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Work-Related Wellbeing, Organizational Support and Professional Recognition among Italian Midwives: Results from a National FNOPO Survey

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Abstract

Background: Work-related wellbeing, organizational support, and professional recognition are key determinants of job satisfaction, workforce sustainability, and quality of care in midwifery. In Italy, midwives work across heterogeneous organizational settings and often face challenges related to resource availability, professional autonomy, and recognition within multidisciplinary teams. However, national-level evidence exploring these dimensions of midwives' professional wellbeing remains limited. This study aimed to investigate Italian midwives' perceptions of work-related and organizational wellbeing, focusing on three core dimensions: availability of resources, team support and professional recognition, and workplace safety.

Materials and Methods: A national cross-sectional survey promoted by the National Federation of the Councils of Midwifery Profession (FNOPO) was conducted among registered midwives in Italy. Data were collected through an anonymous online questionnaire consisting of 178 items. For the purpose of this study, analyses focused on a specific section comprising 20 items assessing work-related and organizational wellbeing, measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Descriptive and inferential analyses were performed using Stata/MP 18.0.

Results: A total of 2330 midwives participated in the survey, representing 11.99% of all midwives currently practicing in Italy. Among the respondents, "Team support and professional recognition" was generally rated positively, while "Availability of resources" and "Workplace safety" showed more mixed perceptions. Midwives in Level I maternity units reported higher work sustainability and perceived quality of care, whereas those in Research Hospitals reported lower perceptions across multiple dimensions despite higher satisfaction with professional development. Self-employed midwives reported adequate work sustainability but limited access to resources, psychological support, and team recognition. Post-bachelor education was associated with higher perceived exposure to workplace aggression and lower freedom of expression, while years of experience and geographical area were significantly associated with most items.

Conclusions: This study highlights variability in Italian midwives' perceptions of work-related and organizational wellbeing, largely shaped by organizational and contextual factors. Care setting characteristics, professional experience, and geographical context play a central role across multiple dimensions, while educational level shows a more limited association. The large national online survey, with broad participation and good representativeness, strengthens the robustness and relevance of these findings. Targeted organizational strategies to improve resources, leader support, and workplace safety are needed to promote midwives' wellbeing and workforce sustainability.

Keywords: *Midwifery; Work-related wellbeing; Organizational support; Workplace safety; National survey; Italy.*

Introduction

Work-related wellbeing is a multidimensional construct that extends beyond the mere absence of occupational illness or stress. It encompasses overall quality of working life, including physical, mental, and social health[1]. According to the Job Demands–Resources (JD-R) theory, organizational wellbeing across occupational context is shaped by the balance between job demands and job resources. Job resources are defined as those physical, psychological, social, or organizational aspects of work that support goal achievement, reduce job demands, and foster personal and professional growth. These resources include, among others, the availability of adequate staffing and material resources, team support, professional recognition, and workplace safety[2].

This theoretical framework is particularly relevant in healthcare settings, where unfavourable organizational conditions are associated with a heightened risk of emotional exhaustion and burnout among professionals[3,4]. Such adverse psychological outcomes affect not only individual practitioners but also healthcare organizations as a whole, contributing to increased staff turnover, chronic understaffing, and reduced system efficiency. Importantly, a substantial body of literature has established a strong association between healthcare workers' distress and patient safety outcomes: lower levels of staff wellbeing are linked to a higher incidence of clinical errors and a deterioration in the overall quality of care[4]. Consequently, healthcare professionals' wellbeing has been formally recognized as a core component of the "Quadruple Aim", which identifies care for the provider as a prerequisite for achieving high-quality care, improved population health, cost containment, and system sustainability[5].

Within the specific context of midwifery, work-related wellbeing acquires distinctive characteristics due to the intense emotional demands and the profound responsibility inherent in maternity care, which simultaneously involves at least two individuals–the mother and the newborn. Midwives may be exposed to traumatic clinical events, moral distress, and complex ethical dilemmas; when these experiences are not adequately buffered by organizational support, they can lead to significant emotional strain6. Evidence suggests that when midwives perceive insufficient professional recognition or limited team support, the quality of woman-centered care may be compromised, potentially resulting in more fragmented or defensive clinical practices[7]. Recent studies further highlight that the capacity to offer personalized, woman-centered care is not solely an individual competency but is strongly influenced by the organizational climate. Supportive work environments enable midwives to sustain their professional identity, resilience, and commitment to care[7,8].

Within midwifery practice, organizational conditions also shape midwives' perception of professional empowerment, defined as the perceived ability to exercise autonomy, professional judgement, and woman-centered care. Evidence suggests that perceived empowerment represents a crucial psychosocial resource, mediating the relationship between organizational support, professional recognition, and work-related wellbeing[9].

Despite growing international interest in organizational wellbeing in midwifery, empirical evidence focusing on Italian midwives remains limited. Available studies indicate that midwives' professional experiences in Italy are strongly shaped by organizational factors, including support from colleagues and managers and levels of professional recognition, all of which contribute to

perceived workplace safety, stress, burnout, and overall professional quality of life[10–13]. However, existing research is often context-specific[12,13], qualitative[11], or conducted during the acute phases of the COVID-19 pandemic[10,11]. As a result, there is a paucity of systematic evidence exploring Italian midwives' perceptions of key dimensions of organizational wellbeing under routine, non-emergency working conditions.

An additional layer of complexity arises from the marked heterogeneity of the Italian midwifery professional context. Working conditions, role autonomy, and organizational models vary considerably across regions and healthcare settings. Compared with countries where midwifery roles are more clearly defined and standardized–such as the United Kingdom–Italian midwives often report lower levels of professional recognition and job satisfaction[14]. This dissatisfaction has been identified as a contributing factor to professional migration, with a growing number of Italian midwives seeking improved employment opportunities and working conditions abroad15. Such variability has important implications for organizational wellbeing, workforce retention, and the quality and continuity of maternity care.

In response to these gaps, the present study aims to investigate Italian midwives' perceptions of work-related and organizational wellbeing, with a specific focus on three core dimensions: availability of resources, team support and professional recognition, and workplace safety.

Materials and Methods

Study design

A cross-sectional study was conducted using an online questionnaire to address the aim of the study. Data were collected between June and September 2022. The reporting of this study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist for observational studies[16].

Setting

The study was conducted in Italy and targeted midwives working across different regions of the country, reflecting the national heterogeneity of maternity care organizations. In 2024, approximately 19,500 midwives were employed in Italy, and a total of 369,944 births were recorded nationwide.

Within the Italian healthcare system, midwives are responsible for providing public health and maternity care to women and families across the reproductive continuum. However, their professional role and level of autonomy vary considerably depending on regional policies and organizational models. The majority of Italian midwives are employed within the National Health System and primarily work in hospital-based maternity and gynaecology services, while a smaller proportion are involved in community-based care. Only a limited number of midwives practice in midwifery-led units or as independent professionals.

The Italian maternity care context is largely characterized by a mixed-care model, in which midwives and nurses jointly provide care within obstetric and gynaecological services, rather than a predominantly midwife-led model[15].

Participants

Given the exploratory and descriptive nature of this national cross-sectional survey, no a priori sample size calculation was performed, in line with established guidance for observational and survey-based research[16,17]. Instead, the study aimed to achieve the widest possible participation of practicing midwives across Italy. The final sample size was considered adequate to provide stable descriptive estimates and to support multivariable analyses, consistent with methodological recommendations for applied health and organizational research[18].

A purposive sampling strategy was adopted to recruit midwives practicing across Italy through the National Federation of the Councils of Midwifery Profession, which act as regulatory bodies and gatekeepers for professional registration. An invitation email containing a participant information sheet and a link to access the informed consent form and the online questionnaire was distributed to potential participants. In addition, the study was promoted via the official website of the Italian Councils of Midwives. A member of the research team was available to respond to enquiries, provide further details about the study, and discuss participation with interested midwives.

Data collection

The survey was developed to describe the professional characteristics of Italian midwives, based on the competencies, knowledge, and skills considered essential for the midwifery profession, as defined by the national legislative framework19, the professional code of ethics20, and educational regulations. These regulatory documents provided the foundation for the design and content of the questionnaire. In addition, the questionnaire was informed by a review of the relevant scientific literature on midwifery competencies and professional roles, to ensure alignment with existing evidence. An expert panel composed of midwifery professionals, including clinicians and academics with expertise in midwifery practice and education, was involved in the development of the questionnaire. The panel contributed to item generation and reviewed the questionnaire for relevance, clarity, and completeness, and consensus was reached through iterative discussion.

The questionnaire comprised seven sections. Section 1 collected socio-demographic and work-related characteristics and included 11 items. Section 2 explored professional skills and levels of autonomy across different areas of practice: obstetric care (20 items), neonatal care (10 items), gynaecological care (19 items), and transversal competencies and professional autonomy (9 items). Section 3 focused on professional knowledge and included 15 items. Section 4 assessed work-related and organizational well-being, considering the "Availability of resources", "Team support and professional recognition", and "Workplace safety". Section 5 investigated professional visibility and recognition through 11 items. Section 6 examined job satisfaction and consisted of 3 items. Finally, Section 7 addressed organizational communication and professional involvement and included 5 items. Italian version and English translation of items related to work-related and organizational well-being are described in **Supplementary Material 1**.

Variables

The main variables of interest in this study were 20 items assessing midwives' work-related and organizational wellbeing, measured on a 5-point Likert scale ranging from 1 ("Strongly disagree")

to 5 ("Strongly agree"). These items were grouped into three dimensions: "Availability of resources" (items 1, 7, 8, 9, 11, 17, 18, 19, 20), "Team support and professional recognition" (items 2, 3, 4, 5, 6, 10), and "Workplace safety" (items 12, 13, 14, 15, 16).

For the evaluation of associations between these items and selected personal or professional characteristics, items were dichotomized: responses of 4 or 5 were coded as "yes," indicating agreement, and responses of 1, 2, or 3 were coded as "no," indicating disagreement or neutrality. This approach was adopted to distinguish between positive (agreement) and non-positive (neutral or negative) perceptions, thereby facilitating the interpretation of results and allowing the identification of factors associated with more favourable *versus* less favourable evaluations.

Among the professional characteristics, post-bachelor education was dichotomized as "no" for midwives with only a bachelor's degree and "yes" for those with any additional educational qualification. Years of work experience were categorized into three groups: ≤5 years, 6–20 years, and >20 years. Work setting was categorized into three dichotomous variables: Level I maternity units, defined according to national organizational, structural, and technical standards (Accordo Stato-Regioni, 2010), Research Hospitals, including university hospitals and IRCCS centers with a research and academic focus, and self-employed midwives. Each setting variable was coded as "yes" or "no" depending on whether the respondent worked in that setting.

Statistical analysis

Sample characteristics were described using frequency tables and percentages for categorical and discrete variables. Additionally, stacked bar charts were generated to visually describe the distribution of work-related and organizational wellbeing across the different items within each dimension, allowing a detailed representation of midwives' perceptions for each statement. To evaluate the associations between the dimensions "Availability of resources," "Team support and professional recognition," or "Workplace safety" and personal or professional characteristics (including geographical area, educational level, years of working experience, and work setting), chi-squared tests were performed using the dichotomized versions of the items (responses of 4 or 5 coded as "Agree," 1–3 as "Disagree"). A p-value < 0.05 was considered statistically significant. Data were analyzed using Stata/MP 18.0 (StataCorp LLC, College Station, TX, USA).

Results

Socio-demographic and Professional Characteristics

A total of 2.330 midwives participated in the survey, representing 11.99% of all midwives currently practicing in Italy. Regarding age, the most represented group was 30–39 years, accounting for 37.6% of the sample. With respect to geographical area of practice, more than half of participants were from Northern Italy, with 28.5% from North-West Italy and 30.7% from North-East Italy.

With regard to educational level, 57% of respondents held a bachelor's degree as their highest qualification; among those with additional education, the most common qualification was a postgraduate diploma.

Concerning professional characteristics, most respondents reported 10–20 years of work experience (30.8%), followed by those with less than 5 years of experience (23.6%). The majority of participants held a permanent contract (84.6%) and primarily worked in Level I maternity units (34%) or Level II maternity units (27%). All sociodemographic and professional characteristics are detailed in Table 1.

Description of availability of resources, team support and professional recognition, and workplace safety

Figure 1 presents the distribution of Italian midwives' perceptions regarding work-related and organizational wellbeing across three core dimensions: "Availability of resources", "Team support and professional recognition", and "Workplace safety". Overall, the dimension "Availability of resources" (items 1, 7, 8, 9, 11, 17, 18, 19, 20) reveals a mixed perception. While many midwives agree or strongly agree with statements related to access to resources and opportunities for professional development, a substantial proportion express neutral or negative perceptions regarding workload sustainability and access to psychological support.

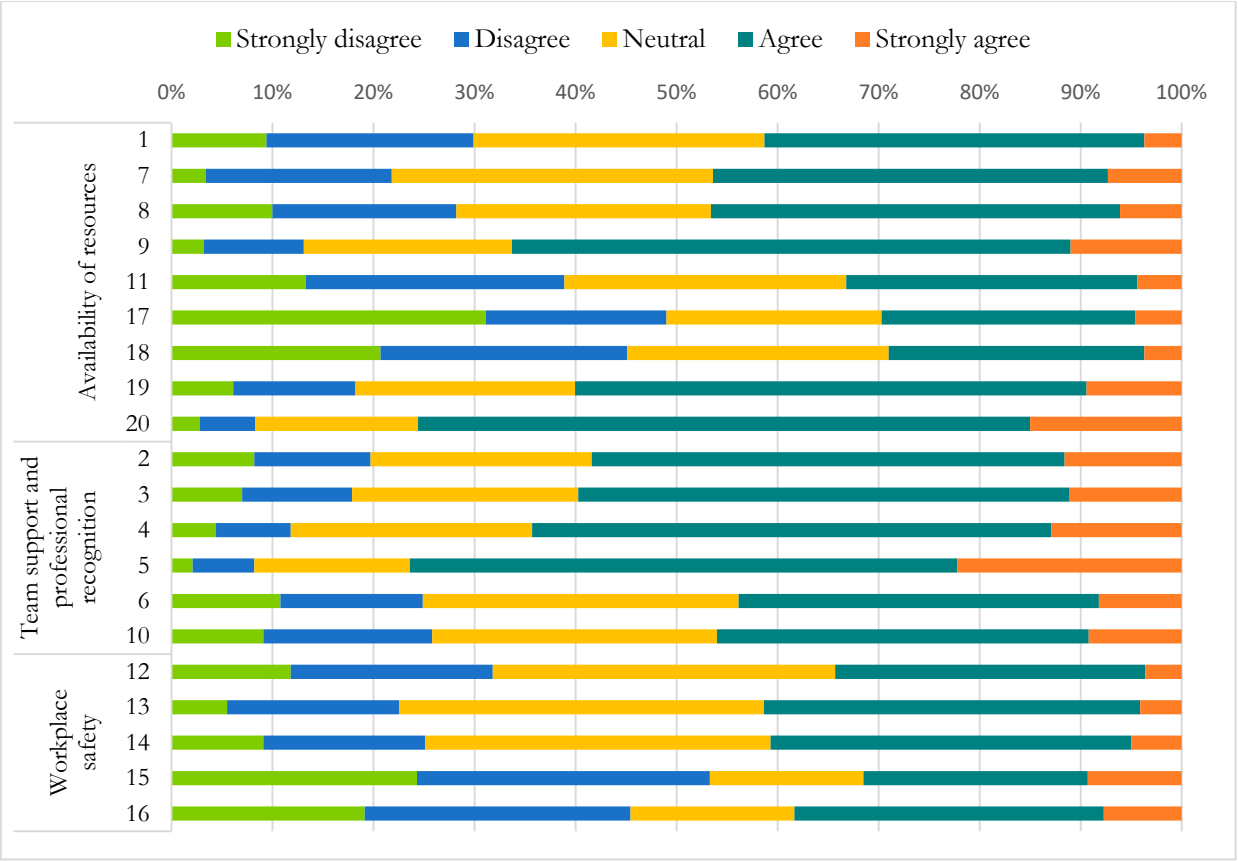
The "Team support and professional recognition" dimension (items 2, 3, 4, 5, 6, 10) shows generally favourable perceptions, with the majority of respondents agreeing that they feel recognized by medical colleagues, supported by their team, and free to express their opinions. However, a notable minority report disagreement or neutrality, indicating areas for improvement.

Table 1: Sociodemographic and professional characteristics of the sample.

	N	%
Age		
20-29	459	19.7
30-39	878	37.7
40-49	481	20.6
50-59	375	16.1
60-69	137	5.9
Geographical area		
North-West Italy	664	28.5
North-East Italy	715	30.7
Central Italy	520	22.3
Southern Italy	289	12.4
Islands	142	6.1
Educational level		
Bachelor's degree	1329	57
Master degree	272	11.7
Postgraduate diploma (Level I)	608	26.1
Postgraduate diploma (Level II)	55	2.4
PhD	4	0.2
Other	62	2.7

	N	%
Years of work		
≤ 5	550	23.6
6 - 9	415	17.8
10 - 20	718	30.8
21 -30	276	11.8
> 30	371	15.9
Contract type		
Permanent contract	1971	84.6
Fixed-term contract	143	6.1
Self-employed (VAT registered)	188	8.1
Contract through cooperative	28	1.2
Main practice setting		
I Level Maternity Unit	792	34
II Level Maternity Unit	630	27
University Hospital	329	14.1
Private Hospital	24	1
Public research Hospital	74	3.2
Self-employed professional	153	6.6
Accredited private hospital	79	3.4
Multiprofessional study	26	1.1
Other	223	9.6

Figure 1. Distribution of responses to survey items related to "Availability of Resources", "Team Support and Professional Recognition", and "Workplace Safety".



Each bar represents the percentage of respondents selecting each response category for individual survey items.

Regarding "Workplace safety" (items 12, 13, 14, 15, 16), perceptions are more polarized. While many midwives feel protected and adequately informed about safety, some respondents report experiences of verbal aggression from colleagues, superiors, or service users, highlighting concerns about workplace violence.

Data are fully described in **Supplementary material 2** and **Supplementary material 3**.

Factors associated with 'Availability of resources', 'Team support and professional recognition', and 'Workplace safety'

All factors examined as potential determinants of perceived work-related and organizational wellbeing were significantly associated with at least five items across the three investigated dimensions ("Availability of resources", "Team support and professional recognition", and "Workplace safety"). Geographical area of practice and years of work experience were associated with a larger number of items, whereas post-bachelor education showed associations with a more limited subset of items. Detailed results are reported in Table 2 and Table 3.

Post-bachelor education was negatively associated with sustainable work pace and perceived quality of work within "Availability of resources" (items 8 and 9), as well as with freedom to express thoughts and opinions within "Team support and professional recognition" (item 10). A positive

Table 2: Comparison of responses to survey items on Availability of Resources, Team Support and Professional Recognition, and Workplace Safety across groups defined by Post-bachelor Education (Yes vs. No), Years of Work Experience (≤ 5 years, 6–20 years, > 20 years), and Geographical Area (North-West Italy, North-East Italy, Central Italy, Southern Italy and Islands).

		Post-bachelor education					Years of work							Geographical area								
		Post-bachelor education NO N=1329					≤ 5 years N=550		6 - 20 years N=1133		> 20 years N=647			North-West Italy N=664		North-East Italy N=715		Central Italy N=520		Southern Italy and Islands N=431		
	n	N	%	N	%	p-Value	N	%	N	%	N	%	p-Value	N	%	N	%	N	%	N	%	p-Value
Availability of resources	1	566	42.6	398	39.8	0.170	222	40.4	469	41.4	273	42.2	0.814	295	44.4	334	46.7	198	38.1	137	31.8	0.000
	7	609	45.8	472	47.2	0.524	169	30.7	522	46.1	390	60.3	0.000	281	42.3	324	45.3	235	45.2	241	55.9	0.000
	8	649	48.8	435	43.5	0.010	247	44.9	480	42.4	357	55.2	0.000	268	40.4	325	45.5	238	45.8	253	58.7	0.000
	9	904	68	641	64	0.044	356	64.7	736	65	453	70	0.063	424	63.9	490	68.5	335	64.4	296	68.7	0.152
	11	423	31.8	351	35.1	0.101	182	33.1	325	28.7	267	41.3	0.000	217	32.7	273	38.2	149	28.7	135	31.3	0.003
	17	375	28.2	316	31.6	0.080	105	19.1	355	31.3	231	35.7	0.000	222	33.4	211	29.5	155	29.8	103	23.9	0.010
	18	367	27.6	310	31	0.078	164	29.8	292	25.8	221	34.2	0.001	225	33.9	274	38.3	120	23.1	58	13.5	0.000
	19	818	61.6	582	58.1	0.096	332	60.4	677	59.8	391	60.4	0.950	444	66.9	461	64.5	289	55.6	206	47.8	0.000
	20	1019	76.7	744	74.3	0.191	447	81.3	849	74.9	467	72.2	0.001	537	80.9	574	80.3	376	72.3	276	64	0.000
Team support and professional recognition	2	767	57.7	593	59.2	0.459	277	50.4	644	56.8	439	67.9	0.000	407	61.3	430	60.1	288	55.4	235	54.5	0.051
	3	775	58.3	618	61.7	0.095	281	51.1	661	58.3	451	69.7	0.000	424	63.9	430	60.1	297	57.1	242	56.1	0.036
	4	840	63.2	659	65.8	0.190	317	57.6	721	63.6	461	71.3	0.000	464	69.9	456	63.8	325	62.5	254	58.9	0.002
	5	1034	77.8	747	74.6	0.074	436	79.3	880	77.7	465	71.9	0.004	521	78.5	574	80.3	396	76.2	290	67.3	0.000
	6	602	45.3	420	42	0.108	247	44.9	475	41.9	300	46.4	0.163	314	47.3	331	46.3	199	38.3	178	41.3	0.005
	10	642	48.3	430	43	0.010	233	42.4	506	44.7	333	51.5	0.003	321	48.3	349	48.8	202	38.8	200	46.4	0.002
Workplace safety	12	477	35.9	321	32.1	0.054	194	35.3	360	31.8	244	37.7	0.034	237	35.7	277	38.7	139	26.7	145	33.6	0.000
	13	522	39.3	440	44	0.023	199	36.2	451	39.8	312	48.2	0.000	288	43.4	327	45.7	195	37.5	152	35.3	0.001
	14	541	40.7	408	40.8	0.980	240	43.6	428	37.8	281	43.4	0.019	294	44.3	375	52.4	176	33.8	104	24.1	0.000
	15	364	27.4	369	36.9	0.000	135	24.5	371	32.7	227	35.1	0.000	195	29.4	218	30.5	162	31.2	158	36.7	0.069
	16	490	36.9	403	40.3	0.096	191	34.7	483	42.6	219	33.8	0.000	291	43.8	256	35.8	175	33.7	171	39.7	0.001

Table 3: Comparison of survey responses on Availability of Resources, Team Support and Professional Recognition, and Workplace Safety across different working setting. Groups compared include I Level Maternity Unit (No vs. Yes), Research Hospitals (No vs. Yes), and Self-employed Professionals (No vs. Yes).

		I Level Maternity Unit NO N=1538		I Level Maternity Unit YES N=792			Research Hospitals NO N=1927		Research Hospitals YES N=403			Self-employed professional NO N=2177		Self-employed professional YES N=153		
	n	N	%	N	%	p-Value	N	%	N	%	p-Value	N	%	N	%	p-Value
Availability of resources	1	620	40.3	344	43.4	0.147	808	41.9	156	38.7	0.233	916	42.1	48	31.4	0.009
	7	701	45.6	380	48	0.271	922	47.8	159	39.5	0.002	1011	46.4	70	45.8	0.869
	8	678	44.1	406	51.3	0.001	945	49	139	34.5	0.000	1001	46	83	54.2	0.048
	9	1001	65.1	544	68.7	0.081	1325	68.8	220	54.6	0.000	1403	64.4	142	92.8	0.000
	11	510	33.2	264	33.3	0.933	643	33.4	131	32.5	0.738	731	33.6	43	28.1	0.165
	17	460	29.9	231	29.2	0.710	565	29.3	126	31.3	0.437	661	30.4	30	19.6	0.005
	18	465	30.2	212	26.8	0.081	536	27.8	141	35	0.004	652	29.9	25	16.3	0.000
	19	946	61.5	454	57.3	0.051	1183	61.4	217	53.8	0.005	1281	58.8	119	77.8	0.000
	20	1184	77	579	73.1	0.039	1469	76.2	294	73	0.163	1626	74.7	137	89.5	0.000
Team support and professional recognition	2	856	55.7	504	63.6	0.000	1145	59.4	215	53.3	0.025	1313	60.3	47	30.7	0.000
	3	864	56.2	529	66.8	0.000	1183	61.4	210	52.1	0.001	1346	61.8	47	30.7	0.000
	4	952	61.9	547	69.1	0.001	1267	65.7	232	57.6	0.002	1423	65.4	76	49.7	0.000
	5	1168	75.9	613	77.4	0.433	1470	76.3	311	77.2	0.703	1675	76.9	106	69.3	0.031
	6	660	42.9	362	45.7	0.198	853	44.3	169	41.9	0.391	974	44.7	48	31.4	0.001
	10	713	46.4	359	45.3	0.636	926	48.1	146	36.2	0.000	969	44.5	103	67.3	0.000
Workplace safety	12	553	36	245	30.9	0.016	684	35.5	114	28.3	0.006	727	33.4	71	46.4	0.001
	13	627	40.8	335	42.3	0.477	799	41.5	163	40.4	0.706	929	42.7	33	21.6	0.000
	14	646	42	303	38.3	0.081	786	40.8	163	40.4	0.899	905	41.6	44	28.8	0.002
	15	488	31.7	245	30.9	0.695	601	31.2	132	32.8	0.538	691	31.7	42	27.5	0.269
	16	597	38.8	296	37.4	0.497	705	36.6	188	46.7	0.000	868	39.9	25	16.3	0.000

association was observed only for exposure to verbal or aggressive behaviour by colleagues or superiors within "Workplace safety" (item 15) (Table 3).

Years of work experience were significantly associated with nearly all items, with the exception of three items within "Availability of resources" (items 1, 9, and 19) and one item within "Team support and professional recognition" (item 6). Similarly, geographical area of practice was associated with all items except item 9 ("Availability of resources") and item 15 ("Workplace safety") (Table 3).

Across work settings, each setting examined was associated with at least seven items related to perceived work-related and organizational wellbeing.

Midwives working in Level I Maternity Units reported higher work sustainability and perceived quality of work within "Availability of resources" (items 8 and 9), alongside a lower perceived ability to apply professional skills daily (item 19). Within "Team support and professional recognition", positive associations were observed for recognition by the medical profession, acknowledgment

of professional contribution, and feeling valued by the multidisciplinary team (items 2, 3, and 4). A higher perception of protection and safety was reported within "Workplace safety" (item 12).

Midwives working in Research Hospitals reported consistently lower perceptions across multiple dimensions. Within "Availability of resources", lower work sustainability, perceived quality of work, and daily application of professional skills were reported (items 8, 9, and 19), alongside higher satisfaction with continuing education and perceived adequacy of training (items 18 and 7). Negative associations within "Team support and professional recognition" were observed for recognition, acknowledgment of contribution, feeling valued, support from superiors, and freedom of expression (items 2, 3, 4, 6, and 10). Similarly, within "Workplace safety", lower perceptions of protection, training on safety updates, and organizational interventions, as well as higher exposure to verbal aggression by service users, were reported (items 12, 13, 14, and 16).

Among self-employed midwives, negative associations within "Availability of resources" were observed for access to resources, access to psychological support, and satisfaction with continuing education (items 1, 17, and 18), while work sustainability was positively associated (item 8). Within "Team support and professional recognition", lower recognition, acknowledgment of contribution, perceived value, support from colleagues and superiors, and freedom of expression were reported (items 2, 3, 4, 5, 6, and 10). In contrast, within "Workplace safety", feeling protected and safe and being informed or trained on safety issues were positively associated (items 12 and 13), whereas perceived organizational interventions to improve quality and safety were negatively associated (item 14).

Discussion

This national-scale survey provides a comprehensive overview of Italian midwives' perceptions regarding their work-related and organizational wellbeing, addressing a critical gap in national data. Importantly, unlike previous Italian studies conducted in specific settings or during emergency contexts such as the COVID-19 pandemic, this survey captures midwives' perceptions under routine working conditions and across heterogeneous organizational models, offering a nuanced picture of everyday professional wellbeing. The results highlight a complex scenario where key resources and team support are generally perceived positively, yet challenges remain, especially concerning workload sustainability and workplace safety.

Aligned with the Job Demands–Resources (JD-R) model[2,3], "Availability of resources" emerges as a fundamental element for midwives' wellbeing. While midwives report good access to training and development opportunities, many express concerns about sustainable work pace and psychological support availability, consistent with findings linking resource inadequacy to burnout and compromised care quality[4,6]. The importance of adequate staffing, material resources, and mental health support aligns with International Confederation of Midwives (ICM) standards emphasizing safe and supportive work environments[21]. The positive perceptions in "Team support and professional recognition" are consistent with the protective effect of collegial support and professional acknowledgment, consistent with prior research indicating that supportive teams are associated with resilience and professional satisfaction among midwives[7,8]. From this perspective, team support and professional recognition may be interpreted as factors associated with midwives' perceived professional empowerment. Feeling valued, listened to, and recognized

by colleagues and other professionals may be associated with midwives' sense of autonomy and legitimacy in clinical decision-making, which has been shown to be associated with both professional wellbeing and the delivery of woman-centered care[9].

Nevertheless, a meaningful minority of midwives report limited recognition and freedom of expression, suggesting ongoing challenges related to professional identity and workplace culture, which may influence retention and quality of care[7]. More polarized responses in "Workplace safety" reflect enduring issues of verbal aggression and perceived inadequate organizational measures, echoing international evidence on violence against healthcare workers[12,22]. The high prevalence of reported verbal aggression–particularly from colleagues or superiors– may suggest that workplace violence is not only an external threat but may also be related with organizational cultures. Such experiences may be associated with psychological safety, professional confidence, and long-term retention, reinforcing the need for systemic rather than individual-level interventions. This underscores the need for effective workplace violence prevention strategies, staff training, and psychosocial support systems to promote safety and wellbeing.

The associations observed between post-bachelor education and selected items indicate a nuanced relationship: midwives with additional education reported lower perceived work pace sustainability and reduced perceived quality of work, as well as less freedom to express opinions. The negative associations observed among midwives with post-bachelor education may reflect a structural mismatch between advanced professional competencies and organizational recognition or role utilization. When higher skills and expectations are not matched by corresponding autonomy or decision-making authority, frustration and disengagement may ensue. This may be related to higher expectations or critical appraisal skills among more highly educated midwives, leading them to perceive gaps in organizational support more acutely, as observed in other professional groups[3].

Differences across settings highlight that midwives in Level I maternity units experienced higher satisfaction in terms of team support, professional recognition, and some aspects of resource availability. In contrast, midwives working in Research Hospitals reported lower perceptions across several dimensions, including work sustainability, professional recognition, and workplace safety. These differences suggest that organizational contexts may be associated with not only access to resources, but also shape midwives' perceived ability to exercise their professional role. Settings characterized by stable teams and clearer role boundaries may be associated with higher levels of perceived empowerment, whereas highly medicalized or fragmented environments may be related to reduced professional autonomy and voice. Self-employed midwives reported lower satisfaction regarding professional recognition, team support, and access to resources for training and psychological support, while perceptions of work sustainability were generally maintained or even slightly higher compared with other settings. These patterns suggest that organizational structure, team cohesion, and professional autonomy may be associated with midwives' perceptions of support and wellbeing, consistent with prior studies linking smaller, cohesive teams to higher job satisfaction and resilience[7,23].

Strength and limitations

This study benefits from a large, nationally representative sample of 2,330 midwives, covering

diverse geographical areas and professional contexts across Italy. This enhances the generalizability of the findings and allows for a comprehensive understanding of three core dimensions of organizational wellbeing: "Availability of resources," "Team support and professional recognition," and "Workplace safety." However, some limitations should be acknowledged. Selection bias may have influenced participation, as midwives with particularly positive or negative experiences might have been more motivated to respond. The cross-sectional design prevents causal inferences, and self-reported data are subject to response and recall biases. In addition, although the questionnaire was developed based on regulatory frameworks, relevant literature, and expert input, it did not undergo a formal, comprehensive psychometric validation process. This may have influenced the precision and consistency of the measurements. Furthermore, the dichotomization of Likert-scale items, although useful to facilitate interpretation and to distinguish between positive and non-positive perceptions, may have led to a loss of information and reduced variability, potentially limiting the ability to capture more nuanced differences in responses. Additionally, some contextual factors, such as local organizational policies or staffing ratios, were not directly measured, which may have affected perceptions.

Conclusions

This study provides the first large-scale, nationally representative insight into Italian midwives' perceptions of organizational wellbeing under routine working conditions. While team support and professional development opportunities are generally viewed positively, challenges remain in workload sustainability, access to psychological support, professional recognition, and workplace safety, particularly in Research Hospitals and among self-employed midwives These findings highlight the need to prioritise resource allocation, mental health support, and the professional recognition. Enhancing autonomy and safe working environments may support midwives' wellbeing and be associated with better maternity care quality, in line with WHO and ICM standards24,25. Furthermore, education and training programs should address the potential mismatch between higher education and perceived organizational support, providing targeted interventions to bridge expectations and available resources. Ensuring organizational wellbeing is thus not only essential for midwives' professional satisfaction, but also a key determinant of safe, woman-centered care.

Promoting organisational wellbeing requires coordinated actions at organisational and system levels, including safe staffing policies, violence prevention, and strategies to strengthen professional autonomy. These efforts are important for workforce sustainability and woman-centred care.

Declarations

Artificial Intelligence (AI) – Assisted Technology Statement

No AI-assisted technologies were used in the preparation of this manuscript.

Authors' Contributions

All authors meet the four authorship criteria as defined by the International Committee of Medical Journal Editors (ICMJE). Each author has contributed substantially to the conception and design of the study, the analysis and interpretation of data, and the drafting and critical revision of the manuscript, as follows: Caterina Masè: Conceptualization; Methodology; Supervision; Writing – review & editing. Maria Panzeri: Formal analysis; Visualization; Data curation; Writing

– original draft; Writing – review & editing. Simona Fumagalli: Formal analysis; Visualization; Data curation; Writing – original draft; Writing – review & editing. Nadia Rovelli: Data curation; Investigation; Writing – review & editing. Silvia Vaccari: Conceptualization; Methodology; Writing – review & editing. All authors have approved the final version of this manuscript.

Conflict of Interest
No conflict of interest to declare.

Data Availability Statement
The data used and analyzed during the current study are available upon reasonable request from the corresponding author.

Ethics Approval
Ethical approval was not required for this study in accordance with local legislation and institutional requirements.

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Informed Consent
All participants provided written informed consent prior to inclusion in the study.

References
1. World Health Organization. WHO guidelines on mental health at work. Published online 2022. https://iris.who.int/server/api/core/bitstreams/6152a556-6893-4c4e-9ed8-094478bb25eb/content
2. Demerouti E, Mostert K, Bakker AB. Burnout and work engagement: a thorough investigation of the independency of both constructs. J Occup Health Psychol. 2010;15(3):209-222. doi:10.1037/a0019408
3. Bakker AB, Demerouti E. Job demands-resources theory: Taking stock and looking forward. J Occup Health Psychol. 2017;22(3):273-285. doi:10.1037/ocp0000056
4. Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare staff wellbeing, burnout, and patient safety: A systematic review. PLoS One. 2016;11(7):e0159015. doi:10.1371/journal.pone.0159015
5. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014;12(6):573-576. doi:10.1370/afm.1713
6. Pezaro S, Clyne W, Turner A, Fulton EA, Gerada C. "Midwives Overboard!" Inside their hearts are breaking, their makeup may be flaking but their smile still stays on. Women Birth. 2016;29(3):e59-e66. doi:10.1016/j.wombi.2015.10.006
7. 7. Cull J, Hunter B, Henley J, Fenwick J, Sidebotham M. "Overwhelmed and out of my depth": Responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. Women Birth. 2020;33(6):e549-e557. doi:10.1016/j.wombi.2020.01.003

8. Geraghty S, Speelman C, Bayes S. Fighting a losing battle: Midwives experiences of workplace stress. Women Birth. 2019;32(3):e297-e306. doi:10.1016/j.wombi.2018.07.012
9. Fumagalli S, Borrelli SE, Galeoto G, et al. Assessment of the psychometric properties of the Italian version of the perceptions of empowerment in midwifery practice scale-revised (PEMS-R-IT) in midwives. Eur J Midwifery. 2022;6:30. doi:10.18332/ejm/146587
10. Fumagalli S, Panzeri M, Borrelli S, et al. Midwives' stress and burnout during the Omicron wave in Italy: An observational survey. J Adv Nurs. 2024;80(11):4510-4522. doi:10.1111/jan.16065
11. Fumagalli S, Borrelli S, Ornaghi S, Vergani P, Nespoli A. Midwives' experiences of providing maternity care to women and families during the COVID-19 pandemic in Northern Italy. Women Birth. 2023;36(1): e57-e64. doi:10.1016/j.wombi.2022.04.011
12. Ravaldi C, Carelli E, Frontini A, et al. The BLOSSoM study: Burnout after perinatal LOSS in Midwifery. Results of a nation-wide investigation in Italy. Women Birth. 2022;35(1):48-58. doi:10.1016/j.wombi.2021.01.003
13. Guzzon A, Nones G, Camedda C, Longobucco Y. Exposure to traumatic events at work, post-traumatic symptoms, and professional quality of life among Italian midwives: A cross-sectional study. Healthcare (Basel). 2024;12(4):415. doi:10.3390/healthcare12040415
14. Dell'Omodarme C, Bocci G, Troiano G, et al. Midwives in England and in Italy: two realities compared. Ann Ig. 2018;30(1):14-20. doi:10.7416/ai.2018.2191
15. Colaceci S, Lumaca A, Galletti C, et al. Italian midwives in Europe: a qualitative study on the experiences of professional migration. Ann Ig. 2023;35(2):136-148. doi:10.7416/ai.2022.2528
16. von Elm E, Altman DG, Egger M, et al. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. Lancet. 2007;370(9596):1453-1457. doi:10.1016/S0140-6736(07)61602-X
17. Kelley K, Clark B, Brown V, Sitzia J. Good practice in the conduct and reporting of survey research. Int J Qual Health Care. 2003;15(3):261-266. doi:10.1093/intqhc/mzg031
18. Polit DF, Beck CT. Nursing Research: Generating and Assessing Evidence for Nursing Practice. (Kluwer W, ed.).; 2017.
19. Ministero della Sanità. Regolamento concernente l'individuazione della figura e del relativo profilo professionale dell'ostetrica/o.; 1994. https://www.ostetrichebresciamantova.it/downloads/NORMATIVA/DM-14-settembre-1994.pdf
20. Consiglio Nazionale. Codice deontologico dell'ostetrica/o. Published online 2017.
21. International Confederation of Midwives. ICM Essential Competencies for Midwifery Practice. Published online 2024.
22. Spector PE, Zhou ZE, Che XX. Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. Int J Nurs Stud. 2014;51(1):72-84. doi:10.1016/j.ijnurstu.2013.01.010
23. Aiken LH, Sloane DM, Bruyneel L, et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. Lancet. 2014;383(9931):1824-1830. doi:10.1016/S0140-6736(13)62631-8
24. ICM Global Standards for Midwifery Education. International Confederation of Midwives; 2025. https://internationalmidwives.org/wp-content/uploads/ICM-GLOBAL-STANDARDS-FOR-MIDWIFERY-EDUCATION-1.pdf
25. World Health Organization. Standards for improving quality of maternal and newborn care in health facilities. Published online 2016.