EBELERİN COVİD-19 PANDEMİSİNDE DUYGUSAL EMEK İLE TÜKENMİŞLİK DÜZEYLERİ ARASINDAKİ İLİŞKİNİN İNCELENMESİ

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Öz

Bu çalışma ile ebelerin Covid-19 pandemisinde duygusal emek ile tükenmişlik düzeyleri arasındaki ilişkinin incelenmesi amaçlanmıştır. Kesitsel türde bir çalışmadır. Türkiye'de bulunan tüm ebeler araştırmanın evrenini oluşturmaktadır (N:56.000). Örneklem büyüklüğü en az 382 olarak hesaplanmış, ancak ebelerin iş yoğunluğu, araştırma anketinin ulaştırılamaması, çalışmaya katılmak istememeleri nedeni ile araştırmaya 159 ebe katılmıştır. Veri toplama araçları olarak "*Sosyo- Demografik Özellikler Tanıtım Formu*", *"Duygusal Emek Ölçeği"* ve "*Koronavirüs Tükenmişlik Ölçeği"* kullanılmıştır. Ebelerin Duygusal Emek Ölçeği puan toplamı 39.126±7.88 (min:18, max:60), Covid-19 Tükenmişlik Ölçeği puan toplamı ise 41.151±7.34 (min:15, max:50) tür. Duygusal emek ile tükenmişlik düzeyinin birbiri ile ilişkisine bakıldığında her ikisinin pozitif yönde birbirini etkilediği, duygusal emek düzeyi arttıkça tükenmişlik düzeyinin de artmış olduğu saptanmıştır (p<0.05). Çocuk varlığının duygusal emek üzerinde etkisi olduğu saptanmışken, mesleki pişmanlık, pandemide iş yükünde değişiklik ve günlük ortalama uyku süresinin tükenmişlik düzeyi üzerinde etkisinin olduğu belirlenmiştir. Çalışmada pandemi sürecinde ebelerin duygusal emek ve tükenmişlik düzeylerinin yüksek olduğu sonucuna varılmıştır.

Anahtar Kelimeler: Tükenmişlik, Covid-19, Duygusal Emek, Ebelik, Pandemi.

INVESTIGATION OF THE RELATIONSHIP BETWEEN EMOTIONAL LABOR AND BORNOUT LEVELS OF MIDWIVES DURING COVID-19 PANDEMIC

Abstract

This study investigates the relationship between emotional labor and burnout levels of midwives during Covid-19 pandemic. It's a cross-sectional study. The study population consist of all midwives around Turkey (N=56,000). The minimum sample size was calculated as 382; however a total of 159 midwives participated due to their workload, inability to deliver the research survey to all, and unwillingness to participate in the research. The data were collected using a Sociodemographic Attributes Information Form, Emotional Labor Scale, and Coronavirus Burnout Scale. Midwives' Emotional Labor Scale mean score was 39.126±7.88 (min:18, max:60) and the Covid-19 Burnout Scale mean score was 41.151±7.34 (min:15, max:50). Considering the relationship between emotional labor and burnout level, they positively affected each other. That is, as emotional labor increased, the burnout level increased too (p<0.05). The presence of a child had an impact on emotional labor, whereas occupational regret, change in workload during the pandemic and daily average sleep duration had an impact on burnout level. The study results showed that emotional labor and burnout levels of midwives were high during the pandemic.

Key words: Burnout, Covid-19, Emotional Labor, Midwifery, Pandemics.

1. INTRODUCTION

From past to present, there have been several pandemic processes due to infectious diseases and the most affected risky groups have always been health care professionals (1, 2). With the first case seen in Turkey just like all around the world in the Covid-19 pandemic outbroken in 2019, the Turkish Ministry of Health has adopted certain measures such as turning all hospitals into pandemic hospitals, and ceasing all leaves of the health care professionals. The measures taken caused prolonged working hours of health care professionals, difficulty in the adaptation between home and work, psychological burden, psycho-social pressure, increased workload, and development of a sense of professional exhaustion (3, 4). Because of these all factors, the studies conducted indicated that health care professionals showed depressive symptoms during the pandemic (5). Also, giving care to seriously ill patients caused stress, physical and mental injuries and maximized burnout risk in health care professionals. Burnout in health care professionals may affect the quality of care they give to the patients or may cause them to quit work (6).

Midwifery offers the most important health services, including prepartum, maternity and postpartum care with the strategies to promote, increase and protect maternal and child health. Midwives play an important role in decreasing maternal and infant death with the care services they provide and they represent one of the important occupational groups in the health care industry (7, 8). Women become pregnant, give birth and need for midwifery care along with their families during the pandemic too. Maternal and neonatal care gained an extra importance during the pandemic (8). Thus, midwives are health care professionals who have an active role in this process (9, 10). The studies conducted show an increase in anxiety and stress levels and decreased life satisfaction in midwives during the pandemic due to increased workload and unit change (8, 11). Emotional labor is also a stressor that leads to burnout (12). Studies have shown that excessive emotional labor causes physiological health problems such as psychological and musculoskeletal symptoms such as depression, anxiety and frustration, pain, menstruation irregularity, weakness, cardiovascular disease, and increased levels of burnout (13, 14, 15). This study investigates the relationship between emotional labor and burnout levels of midwives during Covid-19 pandemic.

2. MATERIALS AND METHODS

2.1. Research Type, Setting and Time

The study was conducted as cross-sectional study aiming to investigate the relationship between emotional labor and burnout of midwives during Covid-19 pandemic.

2.2. Population and Research Sample

Midwives who received the survey through social media platforms (Facebook, Instagram, Twitter, etc.) and through associations related to midwifery (Anatolian Midwives Association, Midwifery Research and Development Association, Turkish Midwives Association, Association for Evaluation and Accreditation of Midwife Educational Programs) from July to September 2021 and agreed to participate were included in the study. All midwives around Turkey consist the population of the study (N=56,000). The sample size was calculated prior to the study, using the Sampsize calculator (16) and resulting in a score of 382 with <0.05 minimum sample size, 5% margin of error, and 95% confidence interval. However, a total of 159 midwives participated due to their workload, inability to deliver the research survey to all, and unwillingness to participate in the research.

2.3. Data Collection Tools

The data were collected by snowball method using online survey method through Google Forms application. The data were collected using a socio-demographic attributes information form which was developed by the researchers, the Emotional Labor Scale (ELS) which was developed by

Pala and Sürgevil in 2016, and the Coronavirus Burnout Scale (CBS) which was developed by Yıldırım and Solmaz in 2020.

Sociodemographic Attributes Information Form: This form, developed by the researchers to evaluate socio-demographic attributes of midwives, consists of 16 questions based on socio-demographic attributes.

Emotional Labor Scale (ELS): The ELS was developed by Pala and Sürgevil. The scale consists of 12 items. It has three sub dimensions, including superficial behaviors, suppression of emotions and deep behaviors. The scale items are scored on a five-point Likert type scale. There is no cut-off point in the scale. A higher score from the scale shows more emotional labor. In the study of Pala and Sürgevil, the reliability of superficial behavior dimension according to reliability analysis results in the dimension was 0.77; the reliability of the suppression of emotions was 0.68; the reliability of the deep behaviors dimension was 0.53; and the reliability of the dimensions was moderate to good (17). In our study, the Cronbach's alpha value of the ELS was found to be 0.75. The Cronbach's alpha values of its sub dimensions were 0.65 for superficial behaviors, 0.68 for suppression of emotions, and 0.60 for deep behaviors.

Coronavirus Burnout Scale (CBS): The CBS was developed by Yıldırım and Solmaz in 2020. The scale consists of 10 items and was adapted from the Burnout Measure-Short Form version. The scale items are scored on a five-point Likert type scale. The obtainable lowest score is 10, and the highest is 50 points. A higher score from the scale shows a higher burnout level regarding Covid-19. The Cronbach's alpha value of the scale was found 0.92 in the study of Yıldırım and Solmaz, 2020 (18). This value was 0.89 in our study.

2.4. Ethical Consideration

Permission was obtained from Ağrı İbrahim Çeçen University Scientific Research Ethics Committee (No: E-95531838-050.99-12792). Also, written consent was obtained from midwives who accepted to participate in the study.

2.5. Data Analysis

The data obtained from the study were analyzed using IBM SPSS Statistics AMOS 22.0 software. Analysis of the data was done with midwives' socio-demographic attributes number percentage distribution and the relationship between the factors affecting emotional labor and the burnout levels of midwives was evaluated using independent t-test and ANOVA analysis. To determine the relationship between the groups that obtained significant differences from ANOVA analysis, the Bonferroni, one of the post-hoc analyses, was used.

2.6. Limitations of the Study

Limitations of study include inability to reach a sufficient number of participants due to collecting the data online and midwives' reluctance of separating time for the study due to their workload density.

3. RESULTS

This part includes distribution of sociodemographic and professional characteristics of midwives, total scores of ELS and CBS, and effect of some characteristics of midwives on emotional labor and burnout level during the Covid-19 pandemic. Table 1 shows sociodemographic attributes of midwives. Therefore, mean age of the midwives was 27.36±4.60 and their years of working were 4.86±4.65. Of the midwives, 41.10% aged between 18 and 25, 57% were single, 22.80% had children, 63.90% had only one child, and 88% had bachelor's degree.

Table 1. Sociodemographic Attributes of Midwives

Attributes	Number (n)	Percent (%)
Age group		
18-25 years	65	41.10
26-30 years	65	41.10
31 years of age and above	28	17.80
Educational status		
Associate degree	2	1.30
Bachelor's degree	139	88.00
Postgraduate	17	10.70
Marital status		
Single	90	57.00
Married	61	38.60
Divorced	7	4.40
Having a child		
Yes	36	22.80
No	122	77.20
*Number of children		
1 child	23	63.90
2 children	12	33.30
3 children and more	1	2.80
Total	**158**	**100**

*Percentage was calculated over those who answered.

Table 2 provides information about professional attributes of midwives. Therefore, 68.40% of the midwives had a 0-5 years of experience in the profession, 81% willingly chose the profession, 48.10% regretted choosing the profession, 60.10% worked in a department related to their profession, 66.50% stated that they were not contracted Covid-19, 60.38% of Covid-19 sufferers did not have enough rest during Covid-19 pandemic, 89.80% reported increased workload, 47.50% slept 6-8 hours a day, and 91.10% did not allocate sufficient time to the family and social life.

Table 2. Professional Attributes of Midwives

Attributes	Number (n)	Percent (%)
Years of occupation		
0-5 years	108	68.40
6-10 years	31	19.60
11 years and more	19	12.00
Voluntary selection of occupation		
Yes	128	81.00
No	30	19.00
Regret in choice of profession		
Yes	76	48.10
No	66	41.80
No idea	16	10.10
Working at the required department		
Yes	95	60.10
No	63	39.90
Transmission of Covid-19		
Yes	53	33.50
No	105	66.50
*Having enough rest during Covid-19		
Yes	21	39.62
No	32	60.38
Change in workload during the pandemic		
Increase in workload	142	89.80
No change in workload	11	7.00
Decrease in workload	5	3.20

Daily sleep duration		
Less than 6 hours	72	45.50
6-8 hours	75	47.50
More than 8 hours	11	7.00
Allocating sufficient time to the family and social life		
Yes	14	8.90
No	144	91.10
Total	**158**	**100**

Percentage was calculated over those who answered.

Table 3 provides midwives' total scores from the ELS and CBS. Midwives' ELS mean score was 39.126±7.88 (min:18, max:60) and the CBS mean score was 41.151±7.34 (min:15, max:50). Considering the relationship between emotional labor and burnout level, they positively affected each other. That is, as emotional labor increased, the burnout level increased too (p<0.05).

Table 3. Midwives' Total Scores From The ELS and CBS

The Scales	Number (n)	X̄	min	max	Sd
Emotional Labor Scale	158	39.12	18	60	7.889
Covid-19 Burnout Scale	158	41.15	15	50	7.348

X̄: Mean, Sd: Standard deviation

Table 4 determines the relationship between some characteristics of midwives and emotional labor. The statistical analyses made determined that the age group, marital status, voluntary selection of occupation, working in the department desired/enforced, transmission of Covid-19, having enough rest under quarantine, change in workload during the pandemic, daily average sleep duration and allocating time for social life and family during the pandemic had no effect on emotional labor (p>0.05). However, the presence of a child had an impact on emotional labor. Those who had no children had higher score from emotional labor.

Table 4. Comparison of Some Characteristics of Midwives With Emotional Labor

Attributes	EMOTIONAL LABOUR SCALE		
	Number (n)	X̄±Sd	
Age group			
18-25 years	65	39.739±7.625	F=2.300
26-30 years	65	39.754±8.210	p=0.104
31 years of age and above	28	36.250±7.342	
Marital status			
Single	90	39.689±8.227	F=0.537
Married	61	38.426±7.601	p=0.585
Divorced	7	38.000±5.972	
Having a child			
Yes	36	36.666±7.297	t=-2.154
No	122	39.852±7.938	**p=0.033**
Voluntary selection of occupation			
I chose intentionally	128	38.687±4.475	t=-1.450
I chose unintentionally	30	41.000±9.366	p=0.149
Occupational regret			
Regret	76	38.605±7.338	
Impenitent	66	40.061±8.783	F=0.871
No idea	16	37.750±6.382	p=0.421
Working in the department desired/enforced			
Yes	95	39.347±7.838	t=0.431
No	63	38.793±8.016	p=0.667
Transmission of Covid-19			
Yes	53	38.057±8.298	t=-1.213

No	105	39.666±7.658	p=0.227
Resting under quarantine			
I could rest	21	39.904±7.569	t=1.323
I could not rest	32	36.844±8.644	p=0.192
Change in workload during the pandemic			
Increased workload	142	39.063±7.861	F=0.939
No change in workload	11	37.909±9.278	p=0.393
Decreased workload	5	43.600±4.505	
Daily average sleep duration			
Less than 6 hours	72	39.708±7.686	F=0.627
6-8 hours	75	38.400±8.218	p=0.536
More than 8 hours	11	40.273±7.072	
Allocating time for social life and family during the pandemic			
I could/can allocate time	14	37.786±7.444	t=-0.665
I could not/cannot allocate time	144	39.257±7.944	p=0.507

$\bar{X}$: Mean, Sd: Standard deviation

Table 5 shows comparison of some characteristics of midwives and Covid-19 burnout levels. The analyses indicated that age group, marital status, having a child, voluntary selection of occupation, working in the department desired/enforced, transmission of Covid-19, resting under quarantine, allocating time for social life and family during the pandemic had no significant effect on the level of burnout ($p > 0.05$). However, there was a significant difference between occupational regret and burnout level ($p < 0.05$). The post-hoc analysis showed a difference between those who regretted and who did not to have selected the profession. Burnout levels of those who regretted to have selected the profession were higher. There was a significant difference between change in workload during the pandemic and burnout level ($p < 0.05$). The post-hoc analysis showed that there was a significant difference between "increased workload" and "no change in workload", and "decreased workload" and "no change in workload" ($p < 0.05$). Those whose workload increased compared to those whose workload did not change, and those whose workload decreased compared to those whose workload did not change had higher burnout scores. There was a significant difference between daily average sleep duration and burnout level ($p < 0.05$). The post-hoc analysis showed that there was a significant difference between burnout levels of those who slept less than 6 hours and those who slept 6-8 hours a day ($p < 0.05$). Burnout scores of those who slept less than 6 hours were found to be higher.

Table 5. Comparison of Some Characteristics of Midwives With Covid-19 Burnout

Attributes	COVID-19 BURNOUT SCALE		
	Number	**$\bar{X}$±Sd**	
Age group			
18-25 years	65	41.215±6.001	F=0.021
26-30 years	65	41.015±8.399	p=0.979
31 years of age and above	28	41.321±7.831	
Marital status			
Single	90	40.055±8.064	F=2.375
Married	61	42.639±6.161	p=0.096
Divorced	7	42.285±5.154	
Having a child			
Yes	36	41.694±6.597	t=0.503
No	122	40.991±7.573	**p=0.616**
Voluntary selection of occupation			
I chose intentionally	128	41.156±7.136	t=0.015
I chose unintentionally	30	41.133±8.324	p=0.988
Occupational regret			
Regret	76	42.802±5.991	F=4.540
Impenitent	66	39.166±7.747	**p=0.012**

No idea	16	41.500±9.715	
Working in the department desired/enforced			
Yes	95	40.852±7.645	t=-0.627
No	63	41.603±6.913	p=0.531
Transmission of Covid-19			
Yes	53	41.622±7.209	t=0.571
No	105	40.914±7.440	p=0.569
Resting under quarantine			
I could rest	21	40.095±6.024	t=-1.256
I could not rest	32	42.625±7.819	p=0.215
Change in workload during the pandemic			
Increased workload	142	41.915±6.499	F=17.723
No change in workload	11	29.727±9.187	**p=0.000**
Decreased workload	5	44.600±4.979	
Daily average sleep duration			
Less than 6 hours	72	42.694±6.149	F=4.384
6-8 hours	75	39.373±8.224	**p=0.014**
More than 8 hours	11	43.181±5.776	
Allocating time for social life and family during the pandemic			
I could/can allocate time	14	37.571±8.776	t=-1.926
I could not/cannot allocate time	144	41.500±7.135	p=0.056

$\bar{X}$: Mean, Sd: Standard deviation

4. DISCUSSION

Midwifery represents one of the important professions in the health care industry and the quality of midwifery practices is a main indicator of women' satisfaction from delivery and their infants' health results (8). Midwifery is one of the most challenging professions both physically and psychologically, being a profession exposed to high stress (11). Covid-19 pandemic has become an important stressor that manifests with a set of symptoms, including depression in health care professionals and may deteriorate mental health (19). The mean score of midwives from ELS was found to be 39.12±7.88 (min:18, max:60). The CBS mean score was 41.15±7.34 (min:15, max:50) and burnout level of midwives was found to be high (maximum obtainable score was 50). Jalili et al. evaluated burnout levels in health care professionals and found their mean score from the Maslach Burnout Inventory to be 64.2±7.7, which showed that 53% of the participants had high burnout levels (20). Nishimura et al. found high burnout levels in 50% of health care professionals dealing with Covid-19 patients for the last two weeks (21). Altıparmak and Yılmaz found the midwives' burnout sub dimension mean scores as 18.57±6.65 for emotional burnout, 21.65±3.93 for decreased personal sense of achievement, and 6.25±3.86 for desensitization and midwives with depression had higher levels of emotional exhaustion and desensitization (7). High level of stress is also a trigger of burnout. Therefore, Jasinski et al. stated that midwives working during the pandemic experienced more occupational stress compared to pre-pandemic period (22). In the thesis study of Çolak, investigating burnout and depression levels of health care professionals, 20% of the participants consisted of midwives and had a burnout mean score of 33.05±13.02 (23). Similar to other studies, Ferry et al. observed burnout in 73% of the participants (24), and this was in 53% in the study of Duarte et al. (25). Denning et al. found that burnout in 67% of health care professionals (26). Similar to other studies, Şengül et al. determined burnout level as 52% in health care professionals (27). Similar to other studies, our study also found burnout levels of midwives to be high during the pandemic.

There are varied factors that affect burnout and factors such as irregular working hours, insufficient numbers of staff, physical and psychological stress factors are some factors that affect the development of burnout (24, 28). Considering the relationship between emotional labor and burnout levels of midwives, having a child had an impact on emotional labor; and occupational regret, change in workload during the pandemic and daily average sleep duration (less than 6 hours) were

associated with burnout level. Ferry et al. stated that the factors affecting the general burnout were being young, being a woman, working in a new area, providing care to patients with Covid-19 infection, concerns about access to adequate personal protective equipment, and history of depression (24). Çolak stated that criteria such as educational level, having a child, marital status, years of working, history of depression, and working hours were effective in burnout levels of Midwives (23). Jalili et al. pointed that age, sex, having a child, and department were effective factors in burnout levels (20). Similarly, Altiparmak and Yilmaz stated that there was a weak and positive correlation between mean scores of the emotional burnout sub dimension of burnout scale and the depression scale; and as depression level increased, emotional burnout significantly increased (7). Denning et al. stated that changing the department, anxiety and depression affected burnout level (26). Duarte et al. emphasized that sex, marital status, having a child, area of work, and direct contact with infected people significantly affected burnout level (25). Yörük and Güler evaluated the relationship of the psychological resilience, burnout, stress in midwives and nurses, and sociodemographic factors with depression and specified that midwives with high stress and emotional exhaustion had higher risk of depression (29).

5. CONCLUSION

The study showed that emotional labor and burnout levels of midwives during the pandemic were high and having a child, occupational regret, change in workload during the pandemic, decreased daily average sleep duration were the affecting factors. All studies conducted with health care professionals during the pandemic obtained similar results to the present study, health care professionals were emotionally and physically worn out, and accordingly, their burnout levels were high. To maintain health care services during the pandemic, a set of arrangements are necessary to reduce the stress factors experienced by health care professionals. At this point, regulation of flexible work programs, the provision of transparent and complete information, necessary support and adequate resources and structural strengthening midwives' organizational positions and working environments can reduce their stress during the pandemic and stress-driven burnout.

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