

Perceived Professional Identity and Role Stress among Midwifery Students in South Central Mindanao: A Cross-sectional Study

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ABSTRACT

Background. Professional identity plays a significant role in alleviating role stress among healthcare professionals. However, these two factors are poorly explored in the midwifery profession.

Objective. To determine the perceived level of professional identity and role stress and the relationship between them among midwifery students.

Methods. A cross-sectional study design was employed involving 379 midwifery students from SOCCSKSARGEN Region, Mindanao. Participants were selected through purposive sampling. Macleod Clark Professional Identity Scale (MCPIS-9) and twelve-item Role Stress Scale (RSS) were used in gathering the data. Spearman rho, point-biserial correlation, and F-test were used for data analysis.

Results. The students' mean score in professional identity was high (4.07, SD=0.46) while the mean score of the overall role stress was low (2.47, SD=0.51). There was a positive and significant relationship between age ($r_s=0.207$, $P<0.001$) and marital status ($r_{pb} = 0.189$, $P<0.001$) of the participants with their perceived level of professional identity. On the other hand, there was a negative and significant relationship between age ($r_s=-0.292$, $P<0.001$) and civil status ($r_{pb} = -0.194$, $P<0.001$) of the participants with their perceived level of role stress. Consequently, there was a significant relationship between participants' year level and professional identity ($F=14.985$, $P<0.001$) and role stress ($F=20.062$, $P<0.001$). The overall role stress ($r_s = -0.536$, $P<0,01$) and its three subscales (role conflict: $r_s = -0.388$, $P<0,01$; role overload: $r_s = -0.348$, $P<0,01$; and role ambiguity: $r_s = -0.332$, $P<0,01$) were significantly and negatively correlated with professional identity.

Conclusions. Midwifery students' perceived level of professional identity was high, while their level of role stress was quite low. Age, year level, and marital status were significantly correlated with their levels of professional identity and role stress. Moreover, students with a higher level of professional identity may report low levels of role ambiguity, role overload, role conflict, and overall role stress.

Keywords: professional identity, role stress, role conflict, role overload, midwifery

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INTRODUCTION

Midwifery education is a collaborative effort between educational institutions and medical centers, where the didactic component of the program is provided by the educational institutions, while the clinical midwifery practice training is provided by the clinical settings. The International Confederation of Midwives (ICM) issues midwifery education standardization around the world. Furthermore, the ICM, through its Standards for Midwifery Education, recommends at least 40% in theory and 50% in practice for the students' midwifery education.¹ In the Philippines, through its Commission on Higher Education (CHED), the country's regulatory body for tertiary education mandates that the Midwifery program offered by recognized Midwifery schools across the archipelago must have 2,703 hours of clinical practicum, compared to didactic core and professional courses of 2,340 hours.²

Midwifery educators are the primary agents for students' support and acquisition of the required clinical standards. Thus, students gain the opportunities to better assume and understand the significant roles of a midwife in rendering woman-centered care. The concept of woman-centered care, which emerged in the 1990's, is integral to midwifery.³ There is no clear and concrete definition of woman-centered care; nevertheless, there are common understanding of this concept, such as focusing on women in the provision of holistic and culturally sensitive care, including women's choice and autonomy.⁴ Literature demonstrated that midwifery is attributed to a female profession, but with the diverse demographic characteristics and modernization, midwifery is becoming a diversified workforce in health care, as evidenced by growing numbers of male midwives.⁵ Cultural and religious factors may pose significant factors affecting acceptability and attitude towards male midwives, but woman-centered care can also be performed by them, as they are equally skilled professionals like female midwives.⁶ Subsequently, the concept of woman-centered care has been integrated into the international standards of a midwife and the Philippine standards for midwives.^{1,2}

Although midwifery courses are primarily created to ensure the learners gain essential knowledge and required skills to be able to take the professional licensure examination, behaviors relevant to professionalism grounded in woman-centered care are harder to teach and measure.² Clinical placements of the students provide them with opportunities to render midwifery care services, collaborate with other professionals, and interact with women.^{7,8} Woman-centered care involves professional groups promoting positive woman-centered care outcomes.⁹ However, it is worth noting to assess students' readiness, perception, and attitude towards interprofessional collaboration, which could also affect their clinical and academic performance, interaction with other health care professionals, and ultimately health outcomes of

their patients.¹⁰ Consequently, students' midwifery behaviors unfold in this setting and develop a professional identity.

Professional identity is the students' undertaking and appreciation of their major, and the eagerness to assimilate and explore with optimism and vigor.¹¹ There is a dearth of literature that explores the professional identity of a midwife. A theory of the good midwife's professionalism was developed that emphasized five crucial elements, namely, professional wisdom, professional care, interpersonal competence, professional and personal development, and professional competence.¹² The theory recognizes midwives who have the capacity to cultivate themselves from a personal and professional viewpoint. Feijen-de Jong et al. recognized the key elements identified by Halldosdottir and Karlsdottir and introduced three additional components.^{12,13} These include personal characteristics, the need to have organizational competence, and promoting physiological reproductive processes. Consequently, learners may gain critical experiences towards professional identity development with motivating developments, while others hamper professional development.¹⁴

Role stress refers to any psychological or physical strain manifested by a person who is in greater need of resources and capabilities for him to be able to perform the role.¹⁵ Thus, role stress exists when there is disagreement between the individual's role expectations and achievements. Literature demonstrated role stress in various ways. Khan introduced Role Episode Model wherein role stress has three key themes: role conflict (i.e., incompatible role expectations), role overload (i.e., too much work expected to be done in the available time), and role ambiguity (i.e., vague role expectations).¹⁶

Role stress in healthcare workers remains a great concern to explore in the profession, especially since the role stress experienced by them may greatly affect their physical and psychological health and could result in additional costs. A study among nursing students in Pakistan showed high levels of role stress.¹⁷ As novice individuals in the clinical setup, nursing students are more likely to experience a high level of role stress, which may lead to the development of job burnout and poor job engagement.¹⁸ Moreover, workplace role stress may adversely affect the quality and quantity of patient care, work-related outcomes, and health care costs.¹⁹

Professional identity is theorized to be a key element in providing quality patient care, thereby improving patient outcomes among healthcare workers.²⁰ It also mediates the negative impact of job stress and improves job performance in clinical settings.^{21,22} Professional identity promotes collaborative activities and teamwork in the workplace and relates to how workers compare themselves with other professional members.²³ A previous study among nursing students demonstrated that students with higher professional identity responded more positively to job stress.²⁴ Another study showed that those students with higher professional identity reported having better caring abilities, and consequently,

their caring abilities were negatively impacted by role stress.²⁵ However, there is no study that examined the direct impact of midwifery students' professional identity on role stress in the internship, especially in the Philippines. The findings of the study may provide significant insights to school administrators and faculty members, and concerned agencies in Midwifery education to design strategies and policies that will promote professional identity among students and reduce role stress as the students are immersed in the clinics.

OBJECTIVES

This study aims to determine the level of midwifery students' professional identity and role stress who underwent clinical duty, and to examine the impact of the students' professional identity and role stress.

METHODS

Study Design

A descriptive cross-sectional design was employed in this study. This design is intended to collect data from several participants at a single point in time to describe the characteristics of a population.²⁶ This design best fits in this study as the researchers were interested in describing professional identity and role stress, and determining the impact or relationship between the two variables.

Participants and Study Setting

The participants were midwifery students who were enrolled in any CHED-recognized higher education institutions (HEIs) offering the Midwifery program in SOCCSKSARGEN Region. SOCCSKSARGEN, officially designated as Region XII is in South-Central portion of Mindanao. It covers the provinces of South Cotabato, Cotabato, Sultan Kudarat, and Sarangani, and one highly urbanized city (HUC), General Santos City.²⁷ There were at least 12 HEIs offering a Midwifery program in the region. These midwifery schools were both government and privately-owned institutions. The participants must be enrolled at least in the second-year level, have been exposed to clinical and community duties, and consent to participate in the study. Those students who were sick, on leave, or absent during the data gathering period were excluded from the study.

Sampling Technique and Sample Size Determination

Raosoft[®] online sampling calculator was used to determine the sample size. The total population of all enrolled students in every midwifery school was determined through their respective registrar's office after approval from their respective dean or school president. The margin of error was set at 5%, confidence level of 95%, and 50% response distribution. For instance, for a 2,000-target population, 377 participants were needed. However, the researchers failed to come up with the whole population of midwifery students in

the region, as three (3) midwifery schools did not participate in the study. The researchers targeted 379 participants from nine (9) midwifery schools who participated in this study. A purposive sampling technique was used in selecting the participants.

Research Instrument

A self-report questionnaire consisting of three parts was used in this study. The first part was a checklist that assessed the students' socio-demographic profile in terms of age, sex, place of residence, marital status, and the primary reason for taking up the midwifery program.

The second part assessed the students' perceived level of professional identity using the Macleod Clark Professional Identity Scale (MCPIS-9) developed by Macleod Clark et al.²³ Participants rated their professional identity in health and social care in a Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. This instrument integrates the social identity theory. Three items are reverse-scored. The internal consistency reliability of this tool is good with Cronbach's alpha of 0.87 and 0.83.^{28,29} The Cronbach's alpha of the current study was 0.788.

The third part assessed the students' perceived role stress using the Role Stress Scale (RSS). The RSS has twelve items and is categorized into three sub-dimensions: role conflict (five items), role overload (four items), and role ambiguity (three items). Participants answered the items in a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. Scoring is reversed in the role ambiguity sub-dimension. High mean scores indicate high levels of role stress. The internal consistency reliability of this tool is good, with Cronbach's alpha of 0.78.³⁰ The Cronbach's alpha value of the present study was 0.829.

Data Collection

Administrative clearance to conduct the study was secured from the school administrators of the HEIs through the Deans/Principals of the Colleges/Schools of Midwifery. Coordination was then made with the department heads, program coordinators, and class advisers for the selection of the participants. The selection was facilitated by requesting the names of the midwifery students, their contact numbers, and their email addresses from the department heads, coordinators, and class advisers. Actual recruitment was made with the researchers only. Written informed consent and cover letters for the questionnaire were secured from every participant. The survey was conducted face-to-face and online through the utilization of Google Forms. Participants were given opportunities to ask questions and seek clarification before the actual survey. Those who were recruited online were given the opportunity to ask questions and seek clarifications through email. Answering the online survey questionnaire signifies their consent to participate in the study. The survey questionnaires were all given in English. The email addresses of the participants were collected for

validation purposes. Answering the questionnaire lasted for 15-20 minutes. After the survey, a message of gratitude was sent to every participant. This also signifies that the survey questionnaire was completed accurately. The online survey entries were generated in a tallied form through MS Excel and linked with Google Forms. The data collection period was made for 3 months (January to March 2025). Data from face-to-face and online surveys were tallied for analysis.

Data Analysis

All tallied data in the spreadsheet were entered into SPSS version 24. Descriptive statistics used include frequency counts, percentages, mean, and standard deviations. Spearman rho, point-biserial correlation, and F-test were used to determine the relationship between the participants' professional profile and perceived level of professional identity and role stress. Spearman's rho was used to determine the relationship between professional identity and role stress. The significance level was set at <0.05.

Ethical Considerations

This study secured a research ethics clearance from a local ethics board (University of Northern Philippines – Ethics Review Committee) with ERC code: A-2024-117. Likewise, administrative clearance to conduct the study was also secured from the school heads. Written informed consent was secured from every participant. The information on the purpose of the study, possible benefits, harm, and risks of participating was given prior to the survey. This also reflects that no coercion was involved in their participation. They were given opportunities to ask for clarifications before answering the survey. As breach of confidentiality is a possible risk in participating, confidentiality and anonymity of the participants were maintained throughout the study. Those who answered through personal surveys, questionnaires were distributed to every participant. Survey questionnaires were collected after two days. They were instructed not to share their responses to anyone in their respective schools or at home. All questionnaires were coded, and their names were not collected. Those who answered online, only the researchers have access to the Google form's "editor view" and response sheet. Furthermore, only the researchers have access to the raw data. Raw data were coded, anonymized, kept, and secured, and were used only for this study. Raw data were not shared or used for any other purposes. Furthermore, raw data will be discarded after publication of the paper. Participants were not paid nor given tokens for participating in the study, but were given a message of appreciation after completing the survey.

RESULTS

A total of 379 midwifery students participated in the study. The majority of them were females (n=316 or 83.38%), aged 18-27 years old (n=306 or 80.74%) (mean age of 24.50

years old, SD=7.36 years old), and belonging to the second year level (n=245 or 64.64%). Moreover, most of them were single (n=328 or 86.54%), living in the urban area (n=259 or 68.34%), and intended to study the Midwifery program for them to serve the people (n=163 or 43.01%). Table 1 presents the personal profile of the participants.

Table 2 presents the perceived professional identity and role stress among midwifery students. The students' mean score in professional identity is 4.07 (SD=0.46). This indicates a high score and that they are more positively inclined to acceptance and recognition of becoming professional midwives. Meanwhile, the mean score of the overall role stress of the participants was 2.47 (SD=0.51). This indicates a low level of perceived role stress. More specifically, two subscales'

Table 1. Personal Profile of the Participants (n=379)

Characteristics	Frequency	%
Age (years)		
18-27	306	80.74
28-37	49	12.94
38-47	12	3.16
48-56	12	3.16
<i>Mean = 24.50 years old</i>		
<i>SD = 7.36 years old</i>		
Sex at Birth		
Male	63	16.62
Female	316	83.38
Year Level		
Second Year	245	64.64
Third Year	90	23.75
Fourth Year	44	11.61
Place of Residence		
Rural	120	31.66
Urban	259	68.34
Civil Status		
Single	328	86.54
Married	44	11.61
Widowed	3	0.79
Annulled	4	1.06
Primary Reason for Studying Midwifery		
Personal interest	116	30.61
To serve the people	163	43.01
Scholarship Offer	54	14.25
Recommendation of family members	42	11.07
Recommendation from friends and others	4	1.06

Table 2. Descriptive Statistics of the Participants' Perceived Professional Identity and Role Stress

Variable	Min. Score	Max. Score	Mean (SD)
Professional Identity	2.00	5.00	4.07 (0.46)
Role Conflict	1.00	5.00	2.17 (0.87)
Role Overload	1.00	5.00	3.16 (0.80)
Role Ambiguity	1.00	4.00	2.09 (0.64)
Role Stress (Overall)	1.00	5.00	2.47 (0.51)

scores were also quite low: role conflict mean score of 2.17 (SD=0.97), and role ambiguity mean score of 2.09 (SD=0.64). Their role overload mean score was 3.16 (SD=0.80) and may indicate a moderate role overload.

Table 3 shows the correlations between the personal profile of the participants and their level of professional identity and role stress. There was a positive and significant relationship between age ($r_s=0.207$, $P<0.001$) and marital status ($r_{pb} = 0.189$, $P<0.001$) of the participants with their perceived level of professional identity. On the other hand, there was a negative and significant relationship between age ($r_s=-0.292$, $P<0.001$) and civil status ($r_{pb} = -0.194$, $P<0.001$) of the participants with their perceived level of role stress. Consequently, there was a significant relationship between

Table 3. Correlations between Personal Profile of Participants and their Perceived Level of Professional Identity and Role Stress

Characteristics	Professional Identity	Role Stress
Age		
r_s	0.207	-0.292
P-value	<0.001**	<0.001**
Sex at Birth		
Male	3.968	2.785
Female	3.862	2.770
r_{pb}	-0.080	-0.010
P-value	0.157	0.856
Year Level		
Second Year	3.776	64.64
Third Year	4.048	23.75
Fourth Year	4.090	11.61
F	14.985	20.062
P-value	<0.001**	<0.001**
Place of Residence		
Rural	3.848	2.740
Urban	3.891	2.787
r_{pb}	0.043	0.043
P-value	0.449	0.451
Marital Status		
Unmarried	3.845	2.808
Married	4.114	2.506
r_{pb}	0.189	-0.194
P-value	<0.001**	<0.001**

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Table 4. Correlations between Professional Identity and Role Stress

Variable	Professional Identity	Role Conflict	Role Overload
Professional Identity	1		
Role Conflict	-0.388**	1	
Role Overload	-0.348**	0.592**	1
Role Ambiguity	-0.332**	-0.056	-0.062
Role Stress (Overall)	-0.536**	-	-

** Correlation is significant at the level of 0.01 (two-tailed).

participants' year level and professional identity ($F=14.985$, $P<0.001$) and role stress ($F=20.062$, $P<0.001$). Thus, the hypothesis is partially supported.

Table 4 presents the correlations between professional identity and role stress. The overall role stress ($r_s = -0.536$, $P<0,01$) and its three subscales (role conflict: $r_s = -0.388$, $P<0,01$; role overload: $r_s = -0.348$, $P<0,01$; and role ambiguity: $r_s = -0.332$, $P<0,01$) were significantly and negatively correlated with professional identity. This indicates that those students who report a high level of professional identity may be less likely to report levels of role conflict, role overload, role ambiguity, and overall role stress. Moreover, role conflict was significantly and positively correlated to role ambiguity ($r_s = 0.592$, $P = <0.01$). Thus, the hypothesis is fully supported.

DISCUSSION

The purpose of the study was to determine the perceived level of professional identity and role stress and its relationship among midwifery students. To the authors' knowledge, this is one of the preliminary studies involving midwifery students. As such, most of the previous studies mentioned in the current study were from nursing students and other disciplines.

It is worth noting that there was a wide age-range of the participants in this study. The policies, standards, and guidelines (PSG) of the four-year BS Midwifery program in the Philippines have just been amended in 2023.² Previous PSG indicated a 2-year diploma program where the graduates can already take the midwifery licensure examination after completing the program.³¹ For educational advancement and career development, registered midwives who were graduates of the diploma program and were apparently working in the country for many years are now going back to study, enrolling for third- and fourth-year levels to complete the BS Midwifery degree.² In addition, a large proportion of the participants were female individuals. In history, midwifery was one of the oldest professions and was established as a female profession since ancient times, and has been carried up to the current times.⁶ This gender imbalance might influence the findings on professional identity and role stress of the students.

Age, year level, and civil status were significantly and positively correlated with professional identity but were significantly and negatively correlated with role stress. As students age, getting promoted into higher levels, and gaining the learning experiences from the academe and real-life situations, they might acquire the proper knowledge and skills to perform the tasks of the profession.^{32,33} Their self-concept is being formed, and their perception towards their profession and professional capabilities are enriched.

The current study showed that students reported a high level of professional identity. Professional identity is shaped in their midwifery education and further develops as they gain professional experiences until they become full-fledged midwives. However, it is worth noting that

in the Philippines, the current midwifery education allows students to take the licensure examination for midwives after completing a two-year diploma program. Thereafter, they can work as professional midwives in primary care or hospital institutions.³⁴ For promotional purposes, personal choice, or advanced competencies in midwifery, they can go back to school and finish their baccalaureate degree. At the diploma level, graduates are expected to acquire professional competencies in providing primary health care services and normal obstetrics and childcare. At the bachelor's level, apart from the competencies in the diploma, the graduates are also expected to demonstrate broader professional competencies on obstetrics, neonatology, social sciences, public health, and health ethics in the care of women, newborn, and childbearing families including early detection, emergency management and referral of complicated conditions of mothers and children; midwifery leadership and management; midwifery research; enhanced interprofessional education and collaboration; and relevant interventions on conditions outside midwifery scope and practice.²

Stress is common among students in allied health medical programs like midwifery because of the nature of the learning environment (i.e., academic and clinical) and because they were still new and unfamiliar with the work.^{30,35} However, the overall role stress score of the current study is quite low. This finding is in contrast with previous studies involving nursing students, wherein they reported higher levels of role stress.^{17,30} However, the participants in this study had a higher mean score of the role overload subscale compared to role conflict and role ambiguity. Role overload exists when a person performs tasks more than they can perform at a given time available. Role conflict happens when an individual simultaneously does multiple roles, while role ambiguity exists when one person is unclear of their job description or roles.³⁶ The result of the current study illustrates that most students may have a large number of tasks and activities in a given period of time. The midwifery curriculum depicted that regular students were expected to enroll in four to eight courses per semester, and their learning activities are varied, ranging from classroom activities to actual care of patients, families, and community members in the clinics and communities.² Consequently, literature demonstrated the association of role overload with individuals' mental health and performance.³⁷ School administrators and midwifery education regulatory bodies should recognize the possible effects of role overload on students' performance, mental health, and wellbeing, and design strategies and curriculum revision that will help reduce students' workloads, protect their mental health, and promote their wellbeing to enhance performance.

Professional identity is negatively correlated with role conflict, role ambiguity, role overload, and overall role stress. As such, midwifery students with higher levels of professional identity report low role stress, including its subscales: role conflict, role ambiguity, and role overload. This finding is consistent with those involving nursing students.^{17,30} Pro-

fessional identity may reflect an incentive factor among students where it serves as an essential professional psychological quality that influences not only their commitment and efforts for their profession but also has an affirmative impact on their work performance, satisfaction, and career path.³⁸⁻⁴⁰ As such, professional identity could be helpful to midwifery students to manage role stress.

The findings of the current study may contribute to promoting professional identity and reducing role stress among midwifery students. However, further studies are needed involving similar characteristics of the participants. Many of those in the third- and fourth-year levels might be professional midwives already or were working as midwives in clinics and public health and were already older that seemed to be unusual characteristics than those who were studying the path of a baccalaureate program. These characteristics might affect their actual professional identity and role stress experiences.

Nevertheless, students in health sciences programs like midwifery are often exposed to high stress levels.⁴¹ Specifically, the clinical and community practicums of the midwifery program that better prepare the students to become professional midwives and mold their critical thinking and decision-making skills may trigger them to experience higher levels of stress and psychological discomfort. While these students are in this kind of learning environment, promoting professional identity might play a significant role in reducing role stress. As such, midwifery educators and school administrators should design strategies and activities with consideration on different personal characteristics of the students. Exposing them early to a clinical learning environment may contribute to a more positive identification with their midwifery profession. The diploma in midwifery program reflects early exposure of the students to clinical learning experiences, allowing them to manage and communicate with actual patients and families, making them more familiar with their practice environment and forming an objective understanding of the midwifery profession. Moreover, midwifery educators should pay attention to those students who reported high role stress. Emphasis should be made in cultivating and meeting role expectations, addressing workloads, and clearly identifying one's roles and expectations of a professional midwife, as these students will practice midwifery and take good care of mothers and their children in the future.

Limitations of the Study

This study has some limitations. First, the data were obtained from a self-report questionnaire. Second, the sampling technique used was purposive from midwifery students in one region in Mindanao, the results may not be generalizable. Third, the research design was cross-sectional, which could only show the relationship between the variables of interest and not the causality. This study may serve as baseline data for future studies and replication by increasing

the number of participants, utilizing randomization, or employing actual observation.

CONCLUSION

Midwifery students' perceived level of professional identity was high, while their level of role stress was quite low. Some socio-demographic characteristics, like age, year level, and marital status, were significantly correlated with their levels of professional identity and role stress. Moreover, professional identity was negatively and significantly correlated with role ambiguity, role overload, role conflict, and overall role stress, indicating that those students with a higher level of professional identity may report low levels of role ambiguity, role overload, role conflict, and overall role stress. The study serves as empirical evidence towards developing strategies and interventions in promoting professional identity and reducing role stress among Filipino midwifery students.

Data Availability Statement

All data that support the study's findings are available upon request.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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