

# Aydın İlindeki Ebelerin İş Doyumu ve Tükenmişliklerini Etkileyen Faktörler\*

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## Özet

**Giriş:** İş doyumu ve tükenmişlik verilen hizmetlerin kalitesiyle çok yakın ilişkilidir. Bunlar kültürel özellikler de gösterebilen birçok faktör tarafından etkilenirler. **Amaç:** Ebelerin iş doyumu ve tükenmişlik durumları ile etkileyen faktörleri belirlemektir. **Yöntem:** Tanımlayıcı ve kesitsel özellikteki çalışma, Aydın İl merkezindeki 1. 2. ve 3. basamak sağlık kurumlarında çalışan ebelerde gerçekleştirilmiştir. Örneklemi 193 ebe oluşturmıştır. Veriler soru formu, Maslach Tükenmişlik Envanteri ve Minnesota İş Doyumu Ölçeği ile ebelerin öz bildirimlerine göre toplanmış ve tanımlayıcı istatistikler, t testi, Mann Whitney U testi, Kruskal Wallis, ANOVA ve linear regresyon analizleri ile değerlendirilmiştir. **Bulgular:** Yaş ortalaması 35.35±4.68 olan ebelerin %62.7'si ön lisans mezunu, %87'si evli ve %50.8'i 1. basamak sağlık kurumlarında çalışmaktadır. Ebelerin %59.6'sı çalıştığı klinikten memnundur ve %52.4'ü mesleği kendine uygun bulmaktadır. Genel olarak ebelerin iş doyumları orta seviyede, tükenmişlikleri ise ileri düzeydedir. Ebelerin dışsal doyumlarına göre içsel doyumları daha fazladır ve en fazla "başkaları için bir şeyler yapabilme"den doyum sağlamaktadırlar. Buna karşın en tükenmiş oldukları konu "hastaların sorunlarını etkili bir şekilde çözmeye"dir. Ebeler duygusal açıdan daha fazla tükenme yaşamaktadırlar. Ebelerin iş doyumlarını en fazla mesleği uygun bulma, çalışılan kurum ve birimden memnuniyet, hizmet verilen nüfus, aylık nöbet sayısı, aylık gelir, tükenmişliklerini ise mesleğin uygunluğu ve çalışılan klinikten memnun olma durumu etkilemektedir. **Sonuç:** Bulgular ebelerin mesleğin algılanması ve çalışma koşullarına bağlı olarak orta düzeyde bir iş doyumu, buna karşın ileri düzeyde tükenmişlik yaşadıklarını göstermektedir. Bu nedenle, ebelerin meslek algıları ve çalışma koşullarının iyileştirilmesine yönelik düzenlemelerin yapılması önemli olacaktır.

**Anahtar sözcükler:** Ebe, iş doyumu, tükenmişlik.

## Factors Affecting Job Satisfaction and Burnout of Midwives In Aydın, Turkey

**Background:** Job satisfaction and burnout are strongly related to qualities of services given. They were affected by a complex network of various factors which may have cultural characteristics. **Objectives:** To determine job satisfaction and burnout levels of midwives and affecting factors. **Methods:** The cross-sectional descriptive study was conducted in 1st, 2nd and 3rd levels health institutions in Aydın. Sample included 193 midwives. Data were collected during 12.2007-01.03.2008 via a questionnaire, Maslach Burnout Inventory and Minnesota Job Satisfaction. Questionnaire by midwives self-reports, and analyzed by descriptive statistics, t-test, Mann Whitney U tests, Kruskal Wallis, ANOVA and linear regression analyses. **Results:** Mean age of midwives was 35.35±4.68. 62.7% of them were high school graduate, 87% were married, and 50.8% were working at 1st level health institutions. In general, the job satisfaction of midwives was moderate, but their burnout levels were higher. Internal satisfactions of midwives were higher than their external satisfactions, and they were satisfied by "doing something for others" at most. In contrast, the issue burned out them at most was "solving patients' problems effectively". Midwives experience emotionally more burnout. The job satisfactions of midwives were affected especially by finding the profession suitable for self, satisfaction with worked institution and unite, served population size, number of monthly watches and monthly salary, whereas their burnout levels were affected mostly by the suitability of the profession and satisfaction with the worked clinic. **Conclusion:** The findings of this study indicate that midwives experience a moderate job satisfaction in dependence of their perception of the profession and working conditions, in contrast, higher burnout. Thus, arrangements aiming at improvements in perceptions of the profession and working conditions would be important.

**Keywords:** Midwife, job satisfaction, burnout.

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Midwifery is a health care profession where providers give prenatal care to expecting mothers, attend the birth of the infants, and provide postpartum care to mothers and their infants in their early life period (International Confederation of Midwives [ICM], 2005). However, heavy workload, substantial demands, insufficient resources and being staffed as nurses of midwives due partly to the nursing shortage are major problems in certain health care systems including that of Türkiye. These and many other work-related stress situations and various individual factors including the failure of specific educational background for the duties actually done may inevitable result in job dissatisfaction and burnout.

Burnout by work-related stress and job satisfaction, a term designating how midwives feel towards their job, whether they like (satisfaction) or dislike (dissatisfaction), are interrelated closely, and have long been recognized as important concepts which are related anyway with employees' relationships with others (including the patients for caregivers),

job performance, wellbeing and health (Edwards and Burnard, 2003; Chang, Hancock, Johnson, Daly and Jackson, 2005; De Silva, Hewage and Fonseka, 2009; Maslach and Goldberg, 1998; McGowan, 2001; Shader, Broome, Broome, West and Nash, 2001; Smith, Sulsky and Uggerslev, 2002; Piko, 2006). Work-related stress is defined as the adverse reaction people have to excessive pressures or other demands placed on them (Health and Safety Executive [HSE], 2011). Burnout is a form of chronic stress, and means exhaustion of energy, power or sources caused by excessive demands, a progressing stress process, and the loss of idealism. The concept "burnout" was introduced first by Fredeunberger in 1974 with the statement that it is occurred more commonly in occupations whose members directly work with people (Fredeunberger, 1974). The job satisfaction, known as one of the most important conditions for individuals' happiness, successfulness and productivity, is an emotional reaction which reflects the meeting levels of employees' physical, emotional and social needs according to their expectations they set out (Duxbury, Armstrong, Drew and Henly, 1984). While the job satisfaction is a positive emotional reaction to one's work that results from the meeting or exceeding of individual worker wants and needs, job burnout caused by different stressors is a negative emotional response to work, workplace,

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organization or other job-related conditions with many unwanted, multidimensional consequences. Work-related stress and burnout they self are not illness, but if they are prolonged or particularly intense, they both can lead to physical and/or mental ill health. Besides, job stress is actually as much a business issue as it is a health issue. These are why many scientists, institutions and even governments worldwide were interesting in these concepts since the last half century.

Possible because of Fredeunberger's suggestion in 1974, studies on job satisfaction and burnout have mostly been concentrated on occupations such as health care professionals, teachers and social services whose members are inevitable in close contact with people. Indeed, though job dissatisfaction and burnout concern all professions, the professionals of services and health attention seem to be particular victims (Maslach and Jackson, 1981, 1984). Among different health professions midwifery (Kristensen, Borritz, Villadsen and Christensen, 2005) and nursing (Canadian Institute for Health Information [CIHI], 2006) has been considered professions highly prone and susceptible to job stress and job burnout, while they are always very committed to their highly anxious patients and their relatives. This is because caring as the process of preventing, treating and managing illness and preventing mental and physical well-being is facilitated through both physical and mental presence, and involves addressing the emotional needs of the patients (Leinweber and Rowe, 2010; Rothschild and Marjorie, 2006). Meeting the emotional needs in another person per se necessitates a health-professional's own emotional involvement. In the field of midwifery and nursing, it is well recognized that caring for people who are or have been experiencing suffering, pain and trauma can cause traumatic stress reactions in professional helpers (Leinweber and Rowe, 2010; Sabo, 2006). Consequently, various responses emerge as coping reactions after experiencing or witnessing duty-related traumatic events, which are considered to constitute a serious threat to professional's mental health and their capacity to provide sensitive care (Figley, 2002; Rothschild and Marjorie, 2006). However, there is a risk of a cumulative emotional effect for midwives utilizing unhealthy strategies to cope with feelings of frustration, inadequacy and vicarious trauma (Mollart, Newing and Foureur, 2009; Mollart, Skinner, Newing and Foureur, 2013). All those have the potential to cause emotional stress, dissatisfaction and burnout in health-care providers.

In addition to the professional characteristics, job satisfaction, dissatisfaction and burnout are known to have also cultural aspects (Lambert, Lambert and Ito, 2004). In this respect, they expectantly can show local-regional/cultural differences. Therefore, it is very important to understand factors affecting job dissatisfaction and burnout in each culture. Then, as a prerequisite for the qualitative care the job satisfaction and burnout have important implications both for midwives and the quality of maternal and newborn care they provide (Leinweber and Rowe, 2010). Preliminary studies indicate that midwives are generally satisfied with their job (Watson, Potter and Donohue, 1999; Öncel, Özer and Efe, 2007; Hampton and Peterson, 2012), but the factors associated with it vary by workplace (Hampton and Peterson 2012). They were satisfied especially while they were working with women, in general (Watson et al. 1999,

Hampton and Peterson 2012). Feeling themselves adequately prepared by midwifery education and training, nursing formore than 15 years and having continuing education were other satisfying factors (Watson et al. 1999). However, among different health professionals midwives are more prone for and represent highest levels of burnout (Bodur, 2002; Borritz et al., 2006). They found to being burned out from moderate to high levels (Watson et al. 1999; Öncel et al. 2007; Alparslan and Doğaner, 2009; Rouleau, Fournier, Mbengue and Dumont, 2012; Jordan, Fenwick, Slavin, Sidebotham and Gamble, 2013), and suffer more from work related burnout which is mainly influenced by the years of experience, area of work and employment position (Jordan et al., 2013), providing continuity of care (Sandall, 1997), and a low perception of control and long working hours (Sandall, 1998).

Thought all these realities limited investigations have been carried out about the emotional experiences of midwives at workplace (Hunter, 2005). The situation in Türkiye is also the same. Although over 46.000 midwives were currently employed in Turkish health system (Türk Sağlık Sen [TSS], 2008), little is known about the factors associated with their job satisfaction, dissatisfaction and burnout.

Because the job dissatisfaction and burnout of midwives are strongly related with the quality of care they give, it is important to know their incidences, levels, interactions, and also not at least their causes to solve present problems and to hinder their occurrence in the future. This study aimed to determine job satisfaction and burnout situations, their interrelations and related factors of midwives working at different health care settings in Aydın, a city located in the West-South part of the country, also in Aegean Region.

#### **Research questions**

- How are the levels of job satisfactions and burnout of midwives?
- What are the factors affecting job satisfaction levels of midwives?
- What are the factors affecting burnout levels of midwives?

#### **Method**

##### **Type of research**

The study is descriptive, cross-sectional study has been carried out to determine the midwives' job satisfaction and burnout levels and affecting factors at the first, second and third levels health institutions in Aydın city center.

##### **Place of research**

First level health institutions included health centers of numbers 1 to 9 located at the Aydın city center, Public Health Laboratory, Cancer Early Diagnosis, Screening and Education Center and 70. Years Ömer Muharrem Mother-Child Health and Family Planning Center. Second level health institutions included Atatürk and Aydın State Hospitals and Zübeyde Hanım Maternity and Child Health Hospital. And, Adnan Menderes University Hospital served as third level health institution.

##### **Study sample**

Population included all 281 midwives working at these institutions. However, because 10 midwives were at maternity leave, 13 midwives had medical report and 65 midwives were rejected to attend at the study, the study sample consisted of 193 midwives (68.7% of the population) who were available during the study and accepted to participate.

### **Instruments**

Data were collected via a questionnaire prepared by researchers according to the literature, Maslach's Burnout Inventory and Minnesota Job Satisfaction Scale that respondents completed during interviews. The questionnaire included a total of 37 questions, 10 questions about the sociodemographics of midwives and 27 questions about their work life. Maslach's Burnout Inventory includes 22 items. Its reliability and validity were studied by Çam (1991). It is a seven-point Likert-type scale ranging from 0 (never) to 6 (every day). This scale evaluates the burnout in emotional exhaustion (items 1, 2, 3, 6, 8, 13, 14, 16 and 20), depersonalization (items 5, 10, 11, 15 and 22), and personal accomplishment (items 4, 7, 9, 12, 17, 18, 19 and 21) subscales. The emotional exhaustion (EE) subscale aims to elicit employees' feelings of tiredness and their being excessively worn out emotionally. The depersonalization (DP) subscale demonstrates behaviors employees have toward clients as objects rather than people. The personal accomplishment (PA) subscale reflects ones negative self-evaluation and lack of PA or quite opposite, e.g., being able to cope adequately and successfully with encountered problems. The Chronbach  $\alpha$  values of the Maslach's Burnout Inventory were found for emotional exhaustion .90, for depersonalization .79 and for personal accomplishment .71. The reliability values for test-retest of each subscale were found for emotional exhaustion .82, for depersonalization .60 and for personal accomplishment .80. Çam (1991) revealed the reliability and validity of this scale by using the validity in time method, and found the Chronbach  $\alpha$  values for emotional exhaustion .89, for depersonalization .71 and for personal accomplishment .72 according to the Kuder-Richardson 20 formula. The reliability values of each subscale gathered by split-half technique were for emotional exhaustion .84, for depersonalization .78 and for personal accomplishment .72.

The Minnesota Job Satisfaction Scale was developed by Weiss, Dawis, England and Lofquist in 1967. The translation, reliability and validity of Minnesota Job Satisfaction Scale were made by Baycan in 1985. This scale includes 20 items determining internal (items 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16 and 20), external (items 5, 6, 12, 13, 14, 17, 18 and 19) and general satisfaction levels of individuals. It is a five-point Likert-type scale ranging from 1 (very dissatisfied) to 5 (very satisfied). The general satisfaction score was gathered by division of the sum of points from 20 items by 20. The Chronbach  $\alpha$  values of the Minnesota Job Satisfaction Scale were found for emotional exhaustion .90, for depersonalization .79 and for personal accomplishment .71. The reliability values for test-retest of each subscales were found for emotional exhaustion .82, for depersonalization .60 and for personal accomplishment .80. Baycan (1985) revealed the reliability and validity of this scale by using the validity in time method, and found the Chronbach  $\alpha$  values were found for emotional exhaustion .89, for depersonalization .71 and for personal accomplishment .72 according to Kuder-Richardson 20 formula. The reliability values of each subscale gathered by split-half technique were for emotional exhaustion .84, for depersonalization .78 and for personal accomplishment .72. The evaluations of both these scales were carried out by considering arithmetic means of the addend questions in all subscales. Data collection was carried out between

December 2007 and May 2008 by researchers at the units or clinics midwives worked. Forms were filled out by midwives within 15-20 minutes.

### **Analyses of Data**

Data were analyzed by descriptive statistics, t-test, Mann Whitney U test, Kruskal Wallis analysis, ANOVA and linear regression. It was important to know whether the inferential statistics of the study would be made by parametric or nonparametric methods. For this reason Kolmogorov-Smirnov normality test was used for normality tests. It was seen that the job satisfaction subscales and emotional exhaustion were normal distributed. Frequency distributions, central tendency and variance measures with necessary graphics were used. The homogeneity of variance was controlled via Levene's test. Bonferonni and nonparametric Bonferonni were used as post hocs.

Reliability of the data was analyzed by reliability analysis. The Cronbach  $\alpha$  values of Minnesota Job Satisfaction and Maslach's Burnout Subscales were analyzed in accordance to the signs of Tukey's additivity/retractability, nonadditivity, grandmean and correlation. The reliability analysis revealed that the Cronbach  $\alpha$  values gathered for all subscales was .83 for emotional exhaustion, .71 for desensitization, .77 for decrease in personal success feeling, .82 for internal satisfaction, .79 for external satisfaction and .87 for general satisfaction. These values suggested the suitability of the scales to measure the related concepts. The statistical analysis carried out to determine the additivity of the scale did not indicated its additivity.

Once the effects of sociodemographic characteristics, working life and work-related conditions on and the thoughts of midwives about the job satisfaction and burnout situations were determined, linear regression model was applied to determine factors affecting the independent variables "burnout" and "job satisfaction" at most. These analyses were only run for average additive scales with the assumption to fit the normal distribution and variables their data were measured at least at the level of intermittent and proportional scales, and the most important variables affecting job satisfaction and burnout were determined. The variables considered for regression were the finding profession suitable for themselves, satisfaction with the worked institution and clinic, perceived monthly income, the numbers of standing watches per month (proportional), served population size in primary health centers, numbers of daily served patients, numbers of the children, attendance of social activities, and worked time in the profession.

The data were evaluated at  $\alpha=.05$  level, also at the 95% confidence interval and 5% significance level.

### **Ethical aspect**

This study has been approved Institutional Human Ethic Committee, and the informed consent was obtained from all participants.

**Limitations of the study**

A limitation of this study is that it focused only to the midwives working in Aydin city center, where some of midwives working as midwife while others do jobs of nurses, a situation which may confuse their perceptions of job satisfaction and burnout. The findings base on the data collected via self-reports of midwives.

**Results**

Characteristics of midwives related to their personal, profession, working life and working conditions. The midwives were in mean  $35.35 \pm 4.68$  years old, 62.7% of them were undergraduate and 87% were married. A great part of the attendants did not choose their profession they self (59.6%). However, every other person found their profession suitable for self (52.8%) (Table 1).

**Table 1. Demographic Characteristics of Midwives**

<b>Demographic Characteristics</b>	<b>n</b>	<b>%</b>
<b>Age</b>		
≤ 30	29	15.0
31-35	76	39.4
36-40	63	32.6
≥ 41	25	13.0
<b>Education</b>		
College of Nursing	53	27.5
Undergraduate	121	62.7
Graduate	19	9.8
<b>Marital Status</b>		
Single	16	8.3
Married	168	87.0
Divorced	9	4.7
<b>Choosing profession</b>		
Self	78	40.4
Not self	115	59.6
<b>Suitability of profession</b>		
Very suitable	17	8.8
Suitable	102	52.8
Undecisive	33	17.1
Not suitable	32	16.6
Never suitable	9	4.7

Their mean time in profession was  $15.97 \pm 5.33$  years, and an important part of them (70.5%) had a work-experience between 11 and 20 years. A great part of them is working since 3-6 years in current institutions (34.2%) and since  $\leq 2$  years in current units/clinics (32.1%). A great part of midwives were working at the first and second levels health institutions (50.8%-46.6%). Of attendants 44% were working at the first level, 29% in the clinical care services at the second and third levels as the midwife. The midwives were working generally in polyclinics (31.6%). Among all midwives 23.3% were working in the units related to their expertise areas (obstetrics clinics, delivery room, newborn and children units), while 20.2% of the

sample was working in non-obstetric clinics. 59.6% of attendants did not preferred they self to work at the currently worked unite. Of midwives only 60.6% were working by days and only 54.9% are working 40 hours per week, while others are working more than 40 hours. There was a remarkable difference between midwives in respect to their monthly watch hours; 32.1% had no watches, while 36.2% had  $\geq 5$  watches per month. The midwives served in clinics daily 1 to 10 patients (%43). 2501-5000 populations at primary health care centers services (43.9%). Of midwives 64.8% told that they are satisfied with the institution and 59.6% with the units/clinics at which they are working (Table 2).

**Table 2. Characteristics of Midwives Related to Their Working Life and Working Conditions**

<b>Characteristics of their working life and working conditions</b>	<b>n</b>	<b>%</b>
<b>Working time in profession</b>		
≤ 10 years	24	12.4
11-15 years	67	34.7
16-20 years	69	35.8
≥ 21 years	33	17.1
<b>Working time in institutions</b>		
≤ 2 years	34	17.6
3-6 years	66	34.2
7-10 years	47	24.4
≥ 11 years	46	23.8
<b>Working time in clinics</b>		
≤ 2 years	62	32.1
3-6 years	61	31.6
7-10 years	39	20.2
≥ 11 years	31	16.1
<b>Worked institutions</b>		
Primary health care center	98	50.8
Secondary health care center	90	46.6
Tertiary health care center	5	2.6
<b>Worked clinics</b>		
Policlinics of primary health care centers (policlinics, injection, laboratory, immunization, record and family planning)	61	31.6
Field (Home visits)	45	23.3
Non-obstetrics clinics in secondary and tertiary health care centers (2 <sup>nd</sup> and 3 <sup>rd</sup> levels clinics other than obstetrics (Clinics of neurology, operation rooms, intensive care units, infection, medical and surgical services, ear-nose-throat, hemodialysis, emergency, radiology))	39	20.2
Obstetrics clinics	21	10.9
Delivery room	16	8.3
Clinics of pediatrics/newborn	8	4.1
Administrator	3	1.6
<b>Choosing of worked clinics</b>		
Yes	78	40.4
No	115	59.6
<b>Position of worked clinics</b>		
Manager midwife	13	6.7
Midwife in primary health center	85	44.0
Nurse in outpatient clinics of primary and secondary health care center	18	9.3
Midwife in secondary health care center	21	10.9
Nurse in clinics of primary and secondary health care center	56	29.0
<b>Working style</b>		
Only on day	117	60.6
Only night	1	0.5
Day + night	75	38.9
<b>Weekly working hours</b>		
40 hours	106	54.9
45 hours	48	24.9
45 hours + watches	31	16.1
40 hours + watches	8	4.1
<b>Number of watches per month</b>		
No	62	32.1
1	43	22.3
2-4	18	9.3
5-8	63	32.6
9-10	7	3.6
<b>Number of daily served patients</b>		
No	42	21.8
1-10	83	43.0
11-50	49	25.4
51-100	17	8.8
101-200	2	1.0

**Served population size in primary health centers**

No	31	31.6
1500-2500	24	24.5
2501-5000	43	43.9

**Satisfaction of institutions**

Yes	125	64.8
No	68	35.2

**Satisfaction of clinics**

Yes	115	59.6
No	78	40.4

**Job Satisfaction Level**

The items of job satisfaction scale were handled individually, the central tendency and alteration measures were analyzed, arithmetic means were used, and it was seen that “doing something for others” was the most satisfying matter. In other words, being beneficial/helpful was the most satisfying professions’ characteristic of midwives. By the additive/aggregative evaluation of Minnesota Job Satisfaction Subscales arithmetic means and standard deviations were gathered.

These were as below:

<i>Subscales</i>	<i>Addition</i> <i>X ± SS</i>
<i>Internal satisfaction</i>	<i>43.1140 ± 6.7289</i>
<i>External satisfaction</i>	<i>23.1140 ± 5.4062</i>
<i>General satisfaction</i>	<i>66.2280 ± 10.9221</i>

**Factors affecting job satisfaction and burnout**

**Factors affecting job satisfaction**

The factors affecting or not affecting the general job satisfaction and its internal and external satisfaction subscales are summarized in Table 3.

**Burnout Level**

The items of burnout scale were also handled individually, the central tendency and alteration measures were analyzed by handling the items of burnout scale individually. When arithmetic means were considered, it was seen that solving patients’ problems effectively was the most frequently seen profession’s attitude. Also, the rarest seen profession’s attitude was feeling energetic herself. The factor burning out midwives at most was working more and getting tired. The means and standard deviations of Maslach’s Burnout Subscales were as below:

<i>Subscales</i>	<i>Addition</i> <i>X ± SS</i>
<i>Emotional exhaustion</i>	<i>21.2435 ± 11.0113</i>
<i>Desensitization</i>	<i>3.2280 ± 4.6547</i>
<i>Personal accomplishment</i>	<i>37.5959 ± 8.2255</i>

**Table 3. Factors Affecting Job Satisfaction (N=193)**

<b>Factors</b>	<b>Job Satisfaction</b>		
	<b>General*</b>	<b>Eksternal*</b>	<b>Internal*</b>
Age	.033	.055	.060
Education	.939	.726	.940
Marital status	.287	.238	.461
Having children	.298	.236	.494
Number of children	.376	.422	.356
Perceived monthly income	.004	.002	.020
Choosing the profession self	.066	.032	.208
Suitability of the profession	.002	.002	.008
Worked time in the profession	.054	.270	.018
Worked institutions	.638	.669	.124
Worked clinics	.001	.001	.007
Choosing the worked clinics	.202	.109	.433
Position of worked clinics	.139	.013	.573
Working style	.366	.086	.862
Weekly working hours	.004	.001	.047
Numbers of watches <i>per</i> month	.001	.004	.001
Daily served patients	.486	.465	.097
Served population size in primary health centers	.071	.068	.210
Satisfaction with the worked institution	.150	.001	.802
Satisfaction with the worked clinic	.000	.000	.001
Attendance at social activities	.376	.372	.315

\**p* values

The most important factors found by linear regression analyses affecting general satisfaction and its internal and external subscales were summarized in Table 4. The model

explained the variances of 21% for general ( $p=.000$ ), 27% for external ( $p=.000$ ) and 15% for internal ( $p=.001$ ) satisfactions of midwives, in general.

**Table 4. Linear Regression Analysis of Factors Affecting General, External and Internal Satisfactions (N=193)**

Model	Coefficients			t	p
	Non-Standardized $\beta^*$	Standard Error	Standardized $\beta^*$		
<b>General satisfaction</b>					
Suitability of the profession	-.119	.039	-.222	-3.062	<b>.003</b>
Satisfaction with the worked clinic	-.222	.086	-.200	-2.591	<b>.010</b>
Perceived monthly income	.155	.067	.171	2.15	<b>.022</b>
Served population size in primary health centers	-7.827	.000	-.191	-2.05	<b>.029</b>
Numbers of watches <i>per</i> month	-5.496	.015	-.306	-3.58	<b>.000</b>
<b>External satisfaction</b>					
Suitability of the profession	-.100	.046	-.152	-2.175	<b>.031</b>
Satisfaction with the worked clinic	-.325	.102	-.237	-3.181	<b>.002</b>
Satisfaction with the worked institution	-.270	.092	-.191	-2.931	<b>.004</b>
Perceived monthly income	.294	.080	.263	3.682	<b>.000</b>
Served population size in primary health centers	-8.603	.000	-.170	-2.034	<b>.043</b>
Numbers of watches <i>per</i> month	-7,547	.018	-.339	-4.216	<b>.000</b>
<b>Internal satisfaction</b>					
Suitability of the profession	-.131	.041	-.238	-3.156	<b>.002</b>
Numbers of watches <i>per</i> month	-4.129	.016	-.224	-2.569	<b>.011</b>

\* *Standardized regression coefficients*

#### Factors affecting burnout

Statistical tests revealed also that various work-related conditions and personal characteristics of midwives influenced their burnout levels (Table 5).

**Table 5. Factors Affecting Burnout (N=193)**

Factors	Burnout		
	Personal accomplishment*	Desensitization *	Emotional exhaustion*
Age	.151	.174	.091
Education	.716	.381	<b>.025</b>
Marital status	.089	<b>.007</b>	.568
Having children	<b>.016</b>	<b>.004</b>	.484
Number of children	.090	<b>.013</b>	.557
Perceived monthly income	<b>.002</b>	.117	<b>.001</b>
Choosing the profession self	<b>.029</b>	.868	<b>.000</b>
Suitability of the profession	<b>.000</b>	.054	<b>.000</b>
Worked time in the profession	.146	.387	.050
Worked institutions	<b>.005</b>	.710	<b>.009</b>
Worked clinics	<b>.040</b>	.101	.081
Choosing the worked clinics	.761	.791	.366
Position of worked clinics	<b>.014</b>	.108	.063
Working style	.073	.252	.472
Weekly working hours	<b>.001</b>	.314	<b>.000</b>
Numbers of watches <i>per</i> month	.055	.329	.515
Daily served patients	.175	.062	<b>.038</b>
Served population size in primary health centers	.368	.705	.594
Satisfaction with the worked institution	.616	.278	.303
Satisfaction with the worked clinic	<b>.000</b>	<b>.000</b>	<b>.000</b>
Attendance at social activities	.464	<b>.035</b>	<b>.042</b>

\* p values

**Table 6. Linear Regression Analysis of Factors Affecting the Emotional Exhaustion (N=193)**

Model	Coefficients			t	p
	Non-Standardized	Standardized			
	$\beta^*$	Standard Error	$\beta^*$		
<b>Emotional exhaustion</b>					
Suitability of the profession	.329	.087	.275	3.799	.000
Satisfaction with the worked clinic	.694	.192	.279	3.619	.000

Table 6 summarizes the most important factors found by linear regression analyses affecting the emotional exhaustion levels of midwives. The model explained 22% of variance of midwives' emotional exhaustion ( $p=.000$ ).

#### Discussion

This study questioned the midwives' job satisfaction, burnout levels and factors affecting them at the three health institution levels in Aydın, and found that the job satisfaction levels of the midwives are on average while their burnout levels are over the mean ranges, in general. There are also significant relationships between these two important job-related parameters.

#### Job Satisfaction Levels

While numerous studies have focused on the job satisfaction of health professionals, especially on those of the nurses and physicians, studies that explore midwives' job satisfaction are limited in number and in time with a great part of studies are dated for the last decade. Similarly, many inquiries into midwives' job satisfaction are limited also in scope focusing on only one or two aspects or primarily on their overall job satisfaction (Hampton and Peterson, 2012). Otherwise, studies related to job satisfaction of midwives were evaluated with other health workers, especially with nurses together.

An early study with certified nurse midwives found that they are satisfied with their job, in general (Collins, 1990). Watson et al. (1999) reported that 80% of midwives registered to practice in Victoria, Australia in 1993, were satisfied with their work. Hampton and Peterson (2012) found job satisfaction of midwives high, and affecting factors were conditioned by their work places. Skinner, Madison, Humphries (2012) found that despite moderate levels of work-related stress, 96% of midwives and nurses were satisfied with their job varying from moderate to high levels, because of they enjoyed their current area of practice and felt well-suited to the particular type of work. Öncel et al. (2007) reported the level of work-related stress of midwives in Antalya as moderate while their general, internal and external job satisfaction levels were high. The opinions of physicians, nurses, other midwives and clients were an important factor for this. Senegalese midwives reported themselves moderately satisfied (Rouleau et al, 2012). However, in a comparative study Bodur (2001) found the lowest satisfaction scores for midwives among different health staff in Türkiye. Similarly, ad modum Hassan-Bitar & Narrainen (2011) the midwives are perceived at the bottom of the health staff hierarchy in Lebanon. Aydın and Akan (2010) also reported the average job satisfaction level for midwives working in Mersin as low. The highest job satisfaction levels had the midwives working at primary health care services, and midwives who had chosen the worked institute they self, proved higher job satisfaction levels than those who were appointed.

In this study, the items of job satisfaction scale were handled individually, the central tendency and alteration measures were analyzed, arithmetic means were used, and it was seen that "doing something for others" was the most satisfying matter. In other words, being beneficial/helpful was the most satisfying professions' characteristic of midwives. By the additive/aggregative evaluation of Minnesota Job Satisfaction Subscales arithmetic means and standard deviations were gathered. In general, the internal satisfaction of the study sample was mean-over levels and their external satisfaction was at the mean levels. That means that the internal satisfaction reflecting the characteristics of the work done is experienced strongly by the half of the midwives (55%). And, their external satisfaction reflecting the characteristics of the work done is at the mean levels, also lower than their internal satisfaction levels. General satisfaction is mean-over levels. That means that the midwives experience satisfactions anywhere in-between being indecisive and satisfied in regard to their professional characteristics.

In short, the findings of this study revealed that factors associated with midwives' overall job satisfaction conditioned by their personal, organizational and institutional characteristics wherein doing something for others and the perceived suitability of the profession as the most important factors, and place of work, workload and remuneration were other main factors standing out in this regard.

#### Burnout levels

Also in studies related to burnout midwives were evaluated generally with nurses and/or other health workers together. Consequently, there are limited studies concerning only midwives in this respect. Öncel et al. (2007) reported midwives' work-related stress, and the emotional exhaustion and personal accomplishment subscales of Maslach Burnout Inventory for Midwives in Antalya as moderate while their depersonalization subscale point was low. Compared with other midwives, midwives who thought that other midwives or the clients have positive opinions about midwifery profession had lower levels of work-related stress and emotional exhaustion and higher levels of satisfactions, in general. Borritz et al. (2006) reported that midwives and home care workers have highest burnout levels while the physicians and manager nurses had the lowest levels of burnout. These authors highlighted also a co-occurrence of both high client and high work burnout in midwives. Rouleau et al. (2012) reported that 55% of Senegales midwives burned out. On the three dimensions of the Maslach Burnout Inventory the emotional exhaustion (80.0%) and depersonalization (57.8%) levels were very high, while levels of diminished personal accomplishment were low (12.4%). Mollart et al. (2013) reported that 60.75% of midwives in the sample experienced moderate to high levels of emotional exhaustion, while low personal accomplishment and

depersonalization related to burnout were experienced by 30.3%. Jordan et al. (2013) found that some 30% of midwives working in a maternity unit in Australia experienced moderate to high levels of burnout. Also, Joshida and Sandall (2013) reported significantly higher levels of burnout for midwives compared to reference groups.

The findings of this study revealed that while the desensitization of the midwives was at the very low level occurring probably once or two times per year, their emotional exhaustion was fourfold of their desensitization level occurring probably once a month. The lowest level of desensitization indicates that the midwives consider their patients as important. However, the personal accomplishment was at the highest level what means that the midwives feel themselves generally as successful. The most noted profession's attitude was the solving problems of patients which inevitably should give a satisfaction to midwives, while the less noted profession's attitude was feeling energetic herself. Consequently, 'working more and getting tired' was found to be the most influential factor burning out midwives. Probably, they lost all their energy while they do their best to solve the problems of their patients, leading their burning out, especially when they serve more patients than optimum. Ad modum Aiken et al. (2001) each additional patient allocated to nursing workload is associated with a 23% increase in nurse burnout.

#### **Factors affecting job satisfaction and burnout**

##### ***Factors affecting job satisfaction***

In many studies related to job satisfaction the midwives were evaluated generally with other health care providers, especially with nurses together, and found great similarities. However, the findings of certain studies indicated that factors affecting job satisfaction of the members of these two professions may be somewhat different in detail, even in the same institution and/or with the same duties (Borritz et al., 2006; Coomber and Barribal, 2007; Knezevic et al., 2011). The factors affecting midwives' job satisfaction include their demographic characteristics, factors belonging to the profession and working life and work environment including the air quality, lighting and access to rest areas, furniture and rooms, the perception and statue of the profession, having children, relationships with colleagues, no clarity of the job description and problems with children's' care, smoking, alcohol and the effects of work-life on the private life, sufficiency of the social possibilities and attendance situations at social activities (Aydın and Akan, 2010; Durmuş and Günay, 2007; Erbil and Bostan, 2004; Deery, 2005; Paul, 2005; Seyhan, Deveci, Baydur, Kuşçu and Ertekin, 2003; Tengilimoğlu and Yiğit, 2005; Yıldız and Kanan, 2005; World Health Organization 2006). Ad modum Murrells, Robinson and Griffiths (2008) the effect of time on job satisfaction in early career of nurses is highly dependent on specialization. However, the factors affecting burnout may also vary among members of different professions. Aiken et al., (2001) stated that each additional patient allocated to nursing workload is associated with a 15% increase in nurses' job dissatisfaction. Detailed studies with nurses also suggested that choosing the worked unite/clinic, role conflicts, role uncertainty, work routines and team work were predominated as factors affecting job satisfaction (Ho, Chang, Shih and Liang, 2009; Lu, While and

Barribal, 2007; Ward and Cowman, 2007). Nurses told also the autonomy, patient-centered work, job security, working with a special group of patients, time passed after graduation, being verbally violated by the patients and/or their relatives, work rotation and working in private hospitals in addition to those maintained for midwives (Arcak and Kasımoğlu, 2006; Çetinkaya and Özbaşaran, 2004; Edwards, Burnard, Coyle, Fothergill and Hannigan, 2001; Flanagan and Flanagan, 2002; Ho et al., 2009; Mrayyan, 2005; Vahey, Alkan, Sloane, Clarke and Vargas., 2004; Yüksel, 2002). Recently, midwives want also more and more autonomy, a situation bound with possible benefits and new challenges for them.

Watson et al. (1999) reported the interactions with women as the most important aspect of job satisfaction for midwives. Also, working in a labor ward, feeling adequately prepared by midwifery education and training, working for more than 15 years and having continuing education were other factors associated with their job satisfaction. Similarly, ad modum Sullivan et al. (2011) midwives receive job satisfaction when they feel that they make a difference to women, have positive interactions with women in their care and see women happy. Senegalese midwives reported the morale and job security as the most saturating facets of their work while they were least satisfied with their remuneration and work environment (Rouleau et al. 2012). Hassan-Bitar & Narrainen (2011) highlighted the work environment characterized by high workload, poor compensation, humiliation, suboptimal supervision, absence of professional support and guidance for a group of Lebanese maternal health care staff. Knezevic et al. (2011) found that 76.7% of midwives accept their job as stressful and insufficient work resources cause the most stress. Pugh et al. (2013) found the family commitments, working conditions and role dissatisfaction as the most common reasons of midwives for intending to move jobs in Western Australia. Long, Jusoh, Ajagbe and Ghee (2013) analyzed previous research and determined the workload, procedural injustice, role ambiguity, work-family conflict and physical environment as the job stressors affecting job performance of midwives. Also, a review of preliminary literature by Cox and McBride (2004) revealed that job satisfaction-associated job aspects including working hours, workload, and appreciation of contribution were determinant factors for retention of midwives.

The institutions midwives worked (1st, 2nd and 3rd level health institutions) had no effect on the mean points of the general, external and internal satisfaction of midwives ( $p > .05$ ). The age of midwives affected their general satisfaction ( $p < .05$ ). Internal satisfaction was affected by the worked time in the profession, while the external satisfaction was affected by the choosing the profession self, the position in worked clinic and satisfaction with the worked clinic ( $p < .05$ ). Factors affecting all the general, external and internal satisfaction of midwives included the perceived monthly income, finding the profession suitable for self, worked clinic and satisfaction, working hours and numbers of the monthly watches ( $p < .05$ ) (Table 3).

Most important factors found by linear regression analyses affecting general satisfaction were finding the profession suitable for themselves, satisfaction with worked clinic, perceived monthly income, served population size in primary health centers and numbers of monthly watches ( $p < .05$ ). Most important factors affecting

external satisfaction included the suitability of the profession, satisfaction with the clinic and institution worked, sufficiency of monthly income, served population size and numbers of standing watches per month ( $p < .05$ ). Also, finding the profession suitable for themselves and number of watches per month were found as the most important factors affecting the internal satisfaction ( $p < .05$ ) (Table 4).

The model explained the variances of 21% for general ( $p = .000$ ), 27% for external ( $p = .000$ ) and 15% for internal ( $p = .001$ ) satisfactions of midwives.

According to these findings and findings of many others the problems of midwifery seems to be the perception of the profession in the population, workload with relatively low remuneration and non-flexible working conditions.

#### **Factors affecting burnout**

Because of midwifery is a profession about human relationships with an intense emotional workload, and the development of coping strategies and interpersonal skills are necessary to deal with sometimes stressful nature of this aspect of the midwives work, work dissatisfaction related consistently with high levels of occupational stress, and consequently work-related burnout is an inevitable consequence.

Also in studies related to burnout midwives were evaluated with nurses and/or other health workers together. It was reported that among health workers age, marital status, salary, underpayment, having child and number of children, worked years, time worked at an institution, worked unite/clinic, working hours, choosing the profession self, finding the profession suitable for self, problems with transport to the workplace, communication difficulties, satisfaction with work-life, job satisfaction, thoughts of working again at the same work place, insufficient administrator's support, having problems by arriving administrators, non-participation in decisions, insufficient continuing education in workplace, insufficient personal, time management, smoking, having a physical or psychological health problem and type of family are factors affecting the burnout (Barutçu and Serinkan, 2008, Braithwaite, 2008; Demerouti, Bakker and Nachreiner, 2000; Fong, 1993; Garret and Mc Danie, 2001; Jenkins and Elliott, 2004; Knezevic et al., 2011; Taycan, Kutlu, Çimen and Aydın, 2006).

In a recent study on midwives in Sivas, a city in central Anatolia, Alparslan and Doğaner (2009) determined some socio-demographic characteristics of midwives including personal characteristics, place of employment, work schedule, length of employment and completed school as important factors affecting their burnout. According to these authors the age, marital status, number of children, work areas and work schedule had no effect on the midwives' burnout. However, choosing the profession not willingly, working in the profession for economic reasons, being not pleased with working in the profession associated with higher mean scores for levels of emotional burnout and depersonalization and a lower mean score for personal accomplishment. Öncel et al. (2007) reported that midwives thinking that other midwives or the clients have positive opinions about midwifery profession had lower levels of work-related stress and emotional exhaustion when compared with other midwives. Borritz et al. (2006) highlighted a co-occurrence of both high client and high work burnout in midwives. Şahin et al. (2008) reported that age, sex, education, working years, family type and

health problems had no effect on the burnout levels of a group of nurses, midwives and health technicians working at a state hospitals. Rouleau et al. (2012) reported that 55% of Senegales midwives burned out. Their emotional exhaustion (80.0%) and depersonalization (57.8%) levels were very high, while levels of diminished personal accomplishment were low (12.4%). Besides, experiencing emotional exhaustion was inversely associated with remuneration and task satisfaction. Mollart et al. (2013) reported that 60.75% of midwives in the sample experienced moderate to high levels of emotional exhaustion, while low personal accomplishment and depersonalization related to burnout were experienced by 30.3%. These authors found also significant differences among groups of midwives according to years in the profession, shifts worked, the midwife's uptake of physical exercise and numbers of women with multiple psychosocial issues included in the midwife's workload. Those midwives with longer time in the profession and exercising scored low burnout levels. Jordan et al. (2013) found that some 30% of midwives working in a maternity unit in Australia experienced moderate to high levels of burnout. The personal and work-related issues of individual subscales were found to be a significant contribution to the overall scores; each of them experienced by some 50% of the sample at moderate to high levels. However, burnout related to working with clients was very low. Years of experience, area of work and employment position made differences between participants. Midwives aged 35 years or younger and with less than 10 years midwifery experience scored highest on the personal and work-related domains whereas participants over 35 years scored highest within the client-related domain. Also, midwives in lowest pay group (level 1) scored highest for work-related burnout and client-related burnout, whereas those in level 2 and above scored highest for personal burnout. Joshida and Sandall (2013) identified the high levels of occupational autonomy as the key protective factor of burnout. Further, the support for work-life-balance from the Trust had protective effect on the levels of burnout, and working hours were positively associated with burnout. Mollart, Newing and Foureur (2009) identified four major themes directly impacting midwives' emotional wellbeing they experience via their awareness and identification of domestic violence, childhood trauma, drug and alcohol use, depression, and vulnerability factors of women they serve. These were cumulative complex disclosures, frustration and stress, lack of support for midwives and unhealthy coping strategies. Kandolin and Huida (1996) examined the effects of three-shift work as irregular working hours on midwives' health and wellbeing and found the nightshift as the most tiring shift; its tiring effect increased also with age. Poissonnet and Véron (2000) reviewed the preliminary literature on the health effects of work schedules in health care professions and proposed the avoidance of extended workdays (9-12 h). Kalicińska, Chylińska and Wilczek-Różycka (2012) highlighted the predictive role of social support by superiors at the workplace of the burnout of Polish midwives. Ad modum Halldorsdottir and Karlsdottir (2011) the midwife knows and nurtures herself, both personally and professionally, and this personal and professional development prevents their burnout. Paterson et al. (2010) are in opinion that midwives are relatively stable in respect to mood, but they

experience increased fear and decreased happiness when at work. According to these authors the workload factors of midwives predict mood at work; when they feel that they could not accomplish all that was expected, their mood being influenced negatively. Seemingly, psychological problems of women served, personal psychological (mood) characteristics of midwives and the nature of working conditions determine whether or not job satisfaction or job dissatisfaction and burnout develop.

The findings of this study indicate in general that midwives are influenced much by the work-related negativities. The midwifery professions' being not respected (39.4%), non-protection of the appointment and personal rights (36.8%), having no life security (33.2%) and not-appreciation by the chiefs (32.1%) were found as the most important reasons for being unsatisfied with the worked institutions and/or units/clinics in this study.

Personal accomplishment was affected by the worked clinic/unit and the position ( $p < .05$ ). Emotional exhaustion was affected by the educational level and numbers of daily served patients ( $p < .05$ ). Desensitization was affected by marital status and the numbers of children. Attendance of social activities affected the desensitization and emotional exhaustion ( $p < .05$ ). Perceived salary, choosing the profession self and finding it suitable for self and worked institution and weekly working hours affected the personal accomplishment and emotional exhaustion ( $p < .05$ ). Having child(ren) influenced the personal accomplishment and desensitization of midwives ( $p < .05$ ). Only the satisfaction with worked clinic affected all three subscales of the burnout ( $p < .05$ ) (Table 5).

In this study, the most important factors causing the emotional exhaustion were finding the midwifery profession not suitable for self and not being satisfied with the worked unite/clinic ( $p < .05$ ) (Table 6).

The model explained 22% of variance of midwives' emotional exhaustion ( $p = .000$ ), and showed that most important factors affecting emotional exhaustion were finding the profession suitable for themselves and satisfaction with the worked clinic ( $p < .05$ ).

Regression analyses revealed that the numbers of daily served patients, the numbers of the children midwives had, attendance of their social activities, and their worked time in the profession have no important effects on the job satisfaction and burnout of midwives ( $p > .05$ ).

Most of the factors found whether or not affecting the job satisfaction and burnout in this study are similar to those gathered in previous studies on midwives and nurses discussed above. The reason of this similarity may be that nurses and midwives working in the health sector around the world have been exposing to similar stressors, in general.

The workers cannot burnout at one night, and cannot heal also so promptly. Therapy needs time. A long time period is necessary for severely burned out persons to rehabilitate. Refuse, e. g., not acceptance of ones that he/she has burnout is the most important reason delaying the therapy. Supportive systems like the family, friends and colleagues play an important role in the therapy (Whitehead, 2001). However, family and other environmental factors belong also to the factors affecting burnout (Middeldorp, Stubbe, Cath and Boomsma, 2005; Sheffield and Backer, 2005). Thus, it is very important to determine all factors affecting the burnout of workers in every institution to develop successful strategies to

overcome it effectively. Because of there is newly a fundamental transition in health care system in Türkiye, the job satisfaction and burnout situations and affecting factors of all health personals including that of midwives need to be reevaluated in near future to make comparisons to evaluate new working conditions. Then, the quality of care given by midwives or other health care providers is negatively affected by working conditions, work-related stress and problems causing burnout, and could be improved by improving their working conditions (Aslan, Aslan, Kesepara, Alparslan and Ünal, 1997; Wu, Zhu and Wang, 2007).

### Conclusion

A high quality of midwifery care depends among others to the job satisfactions of midwives with, if possible, no burnout. Thus, the factors causing low job satisfaction and burnout of midwives should be determined in detail and solved where possible. The findings of this study revealed the perception of the midwifery in the population, choosing the midwifery as the profession self, low income, and some working conditions as the most important factors affecting the job satisfaction and burnout levels of the study sample, and thus provided valuable information about the problems of midwives' work-life for those responsible for organizations at the governmental and institutional levels. Especially, the problems regarding to the view and perception of the profession in the general population, the selection criteria of the students to the study of midwifery as future midwives, payment problems and work related conditions should be handled in emergence. cultural-educational, organizational and legal precautions should inevitable be taken to overcome all these problems.

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