



Original research article

Satisfaction and professional quality of life of midwives

Lucia Mazúchová¹, Zuzana Škodová^{1*}, Natália Černigová¹, Simona Kelčíková²,
Nora Malinovská³¹ Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Department of Midwifery, Martin, Slovak Republic² Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Department of Public Health, Martin, Slovak Republic³ Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Department of Foreign Languages, Martin, Slovak Republic

Abstract

Introduction: To retain midwives in the profession, it is necessary to address their job satisfaction and professional quality of life, which was the focus of our study.

Methods: A cross-sectional study design was chosen. The research sample consisted of 156 midwives. A questionnaire was used, the first part of which included questions focused on demographic data, job satisfaction, and positive and negative factors of professional quality of life. The second part incorporated the Professional Quality of Life Scale (ProQOL), which consists of three subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress.

Results: The lowest satisfaction was found in financial remuneration, workplace communication, work organization, and work environment. The majority (64.1%) of midwives reported a moderate level of compassion satisfaction. 57.7% had a moderate level of burnout, and 60.9% had a low level of secondary traumatic stress. A significant relationship was demonstrated between professional practice location by region and secondary traumatic stress, between satisfaction with work organization and professional practice location, between satisfaction with financial remuneration and professional practice location by region, between satisfaction with moral recognition and compassion satisfaction.

Conclusion: The findings highlight the need to consider factors influencing job satisfaction and professional quality of life among midwives by improving working conditions, promoting a healthy organizational culture, and ensuring adequate moral and financial recognition.

Keywords: Factors; Job satisfaction; Midwives; Professional quality of life

Introduction

The global shortage of midwives highlights the importance of exploring and understanding factors that enhance the sustainability of midwives in their profession (Hansson and Eriksson, 2025). According to statistical data from the National Health Information Centre (NCZI, 2023), the Slovakian midwifery profession shows a declining trend. Factors influencing midwives' decisions to continue with midwifery or to leave their employment include their desired professional quality of life, which also affects the quality of care they provide (Hajiesmaello et al., 2022). Wangler et al. (2022) emphasize that job satisfaction among midwives is crucial for maintaining healthcare quality, retaining midwives in the profession, and attracting new ones. Job satisfaction among midwives (and other healthcare professionals) significantly influences not only personal well-being, engagement, and workforce retention, but also job performance and outcomes.

Professional quality of life refers to the positive and negative factors and emotions experienced by individuals in the

helping professions. It affects professional well-being and job performance (El-Shafei et al., 2018). Professional quality of life includes emotions related to every aspect of work: salary, benefits, job security, work conditions, opportunities for growth, decision-making, and interpersonal relationships – all of which play an essential role in a person's life. The midwife is a profession characterized by direct, continuous interaction with individuals, and emotional involvement (Deltisidou and Pretsi, 2017). Professional quality of life is influenced by both internal (personal) and external factors related to specific working conditions (Tanaka et al., 2020). In their review study, Moran et al. (2023) summarized the risk factors for stress, and the adverse conditions associated with midwifery. These include organizational and systemic factors, as well as the inherent nature of obstetric work. Organizational and systemic factors include long-term workplace issues such as staff shortages, skill mismatches, excessive workload, staff-to-patient ratio imbalances, time pressure, scheduling uncertainty, lack of flexible work options, increasing medicalization and clinical complexity, and restrictive hospital policies and protocols that limit midwives' autonomy and clinical decision-making.

* **Corresponding author:** Zuzana Škodová, Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Department of Midwifery, Malá Hora 5, 036 01 Martin, Slovak Republic; e-mail: zuzana.skodova@uniba.sk
<http://doi.org/10.32725/kont.2025.040>

Submitted: 2025-05-16 • Accepted: 2025-08-26 • Prepublished online: 2025-xx-xx

KONTAKT 27/4: 333–339 • EISSN 1804-7122 • ISSN 1212-4117

© 2025 The Authors. Published by University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences.

This is an open access article under the CC BY-NC-ND license.

The profession is also demanding as it requires compassion, empathy, and humanity in providing respectful and high-quality care to women, children, and their families during pregnancy, childbirth, and the postpartum period. In caring for women and their families, midwives must cope with anxiety, fear, pain, sometimes traumatic perinatal events, grief, and joy (Ångeby et al., 2022). This can negatively impact both their personal and professional lives, as well as their approach to women (Guzzon et al., 2024). The emotional regulation involved in supporting women poses a significant psychological burden, potentially leading to emotional exhaustion and increasing the risk of burnout and secondary traumatic stress. Pezaro et al. (2016) also noted the emotionally demanding nature of midwifery. Cumulative exposure to such environments without sufficient support can result in psychological and behavioural symptoms of stress. Stress increases the vulnerability of healthcare providers to mental health disorders and is also believed to affect physical health. Ěles Gebrin  (2021) suggests that interventions aimed at reducing midwife attrition should also address the physical burden of the job and prevent chronic symptoms resulting from high workloads. Given these risks, it is essential to implement measures that support midwives' quality of life and strengthen their psychological resilience. According to Poliakov  et al. (2022), preventing labor migration also rests upon the adequate setup of personnel management in healthcare facilities.

To prevent midwives from migrating abroad for better working conditions (or leaving the profession entirely), it is necessary to address their job satisfaction and professional quality of life – which was the aim of our study.

Materials and methods

The research was designed as a cross-sectional study.

Data collection was conducted from August 2023 to January 2024. Questionnaires were distributed through regional coordinators of SKSaPA centres and heads of individual healthcare facilities. A combined method of questionnaire completion was employed, either electronically or in printed form. A total of 200 midwives were contacted. Of these, 172 chose the electronic version. 141 responses were returned, representing a response rate of 81.97%. The printed version was selected by 28 midwives, of which 19 responses were returned, yielding a 67.85% response rate. Four questionnaires were excluded due to failure to meet inclusion criteria or containing incomplete responses.

The final research sample consisted of 156 midwives with a mean age of 34.8 years (± 11.69), ranging from 22 to 63 years. The average length of professional practice was 11.2 years (± 12.12), ranging from 0 to 42 years. The selection of respondents was purposive. *Inclusion criteria* were as follows: midwives who have been actively practicing their profession in various types of healthcare institutions or community-based settings within Slovakia.

In terms of educational attainment in midwifery, the majority held a bachelor's degree in midwifery (63.5%), followed by a master's degree in midwifery (15.4%), registered nurse qualification in gynaecology and obstetrics (8.3%), a combination of a bachelor's degree in midwifery and a master's degree in nursing (6.4%), a certified midwife credential (3.8%), and a secondary school diploma (2.6%). Midwives from all regions of Slovakia were represented in the sample:  ilina (29.5%), Prešov (28.8%), Ko ice (15.4%), Bansk  Bystrica (9%), Brati-

slava (7.7%), Tren in (5.8%), Nitra (2.6%), and Trnava (1.3%). Most midwives worked in gynaecology-obstetrics departments (94.2%), with some employed in outpatient gynaecology-obstetrics clinics (3.2%) and assisted reproduction clinics (2.6%). None of the participants worked as community midwives. Of the 147 midwives working in gynaecology-obstetrics departments, the highest proportion worked in delivery wards (59.4%), followed by postpartum wards (16.8%), gynaecology departments (15.4%), high-risk pregnancy units (3.5%), inpatient gynaecology-obstetrics outpatient clinics (2.8%), and the least in the operating rooms (2.1%).

The standardized Professional Quality of Life Questionnaire (ProQOL) was used to collect data, supplemented by self-constructed questions that focused on demographic data (gender, age, education, length of professional practice, region, type of workplace, and professional practice location), as well as questions related to job satisfaction, and positive and negative factors of midwives' professional quality of life.

The standardized ProQOL questionnaire (Stamm, 2010) focused on feelings and emotions experienced over the last 30 days in connection with performing their profession. The Slovak version of the ProQOL, validated in Slovakia (Kovrov , 2016), was used. The questionnaire consisted of 30 items divided into three 10-item subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Each item was rated on a 5-point Likert scale (1 = never; 5 = very often). Items 1, 4, 15, 17, and 29 were reverse-scored. Subscale scores ranged from 10 to 50. The resulting score was divided into 3 grades in each subscale: low rate (≤ 22 points), average rate (23–41 points), and high rate (≥ 42 points).

The study was approved by the Ethics Committee of the Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Slovakia (approval number EK 83/2022). All participants received complete information regarding the nature and objectives of the study, as well as details related to their participation. Data collection was anonymous, and all participants gave informed consent.

Descriptive and inductive statistical procedures were used for statistical data processing. The statistical program, Jamovi, was used.

Prior to determining statistical significance, the Shapiro-Wilk test on the variable raw score of each subscale was applied. For the Compassion satisfaction subscale, the significance level was $p = 0.001$. To assess statistical significance, non-parametric tests were used, including Spearman's correlation coefficient and the Kruskal-Wallis test. For the Burnout subscale, the significance level was $p = 0.055$. Therefore, parametric tests were applied for this subscale, namely Pearson's correlation coefficient and Analysis of Variance (ANOVA). In the Secondary Traumatic Stress subscale, the significance level was $p = 0.001$. Consequently, non-parametric methods – Spearman's correlation coefficient and the Kruskal-Wallis test – were used to determine statistical significance.

Results

Satisfaction with direct supervisor support was at 77.5%, satisfaction with workplace organization at 69.9%, satisfaction with competencies at 82.7%, satisfaction with financial remuneration at 53.2%, satisfaction with moral recognition at 77.6%, satisfaction with the work environment at 69.9%, and satisfaction with the level of communication at 64.7% (Table 1).

Table 1. Job satisfaction

Satisfaction	Completely satisfied		Somewhat satisfied		Somewhat dissatisfied		Completely dissatisfied	
	N	%	N	%	N	%	N	%
With direct superior's support	54	34.6	67	42.9	29	18.6	6	3.8
With work organization	19	12.2	90	57.7	43	27.6	4	2.6
With competencies	49	31.4	80	51.3	21	13.5	6	3.8
With financial remuneration	12	7.7	71	45.5	53	34.0	20	12.8
With moral recognition	22	14.1	99	63.5	26	16.7	9	5.8
With work environment	33	21.2	76	48.7	41	26.3	6	3.8
With level of communication at the workplace	20	12.8	81	51.9	48	30.8	7	4.5

The most frequently reported positive factors of professional quality of life included Workplace relationships (39.1%), Teamwork (34.6%), Work atmosphere (34.0%), and Opportunities for self-realization (28.8%). 1.9% of midwives mentioned the option Other, where free responses included: "Working hours that allow me to have a full life", "I really like this job", "Nothing. There is just bullying from the management at my workplace".

The most frequently reported negative factors of professional quality of life included Financial remuneration (46.2%), Work organization (30.1%), Communication at all levels of management (28.8%), and Work environment – material-technical equipment of the workplace (27.6%). 2.6% of midwives chose the option Other, stating in their answers that they could not fully perform their profession within the legal scope of their competencies (Table 2).

Table 2. Positive and negative factors of professional quality of life

Factors	Positive factors		Negative factors	
	N	%	N	%
Financial remuneration	37	23.7	72	46.2
Moral recognition	25	16.0	23	14.7
Work environment, material-technical equipment of the workplace	40	25.6	43	27.6
Communication at all levels of management	11	7.1	45	28.8
Work organization	15	9.6	47	30.1
Access to information in the workplace	7	4.5	20	12.8
Career advancement opportunities	11	7.1	12	7.7
Opportunities for improving qualifications	32	20.5	7	4.5
Opportunities for self-realization	45	28.8	11	7.1
Teamwork	54	34.6	4	2.6
Workplace relationships	61	39.1	37	23.7
Work atmosphere	53	34.0	25	16.0
Higher competencies	7	4.5	8	5.1
Participation in decision-making processes	13	8.3	11	7.1
Other	3	1.9	4	2.6
Total number of responses	414	100.0	369	100.0

The average raw score for the Compassion Satisfaction subscale was 39.5 (± 5.46). The highest score achieved was 50 points, and the lowest 15 points. A low level of compassion satisfaction was reported by 0.6% of midwives, a moderate level by 64.1%, and a high level by 35.3%.

The Burnout subscale showed the average raw score of 23.2 (± 4.51). The maximum score achieved was 39 points, and the minimum was 13. A low level of burnout was reported by 42.3% of midwives, and a moderate level by 57.7%; no participant reached a high level of burnout.

The average raw score for the Secondary Traumatic Stress subscale was 21.9 (± 5.41). The highest score achieved was 41 points, and the lowest was 12. A low level of secondary

traumatic stress was found in 60.9% of midwives, and a moderate level in 39.1%; no midwife reached a high level of secondary traumatic stress.

The internal consistency of the ProQOL questionnaire, divided into three subscales, was assessed using Cronbach's alpha coefficient. The Cronbach's alpha was 0.84 for the Compassion satisfaction subscale, 0.66 for the Burnout subscale, and 0.79 for the Secondary Traumatic Stress subscale (Table 3).

Results of statistical analysis

In the Compassion Satisfaction subscale, no statistically significant differences were found in relation to the demographic factors: age ($p = 0.704$), length of professional practice

Table 3. Evaluation of ProQOL subscales

ProQOL	Compassion Satisfaction		Burnout		Secondary Traumatic Stress	
	N = 156		N = 156		N = 156	
Number of items	10		10		10	
Max raw score	50		39		41	
Min raw score	15		13		12	
Average raw score ($\pm$ SD)	39.5 ($\pm$ 5.46)		23.2 ($\pm$ 4.51)		21.9 ($\pm$ 5.41)	
Rate:	N	%	N	%	N	%
low	1	0.6	66	42.3	95	60.9
moderate	100	64.1	90	57.7	61	39.1
high	55	35.3	0	0.0	0	0.0
Cronbach's alpha	0.84		0.66		0.79	

($p = 0.220$), level of education attained ($p = 0.431$), region of employment ($p = 0.316$), professional practice location ($p = 0.495$), or the specific unit within the gynaecology-obstetrics department ($p = 0.263$).

In the Burnout subscale, no statistically significant differences were observed in relation to the following demographic factors: age ($p = 0.341$), length of professional practice ($p = 0.920$), level of education attained ($p = 0.868$), professional practice location by region ($p = 0.290$), professional practice location by the type of healthcare facility ($p = 0.233$), or the specific unit within the gynaecology-obstetrics department ($p = 0.817$).

In the Secondary Traumatic Stress subscale, no statistically significant differences were identified in relation to the demographic factors: age ($p = 0.813$), length of professional practice ($p = 0.325$), level of education attained ($p = 0.928$), professional practice location ($p = 0.165$), or the specific unit within the gynaecology-obstetrics department ($p = 0.323$).

Using the Kruskal–Wallis test, a statistically significant difference was found between the raw scores of the Secondary Traumatic Stress subscale and the professional practice location by region. The highest scores were reported by midwives from the Banská Bystrica Region (24.9 ± 3.08), followed by the Žilina Region (23 ± 5.36), Bratislava Region (22.5 ± 7.08), Prešov Region (22 ± 5.4), Nitra Region (20.8 ± 2.5), and Košice Region (20.5 ± 5.58). Lower scores were observed in the Trenčín Region (19.2 ± 3.96), with the lowest in the Trnava Region (15 ± 1.41).

Based on the Kruskal–Wallis test, a statistically significant difference was also found between the raw scores of the Compassion Satisfaction subscale and satisfaction with the moral appreciation of the midwifery profession ($p = 0.042$).

According to the Chi-square test, a statistically significant difference was identified between satisfaction with financial remuneration and the professional practice location by region ($p = 0.007$). The highest level of satisfaction with financial remuneration was declared by midwives working in the Bratislava Region, with 33.3% reporting they were “completely satisfied”. The highest level of dissatisfaction was reported by midwives from the Košice Region, where 33.3% expressed dissatisfaction.

Using the Chi-square test, a statistically significant difference was also identified between satisfaction with work organization and the professional practice location by the type of healthcare facility ($p = 0.025$). Among midwives working in gynaecology-obstetrics departments, 68% reported satisfaction

with the organization of work. In contrast, among those working in outpatient gynaecological clinics and assisted reproduction clinics, 100% of midwives reported satisfaction with work organization (Table 4).

Table 4. Statistically significant differences identified

	<i>p</i>
Secondary traumatic stress and employment in individual regions	0.009
Compassion satisfaction and satisfaction with moral recognition	0.042
Satisfaction with financial remuneration and professional practice location by region	0.007
Satisfaction with work organization at the workplace and professional practice location by the type of healthcare facility	0.025

Discussion

The work of midwives is both demanding and enriching. Their multifaceted role exposes them to a combination of challenges and rewards that significantly influence their job satisfaction, quality of life, and overall professional trajectory, as well as the quality and safety of the care they provide (Sheehy et al., 2021). An integrative review showed that high levels of satisfaction increased the intention to remain in the midwifery profession (Bloxsome et al., 2019). In our study, we investigated the level of satisfaction among midwives with various factors influencing job satisfaction. The lowest levels of satisfaction were observed in relation to financial remuneration (53.2%), communication in the workplace (64.7%), work organization (69.9%), and the work environment (69.9%). Similar trends were confirmed in the responses identifying the most significant positive and negative factors influencing the professional quality of life of midwives. Positive factors most frequently cited included interpersonal relationships in the workplace, teamwork, the general work atmosphere, and opportunities for self-realization. Conversely, the most frequently cited negative factors were financial remuneration, organization of work, communication at all levels of management, and the material and technical resources of the workplace. In line with these findings, Jarošová et al. (2016) found that midwives re-

ported the lowest satisfaction with their remuneration. Salary and wages represent a fundamental form of compensation through which other needs and objectives may also be satisfied. Megyesiová (2022) states that to halt the negative trend of midwives leaving the profession, the Slovak government should more actively address the problem of their remuneration, create a better working environment in the healthcare sector, and promote the significance and professional status of midwives in Slovakia. Nedvědová et al. (2017) identified similar factors that negatively affect job satisfaction among midwives. These include limited autonomy associated with professional competencies, high workload, physical demands, staff shortages, excessive administrative tasks, shift work, inadequate salaries, insufficient managerial support, and strained interpersonal relationships among employees. In addition to workplace conditions, job satisfaction was also negatively influenced by work-family imbalance. Furthermore, findings from the integrative review, which synthesized data from six studies, suggest that when midwives have positive workplace relationships, are well-supported by their managers, are able to develop meaningful relationships with the women in their care, and can work within a normal, birth-centred model that offers diversity and the opportunity to practice to the full extent of their competencies, they are more likely to remain in their positions (Bloxsome et al., 2019).

Moreover, adequate professional autonomy has been shown to positively affect job satisfaction and enhance employees' subjective well-being, thereby contributing to the higher professional quality of life (Vermeulen et al., 2023). The study by Mharapara et al. (2022) confirmed that professional recognition, decision-making autonomy, and empowerment are key determinants of job satisfaction among midwives. One particularly important aspect in assessing midwives' professional quality of life is their perception of the competencies they possess. We found that only one-third of midwives were fully satisfied with their competencies, half were somewhat satisfied, and one-third expressed dissatisfaction. The practice of midwifery in Slovakia indicates that although midwives have a relatively broad scope of competencies granted by Slovak legislation, these are not always fully exercised in their professional roles. It is thus unsurprising that many young midwives who graduate in Slovakia choose to work abroad, often in the neighbouring Czech Republic – a country with more advanced maternity care systems. This trend is further evidenced by the outflow of expectant mothers from Slovak border regions who opt to give birth in Czech maternity hospitals, particularly in Moravia. These women primarily cite the opportunity for physiological birth support and respectful maternity care as key factors in their decision. These mothers frequently report in online discussion forums that their physiological births were fully assisted and led by midwives.

We evaluated the ProQOL questionnaire based on the individual subscales. The Compassion Satisfaction subscale represents positive aspects of helping professions, where professionals experience satisfaction and fulfilment from their ability to help others through their work. This factor is considered protective against compassion fatigue and burnout (Köverová and Ďurbisová, 2018). In this subscale, the majority of surveyed midwives (64.1%) achieved an average level of compassion satisfaction, approximately one-third (35.3%) reported high levels, and 0.6% demonstrated low levels. It is encouraging that, based on our results, we can conclude that the majority of Slovak midwives find their work fulfilling and rewarding. Our findings align with an Italian study where 64.2% of midwives reported average compassion satisfaction, 32.9%

high levels, and 2.8% low levels (Guzzon et al., 2024). These are slightly more favourable results than from China, where 75.2% of midwives had average compassion satisfaction, 19.4% high levels, and 5.3% low levels (Qu et al., 2022).

Research has demonstrated that low job satisfaction among midwives leads to burnout (Uchmanowicz et al., 2019). Burnout syndrome represents a significant problem in healthcare systems, as workers are exposed to highly mentally and emotionally charged environments (Pérez-Castejón et al., 2024). Regarding midwives specifically, some studies indicate that the prevalence of this issue ranges between 40–50% (Matthews et al., 2024; Paul et al., 2022). In our study sample, the burnout subscale revealed that more than half of surveyed midwives (57.7%) experienced average levels of burnout, while 42.3% showed low levels. A positive finding was that none of the midwives exhibited high burnout levels. Similar results were observed in Italian and Chinese studies. The Italian study reported that 50.1% of midwives had average burnout levels, 49.4% low levels, and 0.3% high levels (Guzzon et al., 2024). The Chinese study found that 59.7% of midwives had average burnout levels, 40.3% low levels, and none reached high burnout levels (Qu et al., 2022). A systematic review incorporating 36 studies with a total of 17,364 midwives found that while external work factors such as shift work, workload, salary, and interpersonal relationships contribute to burnout, internal factors including lack of autonomy and recognition constitute the primary associated factors (Andina-Díaz et al., 2025).

The third subscale of the ProQOL questionnaire, the Secondary Traumatic Stress subscale, examined the negative aspect of the helping professions; frequent close contact with challenging and traumatic situations exposes workers to negative consequences of caregiving (Köverová and Ďurbisová, 2018). According to Leinweber et al. (2017), the most frequently reported traumatic events among midwives included death, injuries, poor care, and lack of interpersonal respect. In this subscale, the majority of midwives (60.9%) exhibited low levels of secondary traumatic stress, 39.1% demonstrated average levels, and notably, none reached high levels. These findings align with studies from Italy and China. In the Italian study, 66.1% of midwives had low secondary traumatic stress, 33.2% average levels, and 0.7% high levels (Guzzon et al., 2024). Similarly, the Chinese study found that most midwives (61.7%) had low stress levels, 38.4% average levels, and none had high levels of secondary traumatic stress (Qu et al., 2022).

Overall, our results based on the average subscale scores (Compassion Satisfaction: 39.5 ± 5.46 ; Burnout: 23.2 ± 4.51 ; Secondary Traumatic Stress: 21.9 ± 5.41), are more favourable than in the study by Muliira and Ssendikadiwa (2016), which reported average scores of 19 ± 4.88 for compassion satisfaction, 36.9 ± 6.22 for burnout, and 22.9 ± 6.69 for secondary traumatic stress.

Analysis of demographic factors (age, work experience, education, working hours, workplace type, professional practice location) revealed no statistically significant correlations with any ProQOL subscales. This is consistent with the findings of previous studies (Guzzon et al., 2024; Qu et al., 2022). However, Guzzon et al. (2024) did identify a statistically significant correlation between time since graduation and the subscale of Compassion Satisfaction subscale, suggesting that positive work-related feelings diminish with increasing time since completing education. In the study by Muliira and Ssendikadiwa (2016), significant differences were identified between the level of education attained and both Burnout and Secondary Traumatic Stress. In our study, statistical significance was found for only one demographic item: professional practice

location by region and the subscale of Secondary Traumatic Stress ($p = 0.009$). Some facilities serve as perinatal centres, where midwives encounter demanding and traumatic situations more frequently than in standard practice settings.

We found that the professional practice location showed a statistically significant association with satisfaction regarding work organization. Our research sample consisted predominantly of midwives working in gynaecology-obstetrics departments (94.2%), who were more critical in their assessment of work organization satisfaction than midwives in outpatient settings and assisted reproduction clinics. Similarly, Cronie et al. (2019) also identified significant differences between job satisfaction and workplace type, with hospital-based midwives also reporting lower satisfaction levels than primary care midwives.

We found that satisfaction with financial remuneration had a statistically significant association with the professional practice location by region. The highest satisfaction was reported by midwives working in the Bratislava Region, while the lowest satisfaction was expressed by midwives working in the Košice Region. The base salary component for midwives in Slovakia is regulated by law, with additional supplements for night shifts, weekend, and holiday work, as well as personal bonuses. The number of personal bonuses may vary across healthcare facilities. The Bratislava Region has consistently maintained the highest average salaries in Slovakia, a trend that is also reflected in healthcare professions. Moreover, greater competition among healthcare providers (e.g., private clinics and maternity hospitals) in this region compels employers to offer better financial packages to retain qualified personnel.

We found that satisfaction with moral recognition showed a statistically significant association with compassion satisfaction. Moral recognition, encompassing aspects of prestige and acknowledgment for work performed, represents a key factor in midwives' job satisfaction as it reinforces their professional identity, ethical integrity, and sense of mission. The results of our study highlight the importance of praise and recognition. Appreciation, respect, and support in the workplace not only contribute to overall job satisfaction but also impact performance quality, with practical implications for employers (Ištók, 2024). Dissatisfaction stemming from a lack of professional recognition can result in low self-esteem, which is crucial for developing professional identity; its strength is also determined by society's recognition of the profession. This may have consequences for midwife retention and maternal and neonatal outcomes (Prosen and Ličen, 2025). Moral acknowledgment for quality work performance is one of the key predictors of satisfaction in the helping professions.

Conclusion

Our findings may help to identify factors influencing midwives' job satisfaction and professional quality of life, contributing to the creation of a more humane work environment. Such an environment should address not only midwives' basic requirements but also their higher-level needs, emphasizing workplace relationships, teamwork, work atmosphere, fair financial remuneration, efficient work organization, quality communication, and respect for midwives.

Improving working conditions, fostering a healthy organizational culture, ensuring adequate competencies, and providing appropriate moral and financial recognition can enhance the attractiveness of the midwifery profession. Employers

should devote sufficient attention to enhancing job satisfaction, improving workplace conditions, and offering support, debriefing sessions, and training to strengthen the professional quality of life of midwives. This can lead to improvements in the quality of care they provide and positively impact the overall effectiveness of the healthcare system.

Research limitations

Our study employed a purposive sampling method with a low response rate from midwives, which limits the interpretation and generalization of the findings to the studied sample. Despite these limitations, the study partially addresses a gap in research on midwives' job satisfaction and provides a foundation for further investigation.

Funding

This research was supported by project VEGA 1/0067/25: "The Power of the Status of the Profession from the Perspective of Nurses and Midwives. Reasons and Determinants of the Negative Trend of the Profession Shortage in Clinical Practice."

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

References

- Andina-Díaz E, Rodríguez-Puente Z, Arias-Gundín O, Pérez-Rivera FJ (2025). Lack of autonomy and professional recognition as major factors for burnout in midwives: A systematic mixed-method review. *J Adv Nurs* 81(2): 574–590. DOI: 10.1111/jan.16279.
- Ängeby K, Rubertsson C, Hildingsson I, Edqvist M (2022). Self-compassion and professional quality of life among midwives and nurse assistants: A cross-sectional study. *Eur J Midwifery* 6: 47. DOI: 10.18332/ejm/149520.
- Bloxsome D, Ireson D, Doleman G, Bayes S (2019). Factors associated with midwives' job satisfaction and intention to stay in the profession: An integrative review. *J Clin Nurs* 28(3–4): 386–399. DOI: 10.1111/jocn.14651.
- Cronie D, Perdok H, Verhoeven C, Jans S, Hermus M, de Vries R, Rijnders M (2019). Are midwives in the Netherlands satisfied with their jobs? A systematic examination of satisfaction levels among hospital and primary-care midwives in the Netherlands. *BMC Health Serv Res* 19(1): 832. DOI: 10.1186/s12913-019-4454-x.
- Deltsidou A, Pretsi D (2017). Determinant factors of the midwives' professional quality of life: A literature review. *EKFF* 35(3): 111–122.
- El-Shafei DA, Abdelsalam AE, Hammam RAM, Elgohary H (2018). Professional quality of life, wellness education, and coping strategies among emergency physicians. *Environ Sci Pollut Res* 25(9): 9040–9050. DOI: 10.1007/s11356-018-1240-y.
- Éles Gebriné K, Lampek K, Takács P, Zrínyi M, Sárváry A, Sárváry A (2021). Impact of noncommunicable disease conditions and physical burden on intent to leave midwifery in Hungary. *Kontakt* 23(1): 45–51. DOI: 10.32725/kont.2020.045.
- Guzzon A, Nones G, Camedda C, Longobucco Y (2024). Exposure to Traumatic Events at Work, Post-Traumatic Symptoms, and Professional Quality of Life among Italian Midwives: A Cross-Sectional Study. *Healthcare* 12(4): 415. DOI: 10.3390/healthcare12040415.
- Hajjesmaello M, Hajian S, Riazhi H, Majd H, A Yavarian R (2022). How professional quality of life is influenced by perceptions of empowerment in midwives. *Br J Midwifery* 30(2): 80–90. DOI: 10.12968/bjom.2022.30.2.80.
- Hansson M, Eriksson M (2025). Work related indicators of midwives' job satisfaction and the modifying effect of sense

- of coherence. A national cross-sectional study in Sweden. *Midwifery* 142: 104287. DOI: 10.1016/j.midw.2025.104287.
11. Ištók M (2024). Management in nursing and its impact on nurses in the workplace. *Healthcare and Society* 2(1): 22–29.
 12. Jarosova D, Gurkova E, Palese A, Godeas G, Ziakova K, Song MS, et al. (2016). Job satisfaction and leaving intentions of midwives: Analysis of a multinational cross-sectional survey. *J Nurs Manag* 24(1):70–79. DOI: 10.1111/jonm.12273.
 13. Koverova M (2016). Psychometric properties of the Slovak version of the Professional quality of life scale: Preliminary results. *Global J Psychol Res* 6(2): 86–93. DOI: 10.18844/gjpr.v6i2.561.
 14. Köverová M, Ďurbisová S (2018). Percepčia pomáhajúcej profesie, zadosťučinenie a únava z pomáhaní u zdravotných sestier. In: Köverová M, Mesárošová M (Eds). *Pomáhajúce profesie a starostlivosť o seba z pohľadu psychológie a sociálnej práce*. Košice: Univerzita Pavla Jozefa Šafárika v Košiciach, Filozofická fakulta, pp. 146–155.
 15. Leinweber J, Creedy DK, Rowe H, Gamble J (2017). Responses to birth trauma and prevalence of posttraumatic stress among Australian midwives. *Women Birth* 30(1): 40–45. DOI: 10.1016/j.wombi.2016.06.006.
 16. Matthews RP, Newton MS, Hyde RL, Shafiei T, Llewelyn F, Forster DA (2024). “I love my job. But it’s physically, mentally, and emotionally draining”: a cross-sectional survey exploring midwives’ intentions of leaving the profession in Melbourne, Australia. *BMC Health Serv Res* 24(1): 1471. DOI: 10.1186/s12913-024-11863-7.
 17. Megyesiová S (2022). Nurses and midwives in Slovakia – important trends and ageing of the nursing workforce. *Kontakt* 24(1): 64–72. DOI: 10.32725/kont.2021.043.
 18. Mharapara TL, Staniland N, Stadler M, Clemons JH, Dixon L (2022). Drivers of job satisfaction in midwifery-A work design approach. *Women Birth* 35(4): 348–355. DOI: 10.1016/j.wombi.2021.07.004.
 19. Moran L, Foster K, Bayes S (2023). What is known about midwives’ well-being and resilience? An integrative review of the international literature. *Birth* 50(4): 672–688. DOI: 10.1111/birt.12756.
 20. Muliira, RS, Ssendikadiwa VB (2016). Professional quality of life and associated factors among Ugandan midwives working in Mubende and Mityana rural districts. *Matern Child Health J* 20(3): 567–576. DOI: 10.1007/s10995-015-1855-2.
 21. NCZI – National health information centre (2023). Tematické štatistické výstupy: Pracovníci v zdravotníctve [online] [cit. 2025-04-21]. Available from: https://www.nczisk.sk/Statisticke_vystupy/Tematicke_statisticke_vystupy/Pracovnici_zdravotnictve/Pages/default.aspx
 22. Nedvėdová D, Dušová B, Jarošová D (2017). Job satisfaction of midwives: a literature review. *Cent Eur J Nurs Midw* 8(2): 650–656. DOI: 10.15452/CEJNM.2017.08.0014.
 23. Paul N, Limprecht-Heusner M, Eichenauer J, Scheichenbauer C, Bärnighausen T, Kohler S (2022). Burnout among midwives and attitudes toward midwifery: A cross-sectional study from Baden-Württemberg, Germany. *Eur J Midwifery* 6: 46. DOI: 10.18332/ejm/150582.
 24. Pérez-Castejón M, Suárez-Cortés M, Jiménez-Ruiz I, Jiménez-Barbero JA (2024). Job satisfaction in midwives working in labour ward: A systematic review with meta-analysis. *Midwifery* 137: 104112. DOI: 10.1016/j.midw.2024.104112.
 25. Pezaro S, Clyne W, Turner A, Fulton EA, Gerada C (2016). ‘Midwives Overboard!’ Inside their hearts are breaking, their makeup may be flaking but their smile still stays on. *Women Birth* 29(3): e59–66. DOI: 10.1016/j.wombi.2015.10.006.
 26. Poliaková N, Kvasňáková M, Kráľová E, Matisáková I, Krajčovičová Z (2022). Emigrácia slovenských sestier za prácou do zahraničia – príčiny a dôsledky. *Zdr Listy* 10(1): 86.
 27. Prosen M, Ličen S (2025). Adapting to change: an analysis of midwives’ job satisfaction in the post-pandemic workplace. *BMC Health Serv Res* 25(1): 77. DOI: 10.1186/s12913-025-12212-y.
 28. Qu L, Gao J, Liu L, Lun B, Chen D (2022). Compassion fatigue and compassion satisfaction among Chinese midwives working in the delivery room: A cross-sectional survey. *Midwifery* 113: 103427. DOI: 10.1016/j.midw.2022.103427.
 29. Sheehy A, Smith R, Gray J, Ao CH (2021). Understanding workforce experiences in the early career period of Australian midwives: insights into factors which strengthen job satisfaction. *Midwifery* 93: 102880. DOI: 10.1016/j.midw.2020.102880.
 30. Stamm BH (2010). *The Concise ProQOL Manual* (2nd ed.). Pocatello, ID: ProQOL.org., 74 p.
 31. Tanaka K, Ikeuchi S, Teranishi K, Oe M, Morikawa Y, Konya C (2020). Temperament and professional quality of life among Japanese nurses. *Nurs Open* 7(3): 700–710. DOI: 10.1002/nop2.441.
 32. Uchmanowicz I, Manulik S, Lomper K, Rozensztrauch A, Zborowska A, Kolasinśka J, Rosińczuk J (2019). Life satisfaction, job satisfaction, life orientation and occupational burnout among nurses and midwives in medical institutions in Poland: A cross-sectional study. *BMJ Open* 9(1): e024296. DOI: 10.1136/bmjopen-2018-024296.
 33. Vermeulen J, Fobelets M, Fleming V, Luyben A, Stas L, Buyt R (2023). How Do Midwives View Their Professional Autonomy, Now and in Future? *Healthcare* 11(12): 1800. DOI: 10.3390/healthcare11121800.
 34. Wangler S, Streffing J, Simon A, Meyer G, Ayerle GM (2022). Measuring job satisfaction of midwives: A scoping review. *PLoS One* 17(10): e0275327. DOI: 10.1371/journal.pone.0275327.