

Effect of Professional Ownership on Compassion Fatigue and Quality of Life among Midwives*

Ebelerde Mesleki Aidiyetin Merhamet Yorgunluğu ve Yaşam Kalitesine Etkisi*

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ABSTRACT

Introduction: This study aims to examine the effect of professional belonging on compassion fatigue and quality of life among midwives.

Methods: This relational descriptive study was conducted with 410 midwives working in 1st and 2nd level health institutions in Malatya province between 01.03.2020 and 15.07.2021. Data were collected using a web-based survey sent online. Data were collected using the Personal Introduction Form, Midwifery Belonging Scale, Compassion Fatigue Brief Scale, and Quality of Life Scale for Employees.

Results: The average age of the midwives in the study was 33.02, 76.6% had a bachelor's degree, 62.4% were married, 46.8% had an income equal to their expenses, 50.0% did not have children, 90.7% did not find the salary they received as a midwife sufficient, 58.3% chose the midwifery profession in order not to have problems finding a job, 30.7% were currently working at ASM, 89.8% did not have an administrative position at the institution, 48.5% worked in shifts, and the average total service period was 9.08%. A statistically significant relationship was found between the midwives' professional sense of belonging total mean score (75.99 ± 18.94) and the quality of life sub-dimension burnout (23.23 ± 5.89) at a low level negatively, and a moderately positive relationship with professional satisfaction (28.91 ± 10.06) ($p < 0.001$). In addition, it was determined that professional satisfaction among midwives had a statistical significance of 20% in explaining midwifery affiliation ($p < 0.001$), while burnout had a statistical significance of 8% in explaining midwifery affiliation ($p < 0.05$).

Conclusion: This study found that the burnout sub-scale of professional quality of life decreased and professional satisfaction increased with the increase in professional belonging among midwives. The important to emphasize the concepts of burnout and professional satisfaction and to follow institutional policies about this issue to increase professional belonging among midwives.

Keywords: Midwifery belonging, Professional affiliation, Compassion fatigue, Quality of life

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ÖZET

Giriş: Araştırma, ebelerde mesleki aidiyetin merhamet yorgunluğu ve yaşam kalitesine etkisini belirlemek amacıyla yapıldı.

Yöntem: İlişkisel tanımlayıcı nitelikte olan bu araştırma 01.03.2020 ve 15.07.2021 tarihleri arasında Malatya ilinde bulunan 1. ve 2. Basamak sağlık kurumlarında çalışan 410 ebe ile yürütüldü. Veriler çevrimiçi olarak gönderilen web tabanlı bir anket kullanılarak toplandı. Veriler Kişisel Tanıtım Formu, Ebeler Aidiyeti Ölçeği, Merhamet Yorgunluğu Kısa Ölçeği ve Çalışanlar için Yaşam Kalitesi Ölçeği ile toplandı.

Bulgular: Araştırmadaki ebelerin yaş ortalaması 33.02, %76.6' ı lisans mezunu, %62.4'ü evli, %46.8'inin gelir durumunun gidere eşit olduğu, %50.0'mın çocuk sahibi olmadığı, %90.7'sinin ebe olarak aldığı maaşı yeterli bulmadığı, %58.3'ünün iş bulma sorunu yaşamamak için ebeler mesleğini tercih ettiği, %30.7'sinin şuan ASM de çalıştığı, %89.8'nin kurumda idari görevi olmadığı, %48.5'inin vardiya usulü çalıştığı, toplam hizmet süresinin ortalama %9.08 olduğu bulunmuştur. Ebelerin mesleki aidiyet toplam puan ortalaması (75.99 ± 18.94) ile yaşam kalitesi alt boyutu olan tükenmişlik (23.23 ± 5.89) arasında düşük düzeyde negatif yönde, mesleki tatmin (28.91 ± 10.06) ile orta düzeyde pozitif yönde istatistiksel olarak önemli ilişki saptandı ($p < 0.001$). Ayrıca ebelerdeki mesleki tatminin ebeler aidiyetini açıklamada % 20 oranında ($p < 0.001$), tükenmişliğin ise ebeler aidiyetini açıklamada % 8 oranında istatistiksel öneme sahip olduğu belirlendi ($p < 0.05$).

Sonuç: Bu araştırma, ebeler arasında mesleki aidiyetin artması ile birlikte mesleki yaşam kalitesinin tükenmişlik alt ölçeğinin azaldığını ve mesleki memnuniyetin arttığını bulmuştur. Ebeler arasında mesleki aidiyeti arttırmak için tükenmişlik ve mesleki tatmin kavramlarının vurgulanması ve bu konuda kurumsal politikaların izlenmesi önemlidir.

Anahtar Kelimeler: Ebeler aidiyeti, Mesleki aidiyet, Merhamet yorgunluğu, Yaşam kalitesi

1. Introduction

Midwives, who constantly work in cooperation with women to enhance community health, are a key labor force in the field of health services (Başkaya, 2018). The majority of midwives who are responsible for maternal and children's health in our country are employed in a field out of their clinic without considering their sense of professional belonging (Gümüşdaş et al., 2021). According to the Ministry of Health 2017 data, only 2617 out of 22.847 midwives worked in delivery rooms in Turkey. However, enhancing the sense of belonging to one's profession could increase job motivation and the quality of the service provided by that person (Başkaya et al., 2020). Employing midwives away from the places where they should be most active has negative effects not only on women's health but also on the professional belonging of midwives. Job stress, burnout, depression, secondary traumatic stress, professional satisfaction, and compassion fatigue experienced in work environments where we spend the majority of our time are components that affect individuals quality of life (Dikmen and Aydın, 2016; Tanrıkulu and Ceylan, 2021). Compassion fatigue is experienced as physical and mental fatigue and emotional withdrawal experienced by individuals who provided care for a long time to individuals who are sick or who went through trauma time are components that affect individuals' quality of life (Dikmen and Aydın, 2016). Among all professions, compassion fatigue is reported to be most common among health professionals (Kase et al., 2019). The long-term care provided to patients by health professionals is reported to cause compassion fatigue over time in exchange for relationships established (Sökmen and Taşpınar, 2021). When the working fields of the midwifery profession are taken into consideration, experiencing compassion fatigue seems to be inevitable. A study reported that midwives witnessed traumatic labor, and the majority of them experienced compassion fatigue and were at risk (Sökmen and Taşpınar, 2021). Another study found that empathy developed between the midwife and the woman and traumatic labor experiences affected women psychologically negatively (Rice and Warland, 2013).

Professional belonging and compassion fatigue are concepts that demonstrate strong relationships with each other and affect each other negatively (Dikmen and Aydın, 2016). A midwife who has compassion fatigue experiences a decrease in willingness, care, skills, and energy for providing care, which increases medical errors and decreases patient satisfaction (Dikmen and Aydın, 2016; Tanrıkulu and Ceylan, 2021). Precautions to be taken about

this issue and the interventions to be done are important not only for enhancing workers' health but also for increasing the productivity of the services provided.

2. Methods

2.1. Study Design and Participants

This study was conducted with a descriptive and cross-sectional study design to determine the effect of professional belonging on compassion fatigue and professional quality of life.

This study was conducted in primary and secondary health institutions in a city located in the eastern part of Turkey between 01.03.2020 and 15.07.2021. The target population of the study was 525 midwives who worked in hospitals and FHCs (Family Health Centers) in the city center. According to 2020 data, a total of 525 midwives registered in these health institutions worked. The sample size of the study was determined as a minimum of 223 midwives, with a 5% error level and 95% ability to represent the universe, as a result of the power analysis. Considering the data losses, the study was completed with 410 midwives who met the inclusion criteria and agreed to participate in the study. Open Epi publicly available statistical software was used to calculate the sample size. Inclusion criteria are to have at least one year of experience in the profession. Working in a private hospital is an exclusion criterion.

2.2. Data Collection

Due to the COVID-19 pandemic, face-to-face interviews could not be used to collect data. Data were collected using a web-based survey sent online between 01.03.2020 and 15.07.2021. Before starting the survey, the participants were given a necessary written explanation about the purpose, duration, scope, and application method of the research at the beginning of the survey. After agreeing to participate in the study in writing, they started to fill out the survey. Links to surveys prepared using Google Forms were sent to midwives working in Family Health Centers and hospital clinics via WhatsApp groups. Midwives who could not access the surveys were contacted individually and the surveys were sent back to them. Completing the data collection tools took approximately 5 to 10 minutes for each participant.

2.3. Data Collection Instruments

Data were collected by the researcher using the Personal Information Form, Professional Belonging Scale, Compassion

Fatigue Short Scale, and Professional Quality of Life Scale. The Personal Information was prepared in line with the related literature to collect data about the sociodemographic characteristics of the participant midwives (Başkaya, 2018; Ünver et al., 2020). The demographic questionnaire contained seven questions about age and working conditions.

Professional Belonging Scale (PGS) is composed of 22 positive items rated on a 5-point Likert scale, and its reliability and validity were performed by Başkaya et al. (Başkaya et al., 2020). The scale is composed of four sub-scales including emotional belonging, performance of professional roles and responsibilities, professional development, and utilization of opportunities and limits of duty and authority in the profession. The scale score is obtained by summing the item scores (Başkaya, 2018). Higher scores indicate higher midwifery belonging (Başkaya, 2018). Başkaya et al. found Cronbach's alpha value of the scale as 0.905 (Başkaya, 2018). This study found Cronbach's alpha value as 0.930.

Compassion Fatigue Short Scale (CF-SC) was developed by Adams et al. (2006) and is composed of 13 items (Adams et al., 2006). Higher scores indicate higher compassion fatigue (Adams et al., 2006). Reliability and validity of the CF-SC were performed by Dinç and Ekinçi (Dinç and Ekinçi, 2019). The scale has two sub-scales including secondary trauma and professional burnout. Dinç and Ekinçi reported Cronbach's alpha value of the CF-SC as 0.876 Dinç and Ekinçi., 2019. This study found Cronbach's alpha value as 0.902.

Professional Quality of Life Scale (ProQOL R-IV) is a 30-item, self-report scale that was developed by Stamm (2005), and it has 3 sub-scales including professional satisfaction, burnout, and compassion fatigue (Stamm, 2005). Higher scores obtained from the professional satisfaction sub-scale indicate the feelings of pleasure or satisfaction as the person providing help; higher scores obtained from the burnout sub-scale indicate a high burnout level and higher scores obtained from the compassion sub-scale indicate a higher stress level. Reliability and validity of the ProQOL R-IV were performed by Yeşil et al., and Cronbach's alpha coefficient of the scale was found 0.848 (Yeşil et al., 2010). This study found Cronbach's alpha coefficient as 0.793.

2.4. Data Analysis

Data obtained from the questionnaires and scales were analyzed in SPSS 22 (Statistical Package for Social Sciences) for Windows package program using relevant statistical analyses. Data were

analyzed using descriptive statistics such as numbers, percentages, means, standard deviations, Pearson correlation, and regression analysis. Results were analyzed at a 95% confidence interval, and the level of significance was taken $p < 0.05$.

2.6. Ethical Considerations

Prior to the study, approval was obtained from the Malatya İnönü University Scientific Research and Publication Ethical Committee (Date: 28.07.2020, REF: 2020/946). In addition, written approvals were obtained from the Provincial Directorate of Health (Number: E.22493). Before starting the survey, the participants were given a necessary written explanation about the purpose, duration, scope, and application method of the research at the beginning of the survey. After agreeing to participate in the study in writing, they started to fill out the survey. Ethical principles including the principle of "Confidentiality and Protection of Confidentiality" were fulfilled by stating that the information obtained would be kept confidential, and the principle of "Respect for Autonomy" was fulfilled by recruiting those who wanted to participate in the research voluntarily. Since individual rights must be protected in the research, the Helsinki Declaration of Human Rights was adhered to during the study. In addition, written permission has been obtained for scale writers.

3. Results

Table 1. Comparison of PGS Total, CF-SC Total, and ProQOL R-IV sub-scale Mean scores according to Some Characteristics of Midwives (n=410)

Variables	n (%)	PGS Total Mean±Sd	CF-SC Total Mean±Sd	PF	ProQOL R-IV	
					B Mean±Sd	CF
Age						
19-30	209(51.0)	78.19±19.37	68.64±23.08	30.64±10.56	22.41±6.44	22.98±9.88
31-40	118(28.8)	72.27±18.92	75.82±23.88	27.50±8.77	24.22±5.30	23.21±9.41
41 and over	83(20.2)	75.75±17.17	77.25±22.77	26.55±9.80	23.87±4.95	23.63±8.99
Test and p-value		F= 3.746 p=0.024*	F= 5.814 p=0.003*	F=6.723 p=0.001*	F=4.274 p=0.015*	F=.139 p=0.870
Place of Working						
Primary health care	188(45.9)	78.50±18.27	71.88±24.76	29.91±10.36	22.62±6.25	23.76±9.96
Secondary health care	222(54.1)	73.87±19.28	72.92±22.46	28.06±9.74	23.74±5.54	22.69±9.19
Test and p-value		t=2.476 p=0.014*	t= -.445 p=0.656	t=1.862 p=0.063	t=-1.914 p=0.056	t=1.127 p=0.260
Duration of working in the profession						
1-5	176(42.9)	76.88±19.10	71.13±22.47	30.14±10.43	22.97±6.18	23.26±9.66
6-10	107(26.1)	75.17±20.25	68.65±24.21	28.17±9.66	22.89±6.30	22.86±9.46
10 years and more	127(31.0)	75.45±17.63	77.48±23.69	27.82±9.76	23.87±5.08	23.33±9.55
Test and p-value		F=.344 p=0.709	F=4.654 p=0.010*	F=2.353 p=0.096	F=1.097 p=0.335	F=.079 p=0.924
Type of working						
Always daytime	180(43.9)	75.63±19.47	73.87±23.24	29.68±9.02	23.02±5.80	23.66±9.30
Always night time	31 (7.6)	79.54±17.09	77.38±26.00	28.45±12.48	25.25±5.03	25.77±10.01
Shifts	199(48.5)	75.77±18.77	70.39±23.29	28.28±10.54	23.10±6.06	22.34±9.64
Test and p-value		F=.590 p=0.555	F=1.782 p=0.170	F=.945 p=0.390	F=1.998 p=0.137	F=2.154 p=0.117
Duration of weekly working (hours)						
0-40	212(51.7)	77.35±17.81	72.98±22.30	29.07±9.24	23.29±5.70	23.72±9.18
40 and over	198(48.3)	74.54±20.02	71.88±24.81	28.74±10.90	23.16±6.11	22.60±9.92
Test and p-value		t=1.502 p=0.134	t=.471 p=0.638	t=.328 p=0.743	t=.232 p=0.816	t=1.182 p=0.238
Administrative duty						
Yes	42(10.2)	82.66±19.47	79.64±28.92	32.19±10.84	23.21±7.17	26.04±11.79
No	368(89.8)	75.23±18.76	71.63±22.73	28.53±9.91	23.23±5.74	22.85±9.22
Test and p-value		t=2.422 p=0.016**	t=1.735 p=0.089	t=2.239 p=0.026**	t= -.020 p=0.984	t=1.696 p=0.097
Reason for choosing this profession						
Because I like it	59(14.4)	85.33±21.01	67.67±26.45	34.35±10.11	20.18±6.69	21.93±11.26
Because my family wanted so	67(16.3)	70.83±18.77	82.20±22.60	27.41±10.41	24.91±4.78	24.55±10.94
Because of employability and good salary	284(69.3)	75.27±17.91	71.14±22.54	28.13±9.63	23.46±5.75	23.11±8.78
Test and p-value		F=10.313 p=0.000*	F=7.658 p=0.001*	F= 10.702 p=0.000*	F=11.351 p=0.000*	F=1.201 p=0.302

* p<0.01, **p<0.001, PGS: Professional Belonging Scale, CF-SC: *Compassion Fatigue Short Scale*, ProQOL R-IV: Professional Quality of Life Scale,

Table 1 demonstrates the distribution of PGS total, CF-SC total, and ProQOL R-IV total and sub-scale mean scores according to some characteristics of the participating midwives. According to Table 1, the professional belonging level of midwives working in primary healthcare was higher than that of midwives working in secondary healthcare, and the difference between them was statistically significant ($p < 0.05$). The level of professional belonging and working quality of life sub-scale of midwives who had administrative duties in the institution were found to demonstrate a statistically significant difference ($p < 0.05$).

Post Hoc analysis results showed that professional belonging and professional satisfaction were significantly higher in those who wanted to choose the midwifery profession, and compassion fatigue and burnout were significantly higher in those who chose this profession because their family wanted so (Table 1; $p < 0.05$).

Table 2. Distribution of PGS, CF-SC, ProQOL R-IV total, and sub-scale mean scores of Participating Midwives (n=410)

Scales	Mean ± S.D.
Total PGS	75.99 ± 18.94
Total CF-SC	72.45 ± 23.52
ProQOL R-IV sub scale	
Professional Satisfaction	28.91 ± 10.06
Burnout	23.23 ± 5.89
Compassion Fatigue	23.18 ± 9.55

PGS: Professional Belonging Scale, ProQOL R-IV: Professional Quality of Life Scale

Table 2 demonstrates the distribution of PGS, CF-SC, and ProQOL R-IV scales total and sub-scale mean scores. While the professional belonging scale mean score was found 75.99 ± 18.94 , the compassion fatigue mean score was found 72.45 ± 23.52 . The mean score of the professional satisfaction sub-scale of the working quality of life was found 28.91 ± 10.06 , the burnout mean score was found 23.23 ± 5.89 , and the compassion fatigue mean score was found 23.18 ± 9.55 (Table 2).

Table 3. Relationship between Participating Midwives' Professional Belonging, Compassion Fatigue, and Professional Quality of Life

	Midwifery Belonging Total Score	Compassion Fatigue Total	Professional Fatigue	Burnout	Compassion Fatigue
Midwifery Belonging Total Score	1				
Compassion Fatigue Total	-0.017 0.729	1			
Professional Fatigue	0.450** 0.000	0.053 0.286	1		
Burnout	-0.297** 0.000	0.390** 0.000	-0.440** 0.000	1	
Compassion Fatigue	0.031 0.534	0.534** 0.000	0.252** 0.000	0.414** 0.000	1

(n=410) * $p < 0.01$, ** $p < 0.001$

Table 3 demonstrates the relationship between the participants' professional belonging compassion fatigue and professional quality of life. A positive relationship was found between the participants' professional belonging total mean score and professional satisfaction sub-scale of quality of life, and there was a negative, weak, and significant relationship between professional belonging total mean score and burnout (Table 3; $p < 0.001$).

There was a weak and positive relationship between compassion fatigue total mean score and burnout and a moderate-level, positive, and significant relationship with compassion fatigue (Table 3; $p < 0.001$). There was a negative relationship between the professional satisfaction sub-scale of professional quality of life and burnout and a positive, weak, and significant relationship with compassion fatigue (Table 3; $p < 0.001$). A positive and weakly significant relationship was found between the burnout sub-scale of the professional quality of life and compassion fatigue (Table 3; $p < 0.001$).

Table 4. Findings about the Effect of Midwifery Belonging on Compassion Fatigue and Professional Quality of Life among Midwives (n=410)

Dependent Variable	Variables	Beta ^b	F	d.f.(df1, df2)	p-value	R ²	t
Midwifery Belonging	Compassion Fatigue	-0.017	0.121	1 408	0.729	0.000	-0.347
	Professional Satisfaction	0.450	103.783	1 408	0.000	0.203	10.187
	Burnout	-0.297	39.597	1 408	0.005	0.088	-6.293
	Compassion Fatigue	0.031	0.388	1 408	0.534	0.001	0.623

Beta^b: Coefficient Beta, F: F test, df: Degree of Freedom, p<0.05, R²: Coefficient of Determination, t: t statistic.

Table 4 demonstrates the results of the effect of professional belonging on compassion fatigue and professional quality of life among midwives. Professional satisfaction of participating midwives had a 20% significance in explaining the midwifery belonging (Table 4; p<0.001). The burnout sub-scale of professional quality of life had an 8% statistical significance in explaining the midwifery belonging (Table 4; p<0.05). Similar studies conducted with midwives and other groups have also reported that burnout decreases as professional affiliation and commitment increase (İnce and Yılmaz, 2024; Tümkaya, 2024).

4. Discussion

The findings of this study, which aimed to determine the effect of professional belonging on compassion fatigue and quality of life, are discussed in line with the literature. This study found that professional belonging and professional satisfaction levels of participating midwives decreased with the increase in age, and burnout was experienced mostly among midwives in the 31-40 age group (p<0.05). A study conducted with midwives, similar to the results of this study, reported that professional belonging decreased with the increase in age (Başkaya, 2018). The decrease in professional belonging with the increase in age is considered to be caused by the effect of education. It is believed that courses such as midwifery philosophy, professional values, and ethical principles in midwifery courses received during undergraduate education have a positive contribution to the development of a sense of professional belonging. It is predicted that a lack of updated education on these courses in our country could cause a decrease in the sense of professional belonging in time (Başkaya, 2018). Besides, a sense of professional belonging could be affected negatively due to factors such as the increase in the

duration of the profession and burnout levels among midwives aged over 31 (Başkaya, 2018; İnce and Yılmaz, 2024).

This study found that midwives working in primary health care had a higher sense of professional belonging levels in comparison to those who worked in secondary health care, and the difference between them was found to be statistically significant (p<0.05). The literature includes studies indicating that working in units out of midwifery had negative effects on professional belonging (Başkaya, 2018; Evans et al., 2020). Higher professional belonging levels of midwives working in primary health care are considered to be caused by working in primary care and thus fulfilling roles such as vaccines, follow-ups, and training and consultancy independently. This study found that in comparison to those who did not have administrative duties in the institution, professional belonging and professional satisfaction sub-scale of professional quality of life were higher in midwives who had administrative duties in the institution; the difference was statistically significant (p<0.05). Similarly, the literature also reports that professional belonging and belonging levels of health professionals who had administrative duties were higher compared to those who did not have administrative duties (Derin et al., 2018). Professional belonging and professional satisfaction levels of midwives who preferred the midwifery profession because they liked it were higher than other midwives, and burnout was higher in those who preferred the midwifery profession because their families wanted so, and the difference between them was statistically significant (p<0.05). Studies also showed that professional belonging levels were higher in those who liked the midwifery profession (Başkaya, 2018; Aktürk et al., 2021). Similar studies conducted in different professional groups also showed that professional belonging levels were higher in those

who wanted and liked to perform their profession (Aydınoğlu and Üredi, 2020). This finding indicates that choosing this profession consciously, lovingly, and wilfully was an important component affecting professional belonging. Besides, in comparison to other groups, burnout levels and compassion fatigue were found to be higher in those who chose the profession because their family wanted so ($p < 0.05$). In a similar vein, midwives who did not choose the profession willingly were found to experience emotional burnout more compared to midwives who chose this profession willingly (Ağapınar and Şahin, 2014). In the study conducted by Koca 77,8% of those who chose this profession because their family and social environment wanted so were reported to experience high levels of compassion fatigue (Koca, 2018).

This study found that in comparison to other young midwives, compassion fatigue was higher in those who were aged 41 and over and who chose this profession because their family wanted so; the difference between them was statistically significant ($p < 0.05$). Another study similarly found that compassion fatigue was higher in nurses who were aged 50 and over (Sacco, 2015; Okoli et al., 2020). The literature reports that increased age together with exposure to more traumatic events and stresses in the profession could desensitize individuals by weakening strong coping strategies and cause them to experience conditions such as helplessness, indifference, decrease in commitment to the profession, decrease in job attendance, and loss of productivity (Şeremet and Ekinci, 2021). Higher compassion fatigue reported in this study is considered to result from factors such as a higher number of midwives working in secondary care, a higher number of midwives who worked for more than 10 years in the profession, always working night shifts, and family pressure in the choice of profession. Hence, the risk of experiencing compassion fatigue was found to be lower in individuals who loved their profession, who were interested in it, and who chose it willingly (Kelly et al., 2015).

This study found that the total professional belonging mean score of midwives was above average. The belonging level in this study was found to be lower than in the other studies conducted with midwives (Başkaya, 2018; Gümüşdaş et al., 2021; Aktürk et al., 2021). Professional belonging is considered to be an important concept in terms of enhancing patient quality of care. Hence, midwives who have high professional belonging are reported to treat patients more patiently, have increased productivity in the services provided, and become more understanding in the care,

support, and consultancy they provide (Başkaya, 2018). Increasing professional belonging in the field of health could be possible by taking important steps such as enhancing legal regulations about salary, improving working conditions, increasing their motivation to perform this profession willingly, and employing them in units such as delivery rooms, where they can perform their independent roles (Başkaya, 2018; Gümüşdaş et al., 2021). Besides, professional belonging is considered to be enhanced through interventions that increase motivation such as rewarding, appreciating, establishing emotional bonds, and applying a supportive administrative style (Aydınoğlu and Üredi, 2020).

This study found an above-average level of compassion fatigue among midwives. Studies conducted with nurses also reported a high level of compassion fatigue (Karaca, 2019; Cihan, 2020). Compassion fatigue is known to emerge when it is regarded as a professional danger and when negative experiences of other people are witnessed (Mason et al., 2014). A study concluded that the increase in empathetic tendency caused compassion fatigue (Cihan, 2020). Hence, it is predicted that midwives could be very empathetic unconsciously in terms of witnessing the pain experienced by other women. In this regard, high compassion levels seem to be inevitable among health professionals (Üzen Cura et al., 2024).

Health professionals who experienced compassion fatigue were found to become unwilling and reluctant while providing health services, experience a decrease in their work performance, have negative effects on health, experience fatigue, tend to leave the profession, ignore the patients provided care, and experience an increase in the tendency of making medical errors (Üzen Cura et al., 2024). Besides, health professionals experiencing compassion fatigue were found to feel worn out, lose work ambition and faith, and have a decrease in their love for the profession (Dikmen and Aydın, 2016; İnce and Yılmaz, 2024). Recommendations to decrease compassion fatigue among midwives include regulating working hours, increasing the number of staff, providing support for forming individualized coping mechanisms, being appreciated, providing satisfying salaries by administrators, providing high-quality in-service training, making them feel valued, informing midwives at risk by raising awareness about compassion fatigue, organizing various activities in the institution to increase motivation (Sökmen and Taşpınar, 2021).

This study found no significant relationship between midwifery belonging and compassion fatigue total scores ($p > 0.05$), indicating that the concept of compassion fatigue was affected mainly by

age, marital status, education level, and professional factors (Kelly et al., 2015). This study found a positive and significant relationship between compassion fatigue and burnout ($p < 0.05$). Demirbilek reported that health professionals experiencing compassion fatigue had feelings of burnout (Demirbilek and Uzman, 2021). Health professionals demonstrating empathy and compassion to their patients is considered a requirement of the profession. However, this empathetic approach causes compassion fatigue and could affect patient care quality negatively. Besides, studies show that COVID-19 also caused burnout among health professionals during the pandemic (Hoşgör et al., 2021; Arpacioğlu et al., 2021; Ulusal, 2021). To decrease compassion fatigue and burnout levels that are affected by each other, there is a need to choose a profession independently, decrease job burden, provide training for improving necessary communication and technical skills, increase motivation through appreciation and rewards, and enhance required permissions in times of need (Şahin, 2020).

This study found that midwives had below-average scores in the professional satisfaction sub-scale of the professional quality of life. Similar results were also reported in the study conducted by Bozgeyikli (Bozgeyikli, 2016). In addition, COVID-19 was reported to decrease job satisfaction among health professionals (Alrawashdeh et al., 2021). Job satisfaction during the pandemic was found to require interventions about factors such as intense work pressure, work stress, physical fatigue, and negative psychological conditions (Arpacioğlu et al., 2021). Job satisfaction among workers could be increased by regulating monthly working hours, decreasing stress, improving working conditions, and being aware of workers' demands (Alrawashdeh et al., 2021). Workers in the field of health who can provide more qualified care to their patients were reported to have a strong desire to maintain the profession, become happy in the profession, experience a decrease in job stress as well as an increase in well-being in terms of physical, psychological, and social needs (Stamm, 2005; Karakurt and Oral, 2021).

This study found a negative and significant relationship between midwifery belonging total score and burnout. In a study conducted with midwives, it was reported that professional commitment is high and burnout is lower when midwives love, embrace, and enjoy their profession (İnce and Yılmaz, 2024). Another study reported that special education teachers who experience burnout have less professional commitment and that institutional and individual measures should be taken to reduce burnout to increase

professional commitment (Tümekaya, 2024). Similarly, Baskaya reported that burnout decreased with the increase in midwifery belonging (Başkaya, 2018). A negative relationship was found between burnout and organizational commitment (Bay and Ataş, 2020). In their study conducted with midwives, Newton et al. found that midwives who were conscious about professional belonging and performed a mother-satisfaction-focused work approach experienced less burnout compared to midwives who provided standard care (Ulusal, 2021). In conclusion, increasing professional belonging seems to be a very important step in decreasing burnout. This study found that the burnout sub-scale of professional quality of life decreased and professional satisfaction increased with the increase in professional belonging among midwives.

4.1. Limitations

Only midwives working in public institutions affiliated with the Ministry of Health were included in the study. Midwives working in private institutions were excluded. The data of the study was collected during the pandemic period. Additionally, participants included midwives working in a province located in the eastern part of Turkey.

5. Conclusion

In the study, it was determined that as professional commitment increases in midwives, burnout, which is a sub-dimension of professional life quality, decreases and professional satisfaction increases. Therefore, it is recommended to focus on the concepts of burnout and professional satisfaction and to organize institutional policies in this regard to increase professional commitment in midwives.

Article Information / Makale Bilgileri

Evaluation: Two External Reviewers / Double Blind

Değerlendirme: İki Dış Hakem / Çift Taraflı Körleme

Ethical Consideration: Prior to the study, approval was obtained from the Malatya İnönü University Scientific Research and Publication Ethical Committee (Date: 28.07.2020, REF: 2020/946). In addition, written approvals were obtained from the Provincial Directorate of Health (Number: E.22493). Before starting the survey, the participants were given a necessary written explanation about the purpose, duration, scope, and application method of the research at the beginning of the survey. After agreeing to participate in the study in writing, they started to fill out the survey. Ethical principles including the principle of

“Confidentiality and Protection of Confidentiality” were fulfilled by stating that the information obtained would be kept confidential, and the principle of “Respect for Autonomy” was fulfilled by recruiting those who wanted to participate in the research voluntarily. Since individual rights must be protected in the research, the Helsinki Declaration of Human Rights was adhered to during the study. In addition, written permission has been obtained for scale writers.

*The research was accepted as a Master Thesis by the Institute of Health Sciences at Inonu University in 2021 with the name of “Effect of Professional Ownership on Compassion Fatigue and Quality of Life among Midwives”. This research presented as an oral presentation and at the International Conference on Medical and Health Sciences, 5-8 November 2021, Antalya, Turkey.

Etik Beyan: Çalışma öncesinde Malatya İnönü Üniversitesi Bilimsel Araştırma ve Yayın Etik Kurulu'ndan onay alınmıştır (Tarih: 28.07.2020, REF: 2020/946). Ayrıca İl Sağlık Müdürlüğü'nden de yazılı onay alınmıştır (Sayı: E.22493). Anket başlanmadan önce katılımcılara anketin başında araştırmanın amacı, süresi, kapsamı ve uygulama yöntemi hakkında gerekli yazılı açıklama yapılmıştır. Araştırmaya katılmayı yazılı olarak kabul ettikten sonra anketi doldurmaya başlamışlardır. Elde edilen bilgilerin gizli tutulacağı belirtilerek “Gizlilik ve Gizliliğin Korunması” ilkesini içeren etik ilkeler yerine getirilmiş, araştırmaya gönüllü olarak katılmak isteyenlerin alınmasıyla da “Özerkliğe Saygı” ilkesi yerine getirilmiştir. Araştırmada bireysel hakların korunması gerektiğinden çalışma süresince Helsinki İnsan Hakları Bildirgesi'ne bağlı kalınmıştır. Ayrıca ölçek yazarları için yazılı izin alınmıştır.

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Similarity Screening: Done – iThenticate and intihal.net

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Research Design (CRediT 1)	İT (%40) - HÜ (%60)
Data Collection (CRediT 2)	İT (%50) - HÜ (%50)
Research - Data Analysis - Verification (CRediT 3-4-6-11)	İT (%50) - HÜ (%50)
Writing the Article (CRediT 12-13)	İT (%70) - HÜ (%30)
Development and Revision of the Text (CRediT 14)	İT (%50) - HÜ (%50)

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