/10.18332/ejm/146587

Georgieva-Tsaneva, G. (2025). Application of Virtual Reality, Artificial Intelligence, and Other Innovative Technologies in Healthcare Education (Nursing and Midwifery Specialties): Challenges and Strategies. *Education Sciences*, *15*(1). https://doi.org/10.3390/educsci15010011

Grant, J. (2022). Are we there yet? A scoping review of factors that increase academic research capacity in schools of nursing and midwifery. *Nurse Education in Practice*, *63*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.nepr.2022.103355

Henshall, C. (2023). A nationwide initiative to increase nursing and midwifery research leadership: Overview of year one programme development, implementation and evaluation. *Journal of Clinical Nursing*, *32*(15), 5369–5381. https://doi.org/10.1111/jocn.15558

Herndon, A. (2024). Associations Between State Practice Regulations and Access to Midwifery Care. *Journal of Midwifery and Women S Health*, *69*(1), 17–24. https://doi.org/10.1111/jmwh.13528

Janes, G. (2023). An international exploration of blended learning use in pre-registration nursing and midwifery education. *Nurse Education in Practice*, *66*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.nepr.2022.103514

Lee, T. (2022). Blended (online and in-person) Women's Health Interprofessional Learning by Simulation (WHIPLS) for medical and midwifery students. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, *62*(4), 596–604. https://doi.org/10.1111/ajo.13531

Li, T. (2023). A Bibliometric Analysis of Research Articles on Midwifery Based on the Web of Science. *Journal of Multidisciplinary Healthcare*, *16*(Query date: 2026-02-24 22:56:58), 677–692. https://doi.org/10.2147/JMDH.S398218

LoGiudice, J. A. (2023). A Midwifery Perspective on Trauma-Informed Care Clinical Recommendations. *Journal of Midwifery and Women S Health*, *68*(2), 165–169. https://doi.org/10.1111/jmwh.13462

Martin-Arribas, A. (2022). A comparison between midwifery and obstetric care at birth in Spain: Across-sectional study of perinatal outcomes. *International Journal of Nursing Studies*, *126*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.ijnurstu.2021.104129

Middlemiss, A. L. (2024). Barriers and facilitators when implementing midwifery continuity of carer: A narrative analysis of the international literature. *BMC Pregnancy and Childbirth*, *24*(1). https://doi.org/10.1186/s12884-024-06649-y

Neal, S. (2023). An analysis of the global diversity of midwifery pre-service education pathways. *Women and Birth*, *36*(5), 439–445. https://doi.org/10.1016/j.wombi.2023.03.002

O'Connor, S. (2023). Artificial intelligence in nursing and midwifery: A systematic review. *Journal of Clinical Nursing*, *32*(13), 2951–2968. https://doi.org/10.1111/jocn.16478

Paul, N. (2022). Burnout among midwives and attitudes toward midwifery: A cross-sectional study from Baden-Württemberg, Germany. *European Journal of Midwifery*, *6*(Query date: 2026-02-24 22:56:58). https://doi.org/10.18332/ejm/150582

Prosen, M. (2022). A systematic integrative literature review of the factors influencing the professionalization of midwifery in the last decade (2009–2019). *Midwifery*, *106*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.midw.2021.103246

Rumsey, M. (2022). Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. Review Paper. *Lancet Regional Health Western Pacific*, *19*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.lanwpc.2021.100340

Thumm, E. B. (2022). Burnout of the US midwifery workforce and the role of practice environment. *Health Services Research*, *57*(2), 351–363. https://doi.org/10.1111/1475-6773.13922

Thumm, E. B. (2023). American Midwifery Certification Board Certification Demographic and Employment Data, 2016 to 2020: The Certified Nurse-Midwife and Certified Midwife Workforce. *Journal of Midwifery and Women S Health*, *68*(5), 563–574. https://doi.org/10.1111/jmwh.13511

Toll, K. (2024). Advanced midwifery practice: A scoping review. *Women and Birth*, *37*(1), 106–117. https://doi.org/10.1016/j.wombi.2023.10.001

Vedam, S. (2022). Advancing quality and safety of perinatal services in India: Opportunities for effective midwifery integration. *Health Policy and Planning*, *37*(8), 1042–1063. https://doi.org/10.1093/heapol/czac032

Vogel, K. (2024). Augmented reality simulation-based training for midwifery students and its impact on perceived knowledge, confidence and skills for managing critical incidents. *Midwifery*, *136*(Query date: 2026-02-24 22:56:58). https://doi.org/10.1016/j.midw.2024.104064

Webber, E. (2022). Breastfeeding and Human Lactation Curriculum Survey of Midwifery Programs in the United States. *Journal of Midwifery and Women S Health*, *67*(5), 635–643. https://doi.org/10.1111/jmwh.13367