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A study to investigate the connection between burnout-related socio-demographic and professional variables and level of burnout of midwives working as health care workers

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This study was conducted for the purpose of investigating the relationship between some burnout-related socio-demographic and professional variables and level of burnout of midwives working as health care workers. Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by the three dimensions of exhaustion, cynicism and inefficacy. It has a special significance in health care where staff experience both psychological-emotional and physical stress. Measuring burnout among midwives is important because their well-being has implications for stability in the healthcare workforce and for the quality of care provided. This research, planned as a descriptive and cross-sectional study. The population was the 257 midwives who work in Sivas, Eastern Turkey province center. There were 110 of these midwives who did not want to participate in the study or were on maternity or vacation leave and were, therefore, not included in the study, leaving 147 midwives who were included in the sample. The research data were collected on a 28-item questionnaire prepared from information in related literature and the Maslach Burnout Inventory which were administered using interview technique. The data obtained were analyzed in the computer with Variance Analysis, Kruskal Wallis and Tukey tests. Midwives' level of burnout was moderate. Age, marital status, number of children, work area and work schedule were not found to have an effect on the midwives' burnout. However midwives who had not willingly chosen the profession, who stated that they worked in the profession for economic reasons, who were not pleased with working in their profession had higher mean scores for levels of emotional burnout and depersonalization and a lower mean score for personal accomplishment ($p < 0.05$). According to the research results some socio-demographic characteristics of midwives (personal characteristics, place of employment, work schedule, length of employment, school from which graduated) had an effect on burnout.

Key words: Midwifery, socio-demographic characteristics, Maslach Burnout Inventory, burnout level.

INTRODUCTION

Exhaustion syndrome (burnout) has been defined differently as loss of meaningful relationship to work, disturbance in objectivity in human relationships and ecologic function and monotony (U urlu, 2003) or as a pathologic condition characterized by emotional and physical exhaustion caused by facing work stress for a long pe-

riod of time (Maslach et al., 2001). Maslach further defined burnout as individuals' decreased sensitivity to people they have to face at work, feeling of emotional exhaustion and decreased feelings of personal accomplishment and adequacy (Maslach et al., 2001; Demir et al., 2003).

In other word burnout is an ongoing emotional reaction that can be experienced in struggling with periods of change in life and in work and job activities (Silah, 2001). This emotional reaction consists of three dimensions of emotional exhaustion, decreased personal accomplish-

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ment and depersonalization (Silah 2001, U urlu 2003). Emotional exhaustion is individuals' feelings that they are excessively burdened and exhausted because of the work they do. Depersonalization is an indicator of attitudes and behaviors of inattention and lack of feeling towards people as unique individuals to whom they are giving care and service. Personal accomplishment refers to individuals' finding themselves able to successfully overcome problems (Silah, 2001; Maslach et al., 2001).

Burnout is recognized as a syndrome experienced by almost every professional group, but it is experienced more by professional groups which provide direct service to people, particularly in health care workers (Alimo lu and Dönmez, 2005; Mollao lu et al., 2005; Wu et al., 2007). Burnout syndrome is seen more in stressful professions which have intense and continuous face-to-face relationships with people, such as, physicians, nurses and physiotherapists in the health care area and police, teachers and child care workers (Aslan et al., 1997; Çam, 1998; Erci et al., 2000; Karlida et al., 2000; Serinken et al., 2002; Mollao lu et al., 2003). In general people are expected to work productively and provide a quality product (U urlu, 2003). This is also what is expected of midwives, as health care workers.

There are many factors in Turkey which have a negative effect on work life. Many factors and environmental factors in non-conductive work-environment is a cause for disturbance in the quantity and quality of their work (Çam, 1998; Silah, 2001; U urlu, 2003). Environmental factors such as the characteristics of work, working with patients who have a poor prognosis, excessive number of hours of work per week, work pressure, role confusion, interpersonal conflicts, working in unhealthy conditions, inadequate pay and not being rewarded for work have a negative effect on work life.

There are some socio-demographic variables which have been determined to be important in burnout (Serinken et al., 2002; Wu et al., 2007). There are personal factors such as the age of the individual, marital status, number of children, educational level and attachment to work which have been identified as causes for stress and tension in those who work in the health care area (Çam, 1992; Aslan et al., 1997; Karlida et al., 2000; U urlu, 2003).

According to the literature intense stress in the work environment disturbs employees' health, decreases work productivity of individuals whose health is disturbed and results in unavoidable absenteeism from work. The continually increasing stress leads to burnout and job dissatisfaction (Çam, 1992; Tel, 1999; Kirkham and Stapleton, 2000; Maslach et al., 2001; Özyurt et al., 2006). The most important consequences seen in burnout syndrome are absenteeism, hindrance to work, negligence, decreased ethics, avoiding work setting so that other employees are burdened with their responsibilities,

increase in not coming to work because of illness, disturbance in interpersonal relationships at work and outside of work, low job performance, increase in accidents and injury at work, postponement of expenses, increase in medication errors (Çam, 1993; Çam, 1996; Erci et al., 2000; Silah, 2001; U urlu, 2003).

In Turkey, midwives are the health care services' most important task force for improvement and protection of the health of mothers and children and for providing prenatal, natal and postpartum healthcare (Erci et al., 2000). Such primer health care services are provided in public health clinics in Turkey. The quality of care provided by midwives is negatively affected by problems related to burnout and work-related stress (Aslan et al., 1997; Wu et al., 2007; Dickinson and Wright, 2008). Although there have been many research studies about burnout and factors related to burnout in other health-related professional groups, there have been few studies examining this subject in midwives as health care workers (Ergin, 1996; Aslan et al., 1997; Erci et al., 2000; Kirkham and Stapleton, 2000; Deery, 2005; Öncel et al., 2007). In these studies even though midwives' level of burnout was found to be lower than nurses, the stress of midwives who work in the community has been found to be higher (Deery, 2005) and for this reason there is a need to study a wider population of midwives.

Ergin (1992) has evaluated midwives while evaluating the Turkish medical staff norms of Maslach Burnout Inventory (MBI). This particular research has involved 165 midwives from four cities each of which was accepted as the low development level region (Ergin, 1992). Therefore it is not to make a generalized evaluation on midwives of Sivas as well as midwives from rural areas of Anatolia. The fact that burnout is accepted important since it might cause negativities such as giving improper health services, suffering of midwives from health problems, low job performances and low job satisfaction and limited sources and possibilities of Turkey.

The present study has been performed in order to investigate the relationship between the burnout of midwives and the sociodemographic and occupational variables.

MATERIALS AND METHODS

This research was carried out in the city of Sivas (294.402 people), Turkey. Sivas is located in the eastern part of Central Anatolia. The industry of Sivas is not well-developed. Sivas takes migration from rural to cities. The population for this descriptive and cross-sectional study was comprised of the midwives who work at Sivas Cumhuriyet University Research (Bed 720) and Training Hospital, I. zzettin Keykavus State Hospital (Bed 313) and 19 centrally controlled, community based primary care clinics. There were a total of 257 midwives employed at these two hospitals and the primary care clinics, however 110 midwives did not want to participate, were on maternity leave or vacation and were not

included in the sample.

The study sample was comprised of the remaining 147 midwives. Study data were collected using a "Personal Information Form" prepared by researcher based on the literature and the "Maslach Burnout Inventory (MBI)". Sociodemographic, personal and occupational multiple-choice and open questions (a 28-item questionnaire) which were thought to have effects on MBI scores have been included in the "Personal Information Form". A pilot study of this Personal Information Form was performed on 10 midwives and the final version of this form was established. The study instruments were administered using interview technique-*Maslach Burnout Inventory (MBI)*: This 22-item tool was developed by Maslach and adapted for Turkish people with validity and reliability studies conducted by Ergin (1992) and Çam (1996). This five-point Likert type scale evaluates three dimensions of burnout. These are personal accomplishment, depersonalization and emotional exhaustion. The test-retest reliability coefficients of the tool's subscales according to Ergin's study were found to be 0.83 for emotional exhaustion, 0.72 for depersonalization and 0.67 for personal accomplishment. The inventory's emotional exhaustion (EE = 0 - 36 points) subscale contains nine items which describe individual's feelings about exhaustion from work and being overburdened.

The depersonalization (D = 0 - 20 points) subscale contains five items which describe behavior in which an individual shows behaviors of inattention and lack of feeling towards people as unique individuals to whom they are giving care and service. The personal accomplishment (PA = 0 - 32 points) subscale has eight items which define feelings of adequacy and success in overcoming problems with people with whom they work. Expressions about emotional burnout and depersonalization were negative whereas expressions about personal success were positive. Therefore personal success related items could be rated on the opposite way (Ergin, 1996).

Ethics of research

The required permissions from the relevant institutions have been obtained. Since there was not a local ethics committee in Sivas during the times that investigation was performed, no ethical permission was taken. However, informed consent was taken from all midwives who took part in the study. The informed consent was taken following the explanation of the aim of the study midwives were informed that the questionnaires were anonymous and that their names were omitted from the questionnaire.

Data analysis

Data were analyzed using the Statistical package for Social Sciences for Windows 12.0 and were tested for statistical significance of the differences on the basis of 95% confidence intervals. Percentage, mean and number were used in evaluation of the midwives' socio-demographic characteristics. In the statistical analysis, the relation between all variables and burnout scores were evaluation. Variance Analysis (Kruskal Wallis, Turkey test) were used in the evaluation of relationships between individual and work characteristics and the tool. ANOVA was preferred in order to make use of the post-hoc techniques (Turkey) to determine the real differences between categories of independent variable.

RESULTS

In this research 52.4% (n = 77) of the midwives were in

Table 1. Midwives' mean burnout scores (n: 147).

Inventory	MBI Subscales	X ± SD	Min	Max
Burnout	EE *	17.4082 ±	7.00	35.00
	D**	0.4863	0.00	15.00
	PA***	5.0476 ±	11.00	29.00
		0.2687		
		20.8299 ±		
		0.3277		

* Emotional Exhaustion (EE), ** Depersonalization (D), *** Personal Accomplishment (PA).

the 31 - 40 year old age group, 81.6% (n = 120) were married and 86.6% (n = 104) had a child. It was determined that 46.9% (n = 69) of the midwives had graduated from a vocational high school and 53.1% (n = 78) were graduates of an associate degree (two year university, n = 70, 47.6%) or baccalaureate (four year university, n = 8, 5.5%) degree. 52.4% (n = 77) of the participating midwives worked in a primary care clinic and 69.4% (n = 102) had worked for nine or more years. It was determined that 51.7% (n = 76) of the midwives worked 40 h a week and 48.3% (n = 71) more than 40 h a week and 52.4% (n = 77) of the midwives worked straight day shifts.

The mean burnout score for emotional exhaustion amongst the midwives was found to be X = 17.4082, their mean depersonalization score was X=5.0476, with the mean personal accomplishment score was X = 20.8299. (Table 1)

It was determined that 53.7% of the midwives willingly chose their profession. A statistically significant relationship was found between burnout (emotional exhaustion, depersonalization and personal accomplishment) and willing choice of the profession (p < 0.05). The mean scores for emotional exhaustion (X = 19.1139) and depersonalization (X = 5.9747) for those individuals who did not willingly choose their profession were found to be high and their mean personal accomplishment score was found to below (X = 20.0127) (Table 2).

In the evaluation of the midwives' level of burnout according to length of service a statistically significant relationship was found between emotional exhaustion, depersonalization and personal accomplishment and length of service (p < 0.05). Those who had recently begun working in the profession (one to three years) had lower mean score emotional exhaustion (X = 12.3636) and depersonalization (X = 2.7273) mean scores and a higher personal accomplishment mean score (X = 22.0000). The midwives who had nine to thirteen years of service had a lower personal accomplishment mean score (X = 20.0492) compared to the other groups.

Table 2. Relationship between burnout and willing choice of profession.

Subscales	Willingly chose profession	n	%	X ± SD
EE	Yes	68	46.3	15.4265 ± 0.6603
	No	79	53.7	19.1139 ± 0.6486
P = 0.000				
D	Yes	68	46.3	3.9706 ± 0.3398
	No	79	53.7	5.9747 ± 0.3762
P = 0.000				
PA	Yes	68	46.3	21.7794 ± 0.4449
	No	79	53.7	20.0127 ± 0.4574
P = 0.007				

Table 3. Evaluation of the relationship between burnout and most important reason for working in this profession.

Subscales	Reasons for working in this profession	n	%	X ± SD
EE	Love the Profession	19	12.9	13.3158 ± 0.8887
	Economic Reasons	69	46.9	19.7681 ± 0.7609
	Social Reasons	50	34.0	16.0400 ± 0.6515
	All	9	6.1	15.5556 ± 1.7568
P = 0.000				
D	Love the Profession	19	12.9	3.7368 ± 0.4863
	Economic Reasons	69	46.9	5.3623 ± 0.6616
	Social Reasons	50	34.0	5.0000 ± 0.4311
	All	9	6.1	5.6667 ± 1.3017
P = 0.321				
PA	Love the Profession	19	12.9	23.1579 ± 0.2683
	Economic Reasons	69	46.9	20.1884 ± 0.6722
	Social Reasons	50	34.0	21.0000 ± 0.4311
	All	9	6.1	19.8889 ± 1.7436
P = 0.033				

Forty six percent (46.9%) of the midwives stated that they worked in this profession for economic reasons and 12.9% because they loved the profession. A statistically significant relationship was found between reason for working in the profession and emotional exhaustion and personal accomplishment ($p < 0.05$). The mean emotional exhaustion score ($X = 13.3158$) was lower and the mean personal accomplishment score ($X = 23.1579$) was higher in those who worked in the profession because they loved it. The mean emotional exhaustion score ($X = 19.7681$) was higher and the mean personal accomplishment score ($X = 20.1884$) lower for those who worked in the profession for economic reasons (Table 3).

It was determined that 26.5% of the midwives were satisfied and 55.1% were partially satisfied with working in their profession. A statistically significant relationship was found between the midwives' burnout and level of satisfaction with working in the profession ($p < 0.05$).

The emotional exhaustion ($X = 22.3704$) and depersonalization ($X = 6.3704$) were higher and the personal accomplishment ($X = 19.0370$) was lower in midwives who are not satisfied (Table 4).

Of the midwives 57.8% stated that they sometimes complained and 26.5% that they complained most of the time about their profession. A statistically significant relationship was found between midwives' burnout and

Table 4. Evaluation of relationship between burnout and level of satisfaction with working in the profession.

Subscales	Level of satisfaction	n	%	X ± SD
EE	I'm satisfied	39	26.5	13.7179 ± 0.7456
	I'm partially satisfied	81	55.1	17.5309 ± 0.5206
	I'm not satisfied	27	18.4	22.3704 ± 1.3599
P = 0.00				
D	I'm satisfied	39	26.5	3.3846 ± 0.4784
	I'm partially satisfied	81	55.1	5.4074 ± 0.3092
	I'm not satisfied	27	18.4	6.3704 ± 0.7738
P = 0.00				
PA	I'm satisfied	39	26.5	23.0769 ± 0.5082
	I'm partially satisfied	81	55.1	20.3457 ± 0.4098
	I'm not satisfied	27	18.4	19.0370 ± 0.8697
P = 0.00				

Table 5. Relationship between burnout and frequency of complaining about profession.

Subscales	Level of complaint	n	%	X ± SD
EE	Most of the time	35	26.5	22.5714 ± 1.1094
	Sometimes	85	57.8	16.7059 ± 0.4908
	Very little	23	15.6	13.0435 ± 0.7989
	Never	4	2.7	12.2500 ± 2.0156
P = 0.000				
D	Most of the time	35	26.5	6.1714 ± 0.6197
	Sometimes	85	57.8	4.8588 ± 0.3344
	Very little	23	15.6	4.3478 ± 0.5679
	Never	4	2.7	3.2500 ± 2.1360
P = 0.114				
PA	Most of the time	35	26.5	20.1143 ± 0.7388
	Sometimes	85	57.8	20.4588 ± 0.4105
	Very little	23	15.6	22.6522 ± 0.7046
	Never	4	2.7	24.5000 ± 1.8484
P = 0.016				

the frequency with which they complained about their profession ($p < 0.05$). The group creating the difference was the individuals who stated that they complained most of the time who higher emotional exhaustion ($X = 22.5714$) and lower personal accomplishment ($X = 20.1143$) the other groups (Table 5).

Significant relationships were found between emotional burnout, depersonalization and personal accomplishment scores and the level of appropriateness of the profession

for the individual ($p < 0.05$). The personal accomplishment score ($X = 23.1053$) was higher, while the emotional exhaustion ($X = 12.7368$) and depersonalization ($X = 3.4737$) were lower in those who stated that they were very appropriate for the profession. The emotional exhaustion ($X = 25.8750$) and depersonalization ($X = 9.2500$) scores were higher and the personal accomplishment ($X = 19.3750$) score was lower in those who said that the profession was not appropriate for them at all.

A significant relationship was found between the school from which the midwife graduated and personal accomplishment ($p < 0.05$). The midwives who graduated from a health related occupational high school had a lower mean personal accomplishment score ($X = 20.0000$) compared to those who graduated from a baccalaureate degree program.

In this study 52.4% of the midwives worked in primary health care institutions, that is, they worked in community-based public health clinics and 47.6% worked in secondary care health care institutions, that is, state and university hospitals. There was no statistically significant relationship between place of employment and emotional exhaustion or personal accomplishment scores ($p > 0.05$). However midwives who worked in secondary care institutions had higher personal accomplishment scores (Table 6) ($X = 21.1143$).

No statistically significant difference was found between the midwives' work schedules and emotional exhaustion ($p > 0.05$) (Table 7). However those who worked straight day shift had a slightly higher mean level of emotional burnout than the midwives working other schedules ($X = 17.4304$). There was also no statistically significant difference found between depersonalization and work schedule ($p > 0.05$). However the midwives working straight night shift had a higher mean depersonalization score ($X = 5.2143$). Although no difference was found between personal accomplishment and work schedule ($p > 0.05$) the midwives working rotating shifts had a higher mean personal satisfaction score ($X = 20.9815$) than the midwives working other schedules.

DISCUSSION

When the burnout level of midwives in Turkey was evaluated according to the national burnout norms, emotional burnout (norm EE = 0 - 36 points) and depersonalization (norm D = 0 - 20 points) were found to be lower than norms whereas the personal success was found to be appropriate with the mean group norms (20 - 25 points) (Ergin, 1992). Since the burnout syndrome is a combination of high emotional burnout, depersonalization and low personal accomplishment it could be suggested that there was a burnout in the particular region similar to norms seen in Turkey. This outcome of differences in people's burnout norms in the country may be a result of socio-cultural differences that may be a reflection of difficulties in the midwives' work conditions. Although the results are similar to studies about burnout in nurses conducted in this country (Demir and Ulusoy, 2003; Alimo lu and Dönmez, 2005; Mollao lu et al., 2005), they are lower than the results of some other studies (Gülseren et al., 1998; Mollao lu et al., 2003; Erci et al., 2000). The findings in our study are higher than the result from

studies by Schmitz et al. (2000) and Öncel et al. (2007).

Maslach et al. (2001) stated that the burnout levels were higher in unmarried and younger people in particular, whilst in this research it was determined that age, marital status and number of children did not have an effect on burnout. In studies conducted by Çam (1992), Mollao lu (2003) and Yaman (2002) with physicians and nurses, age, marital status and number of children did not have an effect on occupational burnout as well. In a study conducted by Erci, Aydın and Tortumluo lu (2000) midwives and nurses' burnout levels were also not found to be affected by age, marital status or number of children.

According to the research results midwives who had worked in the profession for one to three years had lower mean scores for emotional burnout and depersonalization and a higher personal accomplishment mean score. Our findings are not consistent with those of other studies. In studies conducted with health care workers and midwifery by Aslan et al. (1997) and Öncel et al., (2007), it determined that as age and number of years of employment increased emotional burnout, depersonalization and work -related stress decreased and personal accomplishment and job satisfaction increased. In the study by Erci et al. (2000) with midwives and nurses the length of employment did not have an effect on burnout. In the study by Mollao lu et al. (2003) burnout was experienced less by nurses with longer lengths of service and in particular, depersonalization was higher in those with shorter lengths of service and in that respect, in younger nurses. Burnout decreases with age and job experience, for this reason the first years of an employment in a profession have the highest risk for burnout. Although it was determined that the burnout syndrome's subscale of emotional exhaustion increased in those new to the profession and with no experience (Maslach et al., 2001), in the group the research was conducted it was determined that as length of employment increases the mean emotional exhaustion and depersonalization scores increase and mean personal accomplishment score decreases. This situation is important for showing that as midwives' length of employment increased they were more affected by their work conditions. Working in negative conditions exhausts individuals and can disrupt the quality and quantity of service (Wu et al., 2007). In addition it should not be forgotten that burnout can lead to serious problems in individuals in their later years of work life (Ersoy et al., 2001, Serinken 2002). The reason of the low appearance of burnout in upper-age groups could be the heterogenic group of midwives who participated in the study (Ergin 1996).

The level of personal accomplishment was found to be lower in the midwives who had graduated from a health related occupational high school, the emotional exhaus-

Table 6. Burnout status according to area of employment.

Subscales	Institution where employed	n	%	X ± SD
EE	Primary health care *	77	52.4	17.3546 ± 0.67135
	Secondary health care **	70	47.6	17.4714 ± 0.71038
P = 0.902				
D	Primary health care *	77	52.4	4.8571 ± 0.35014
	Secondary health care **	70	47.6	5.2571 ± 0.41238
P = 0.458				
PA	Primary health care *	77	52.4	20.5714 ± 0.45638
	Secondary health care **	70	47.6	21.1143 ± 0.47179
P = 0.410				

*Primary health care (community based health clinics) **Secondary health care (State and University hospitals).

Table 7. Midwives' level of burnout according to work schedule.

Subscales	Work schedule	n	%	X ± S _n
EE	Straight Day Shift	79	53.7	17.4304 ± 0.67377
	Straight Night Shift	14	9.5	17.2857 ± 1.51704
	Rotating Shift System	54	36.7	17.4074 ± 0.80595
P = 0.996				
D	Straight Day Shift	79	53.7	4.9620 ± 0.34298
	Straight Night Shift	14	9.5	5.2143 ± 1.14919
	Rotating Shift System	54	36.7	5.1296 ± 0.44943
P = 0.940				
PA	Straight Day Shift	79	53.7	20.7975 ± 0.46227
	Straight Night Shift	14	9.5	20.4286 ± 1.15175
	Rotating Shift System	54	36.7	20.9815 ± 0.50951
P = 0.894				

tion level was lower and the personal accomplishment level was higher in the midwives who were baccalaureate degree graduates. In research conducted by Kavla (1998) with nurses the school from which individuals graduated did not have an effect on burnout. According to the literature individuals with higher educational levels have more responsibility (Nemcek and Gary, 2007) and experience more stress which can cause burnout (Maslach et al., 2001). However in this study the result was the opposite. As discussed by the Cherniss Model factors such as doubts about adequacy and success, lack of autonomy, unsuccessful leadership, professional orientation and workload can affect high school graduate midwives (Burke and Greenglass, 1995).

One of the limitations of the present study could be the absence of personal characteristics, personal relationships and job satisfaction. Midwives who are not enterprising, busy with daily jobs, weak to control incidents, close to changes, weak in self-confidence and easily controlled tend to show high burnout levels (Alimo lu and Dönmez, 2005). University graduate midwives' having a lower level of burnout may be a result of the opportunities their university education gave them (Kavla, 1998), as well as the strengthening of their problem solving skills that it provided.

In our research the midwives who worked in secondary health care institutions (state and university hospitals) had lower levels of emotional exhaustion and depersona-

lization and a higher level of personal accomplishment, however the difference was not found to be significant. In a study by Demir et al. (2003) with nurses the nurses who worked in a state hospital were found to have higher levels of emotional burnout and depersonalization than the nurses who worked in a university hospital. In the study by Kavla (1998) there was no significant relationship found between place of employment and emotional exhaustion and depersonalization scores, but the place of employment did have an effect on personal accomplishment scores. In the study conducted by Erci et al. (2000) with midwives and nurses, being satisfied with the place where one was still employed had an effect on emotional exhaustion, but not on depersonalization and personal accomplishment. An increase in emotional exhaustion and depersonalization can lead to disturbance in emotional health, can be an obstacle to an individual doing their job or even be the cause for leaving their job (Canbaz et al., 2005). Although the midwives were not seen to be quitting their jobs, their continuation in the profession even though they do not want to and do not like it increases dissatisfaction and has a negative effect on service provided.

Emotional exhaustion is more related to problems with work environment than with individual factors. When emotional exhaustion occurs productivity and personal accomplishment decrease and individuals experience feelings of inadequacy in coping with problems and find themselves in a vicious life circle (Çam, 1993, 1998; Poissonet and Veron, 2000, 2001; Canbaz et al., 2005). Although there was no significant difference between their shifts of working and emotional burnout along with their depersonalization, there was a slightly high depersonalization levels in midwives working at night shifts. In a study by Mollao lu et al. (2005), nurses who worked more than 40 h a week were found to experience more burnout. In a study by Aslan et al. (1997) the group that worked rotating shifts were found to have higher emotional exhaustion and depersonalization means and a lower personal accomplishment mean. Working at night shifts and getting low sunshine exposure are factors to stress midwives (Alimo lu and Dönmez, 2005; Weber and Jaekel-Reinhard, 2000).

Individuals who work rotating shifts have less time for their social lives (Çam, 1998; Silah, 2001) and have to assume responsibilities for patients on their own. The feeling of loneliness causes emotional burnout by making stress (Silah, 2001). Chernis's burnout model is convenient with this condition (Çam, 1993). Night shifts affect their responsibilities at home and increase the burnout risk (Poissonet and Veron, 2000; Sheward et al., 2005). Changes in their biological clocks because of irregular working hours and high numbers of patients they have to deal with at night may increase their burnout levels. By decreasing night shift arrange their working hours and

give off-duty hours following night shifts may decrease the burnout levels (Weber and Jaekel-Reinhard 2000).

In the study by Mollao lu et al. (2005), nurses who worked rotating shifts were found to experience more emotional exhaustion and depersonalization. In our study the midwives who worked rotating shifts had a slightly higher mean depersonalization score and the straight day shift midwives had lower depersonalization but the difference was not statistically significant. The day shift midwives' status may have been affected by their biological clocks not having to be reset, not having to face unmet need for sleep, having a higher number of midwives working on days than nights and having to give care to fewer patients.

The present study showed that choosing her own job is a factor positively affecting the burnout levels. Emotional burnout and depersonalization were lower and personal success was higher in midwives who have chosen their job by their willing than midwives who have chosen their job unwillingly. In the study by Mollao lu et al. (2005) nurses who had not willingly chosen their profession were found to experience more emotional exhaustion and depersonalization and those who willingly chose their profession were found to have a higher level of personal accomplishment. The finding that burnout was experienced in those who had unwillingly chosen the nursing profession was considered to be striking (Mollao lu et al., 2003). Until 2006 midwifery education begun at the age of high school students and economic freedom was gained at an early age. This also meant that they were unwillingly choosing the profession only for economic reasons and as a result is now affected by emotional exhaustion and depersonalization. Job selection with economic hesitations may cause burnouts during the progression of job process.

Those who complained infrequently about the profession were found to have low emotional exhaustion and high personal accomplishment levels. In the examination of the relationship between being appropriate for the profession and burnout it was determined that individuals who stated that they were very appropriate for the profession had lower levels of emotional exhaustion and depersonalization and higher levels of personal accomplishment.

Not fulfilling their professional expectations, not receiving positive feedback about professional effort from managers and team members and lack of organizational structure affect work life which can lead to stress and burnout (U urlu, 2003). It can be said that while complain from job of midwives are increasing, individual success are decreasing compared to the related literature.

In individuals who stated that they were not satisfied with their profession the mean levels of emotional exhaustion and depersonalization was high and the mean personal accomplishment was low. The reason for this is that fac-

tors such as complaining about the profession, dissatisfaction and poor professional outcomes, are not caused by individuals not liking their profession, but by continuing unwillingly for economic reasons, resulting in burnout which has a negative effect on job satisfaction (U urlu, 2003; Kaçmaz, 2005). In the study by Erci et al. (2000), it was determined that satisfaction with the profession had an effect on the burnout components. The findings of this study are supported by information in the literature.

Study limitations

Data were obtained from self-reports and may, therefore, reflect bias in reporting. Participants may have underestimated or overestimated their levels of burnout. One of the limitations of the present study could be the absence of personal characteristics, personal relationships and job satisfaction

Conclusion

According to the research results some socio-demographic characteristics of midwives (personal characteristics, place of employment, work schedule, length of employment, school from which graduated) had an effect on burnout. Age, marital status, number of children, work area and work schedule were not found to have an effect on the midwives' burnout. Factors were determined that contributed to midwives for burnout in the work environment of our country .Young people need to be kept informed when they make their choice of profession. Shiftwork systems may be arranged to meet ergonomic criteria and the personal of midwives. In addition, occupational health education should be given to midwives to help them learn effective coping skills. There is a need for further research, in this way, burnout syndrome is not experienced, can be prevented or helped to cope with when it is experienced.

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