



Level of burnout in a small population of Australian midwives

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ABSTRACT

The aim of the study was to describe the level of burnout in midwives working at a maternity unit in South East Queensland, Australia.

Method: A self-administered questionnaire was distributed to all registered midwives ($N = 110$) working at the study site during November 2011. The questionnaire included a demographic survey and the Copenhagen Burnout Inventory. Fifty-eight (52.7%) staff completed the package. Data was entered into SPSS database version 19 and descriptive statistics were used to determine means, ranges and frequencies.

Results: Almost 30% of the sample experienced moderate to high levels of burnout some 50% of participants scored moderate to high for personal burnout with a similar number scoring high for work-related burnout. In comparison, burnout related to working with clients was very low. Differences between participants were associated with years of experience, area of work and employment position (FT/PT, level of position and work area). Participants 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. Midwives at level 1 (lowest pay group) scored highest for work-related burnout and client-related burnout. Midwives in more senior positions (level 2 and above) scored highest for personal burnout.

Conclusion: Personal and work-related burnout was high in this group of midwives while burnout related to caring for women was low. These results provide insight into the emotional health of midwives in one maternity unit. While more work is needed, strategies to decrease and/or prevent burnout may include clinical mentorship and reorganising models of maternity care to increase work satisfaction and autonomy and strengthen relationships between midwives and women.

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1. Introduction

In recent years there has been an increasing focus on the emotional wellbeing of health care practitioners including midwives.¹ In countries like Australia, clinicians are faced with a number of challenges which make the delivery of high quality health care difficult. Such challenges include financial constraints, an ageing workforce, increasing workloads and high levels of practitioner attrition.^{2,3} The health industry's inability to effectively manage resources has also been implicated in the poor

quality of care. Midwifery typifies this situation with the profession currently experiencing large shortages of midwives both nationally and internationally.^{3–5} There is now an increasing body of work that suggests midwives may be experiencing burnout as a result of their current working conditions.^{6–12}

Burnout is a condition that arises when prolonged stress leads to a loss of energy and exhaustion. Burnout is characteristically associated with a loss of workplace involvement, a lack of motivation and engagement, and increased feelings of disparagement and cynicism. In addition an eroded sense of self-worth or self-efficacy often results in a lack of accomplishment or success.¹³ Burnout is a pervasive phenomenon and can have serious dysfunctional ramifications. A loss of productivity which has the potential to incur substantial personal, professional and organisational costs has long been reported.^{14,15} As such; levels of burnout are an important barometer of major dysfunction in the workplace.¹⁶

Although some researchers suggest burnout is not job specific others dispute this.^{15,17} For example, Borritz conducted

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a large longitudinal study in Denmark with the aim of exploring burnout, motivation and job satisfaction. Using the Copenhagen Burnout Inventory (CBI) the authors found that professions which required high levels of community engagement such as nurses, social workers, prison officers and teachers were more likely to suffer burnout related health problems.¹ Midwives were also one of the at risk groups exhibiting high levels of emotional exhaustion and burnout.¹ Variables related to the work environment such as availability of resources, relationships with colleagues, models of care, type of client group or care level required and fear of reprimand or litigation are stressors that have all been linked to burnout and shown to impact midwives and their practice.^{5,7–13,18–22}

Historically, scant attention has been afforded to the emotional needs of midwives as a factor in retention and workplace health. Clinicians have been expected to cope with the daily challenges of providing health care and self-manage the array of emotions that may be elicited.^{5,22–26} Hunter argues that the lack of professional acknowledgement of the high level of emotional ‘work’ or ‘labour’ required by midwives has meant that individual midwives are at risk of internalising any negative emotions as personal dilemmas and failings.²⁰ Ensuring the psychological wellbeing of individual midwives is becoming increasingly recognised as an important strategy in recruiting and retaining staff and maintaining a healthy midwifery workforce. Currently, however, there has been limited work on midwives work-related psychological wellbeing within the Australian context.

The aim of the study was to identify and describe the emotional-exhaustion-burnout levels in midwives at one maternity unit in South East Queensland, Australia.

2. Method

This study used a descriptive cross-sectional survey design.²⁷

2.1. Setting

This study was conducted at a maternity unit, in South East Queensland, Australia. The unit has an annual birth rate of approximately 3500 births. The vaginal birth rate for 2010 was 73% ($n = 2610$) with a caesarean section rate of 27% ($n = 962$).²⁸ The unit has a special care nursery (SCN – level 2) with 20 cot and 2 neonatal intensive care beds.

2.2. Participants

All registered midwives working on a permanent, part-time or regular casual basis as clinicians, educators, managers and/or consultants in the unit were invited to participate in the study (approximate $N = 110$). Recruitment took place during November and December 2011. Fifty-eight questionnaires were returned; a response rate of 52.7%. One questionnaire was missing some demographic data however all the work related information was present and all the burnout questions were answered, so it was retained in the analysis.

2.3. Recruitment and data collection

A series of seminars were conducted in the unit to inform staff about the study. Study packages including an information sheet, a demographic data collection questionnaire and the Copenhagen Burnout Inventory (CBI) were given directly to midwives. In addition packs were freely available in strategic areas within the work place. Participation in the study was supported by the midwifery management team. Anonymity was guaranteed as only non-identifiable data were requested. Consent was implied

if the midwife completed and returned the questionnaire package.

2.3.1. Measures

The demographic questionnaire contained two distinct sections. The first; collected personal information such as age, marital status, number of children and involvement in caring for others such as elderly parents. The second section captured work-related variables such as years of midwifery experience, work area, employment status and amount of leave taken in the last three months.

The concept of burnout is well established and supported by a substantial body of work.^{14,15} In this study ‘burnout’ was measured using the Copenhagen Burnout Inventory (CBI).^{1,17} The instrument was developed by Dutch researchers in response to growing methodological concerns with the Maslach Burnout Inventory (MBI),²⁹ the most widely used burnout instrument. Milfont et al.,³⁰ summarise the limitations of the MBI as, highly orientated to ‘people’ professions, poorly defined domains, problems with cross-cultural identification of items, and commercial ownership of the tool resulting in financial cost to the researcher. Researchers developing and testing the CBI^{31–33} aimed to produce a clearer understanding of the underpinning conceptual components of burnout arguing that burnout was a fatigue/exhaustion phenomenon as opposed to the concepts of emotional exhaustion,

Table 1
Background characteristics.

Characteristic	No.	%
Age ($N = 58$)		
<35 years	10	17
35–50 years	33	58
>50 years	15	25
Marital status ($N = 56$)		
Single	8	14
De facto/married/widowed	44	79
Separated/divorced	4	7
Any children ($N = 56$)		
No children	9	16
1–4 children	47	84
Care for other people ($N = 57$)		
No	52	91
Yes	5	9
Work area ($N = 54$)		
Antenatal services	7	13
Birth centre/caseload	5	9
Birthing services	23	43
Postnatal services	17	31
Education/management	2	4
Years midwifery experience ($N = 58$)		
Less than 2 years	14	24
2–5 years	16	28
5–10 years	8	14
10–20 years	14	24
More than 20 years	6	10
Current position ($N = 57$)		
Level 1 midwife	36	63
Level 2 and above	21	37
Employment ($N = 58$)		
Full-time	29	50
Part-time	29	50
Weekly shift hours ($N = 58$)		
16 h or less	3	5
24 h	6	10
32 h	16	28
36 h	17	29
40 or more hours	16	28
Type of leave in past 3 months ($N = 50$)		
No leave	19	38
Annual recreation leave	17	34
Family/study leave	3	6
Sick leave	11	22

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