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Midwives' Perception of Work Related Psychological Problems in Al-Najaf Governorate

A Dissertation

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of Babylon as Partial Fulfillment of the Requirements for the
Degree of Philosophy of Doctorate in Nursing Sciences

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

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Dedication

I would like to dedicate this work

- *Praise be to Allah the Almighty first.*
- *To my father for his constant prayers and great trust with endless love.*
- *To my loving mother, I want to express a special feeling of gratitude; you fill me with all tenderness and warmth, and you have taught me the principles of life and kindness.*
- *To the source of power and pure love: my family.*
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ABSTRACT

The main goal of midwives around the world is to create a safe conditions and place for childbirth. while, there are many women in worldwide have to experience labor and delivery not as a complete experience, but as a child birthing woman full of frightening thoughts and risks without accessible and easy delivery method. In today time, most women still cannot separate birth from death. As a result, midwives are summoned to take an important role in securing childbirth. Each year, out of the 130 million fetuses born internationally, it is estimated that approximately 8 million babies die during labor.

Moreover, there have been several researches on work related stressors in registered nurse and other health care providers, but not many studies have focused on midwives and maternity care. Examining a wide range of stressors in the work environment, present studies showed positive relationship between work stress, anxiety and burnout with quality of care, organizational commitment, and staff turnover in the midwifery profession.

Hence, the objective of this dissertation is to identify the sociodemographic characteristics of nurse-midwives in Al Najaf hospitals and to assess the level of work-related stress, anxiety and depression symptoms as perceived by the nurse-midwife. To find-out the relationship between the self-perceived symptoms of the participants and their sociodemographic data. Finally, to assess the level of work burnout as a result perceived by the midwife.

A descriptive cross-sectional study has been executed during the period from 20th September 2019 to 28th February 2021 to examine groups of 214 midwives (convenient sample) in various hospital and health departments of Al-Najaf AL-Ashraf governorate in relation to their perception of stress, anxiety and depression and work burnout.

The results the study had indicated that there is a highly significant association between midwives' age, level of education, duration of working in labor department and their marital status and burnout inventory at p-value less than (0.001). As well as there is significant association between midwife's participation in continuing nursing education program related to the work-related stress, anxiety and burnout. Overall assessment of level of work burnout perceived by midwives. Participant results shows strong high significant positive correlations between Depression Anxiety and Stress Scale and Copenhagen Burnout Inventory. Personal Domain, work related Domain and Client-related Domain reveal moderate level of burnout.

Based on the finding of present study, strongly recommend implementing continuous educational programs and training session regarding coping with stress and work burnout and enhancing the consulting system's competency, developing and implementing related education programs throughout the work in hospital or during study courses, informing midwives of the necessary skills for positive interaction with client and colleagues, thus increasing assertiveness and reducing stress and anxiety, are all critical issues that must be addressed for better mental health.

Table of contents

Subject	Page No.
Acknowledgment	I
Abstract	II-III
Table of Contents	IV-V-VI
List of Tables	VII- VIII
List of Figures	IX
List of Abbreviations	X
List of Appendices	XI
Chapter One: Introduction	2-15
1.1. Introduction	2-7
1.2. Importance of the Study	7-12
1.3. Statement of the Problem	12
1.5. Objectives of the Study	12
1.6. Definition of the Terms	13-15
Chapter Two: Review of Literatures	16-98
Overview: Background of emotional well being	17-18
2.1. Stress	18-24
2.3. Depression	24-28
2.4. burnout	28-30
2.5. Work related issues	31
2.6. Work-related theories about stress	32
2.6.1. Theory of Effort_Reward	32-33
2.6.2. Demand_Control Theory	33-38
2.6.3. "Person_Fit Theory"	38-41
2.7. Diagnostic tools for stress detection	41-43
2.8. Sources of stress	44
2.8.1. Demographic Data	44-45
2.8.2. Working factors and environmental Condition	45-63
2.8.3. Factors related to Organization	63-70
2.8.4. Shift work and occupational health and safety	71
2.9. Stress consequences	75
2.9.1. Mental, psychological and physical health	75-80

2.9.2. Long exposure to work related stressors	80-86
2.9.3. Family and work balance	86-88
2.9.6. Personal replies	88
2.9.6.1. Stress responses in individuals	88-
2.9.6.2. Individual responses according to situational factors	90-92
2.10. Personality hardiness concept	93-94
2.11. Previous studies	94-98
Chapter Three: Methodology	99-110
3.1. Design of the Study	100
3.2. Administrative Agreements & Ethical Consideration.	100-101
3.3. Setting of the Study	101-102
3.4. Sample of the Study	102
3.5. Inclusion & Exclusion criteria	103
3.7. The Study Instruments	104
3.8. Rating and scoring of study Instrument	106-107
3.9. Study Validity	107
3.10. Data Collection	107-108
3.11. Pilot Study	108
3.12. Reliability	109
3.13. Statistical Analysis	110
Chapter Four: Results of the Study	111-142
Chapter Five: Discussion of the Study Results	143-163
Part-I: Discussion of Sachio-Demographic Data of the Study Population.	143-148
Part-II: Discussion of Depression, Anxiety and Stress in Study Population	148-155
Part-III: Discussion of the work burnout in Study Population	155-157
Part-IV: Discussion of Relationship between the Burnout and the Socio-demographic data	157-158
Part-V: Discussion of Relationship between the levels of work related depression, anxiety & stress and midwives' Socio-demographic data.	159-160

Part VI: Discussion of Correlation between Midwives work-related Depression, Anxiety and Stress with work burnout	160-163
Chapter Six: Conclusions and Recommendations	164-167
6.1. Conclusions.	165-166
6.2. Recommendations.	166-167
References	168-193
Appendices	194-229

List of Tables

table No	Table Title	Page
1	Table (4.1): Distribution of the midwives by their Socio-demographic characteristics (N=214).	112-113
2	Table (4.2A): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Depression Items - based analysis).	115-116
3	Table (4.2B): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Anxiety Items - based analysis)	117-118
4	Table (4.2C): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Stress Items - based analysis).	118-119
5	Table (4.2D): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Work-related Stressor Items - based analysis).	120-121
6	Table (4.3): Assessment of the level of overall work-related depression, anxiety and stress symptoms as perceived by the sample (Domains - based analysis).	122
7	Table (4.4A): Assessment of the level of work burnout as a result perceived by the midwife (Personal Items - based analysis).	122-123
8	Table (4.4B): Assessment of the level of work burnout as a result perceived by the midwife (Work-related Items - based analysis).	123-124
9	Table (4.4C): Assessment of the level of work burnout as a result perceived by the midwife (Client-related Items - based analysis).	124-125
10	Table (4.5): Assessment of the level of work burnout as a result perceived by the midwife (Domain - based analysis).	125
11	Table (4.6): Relationship between the Burnout and the Socio-demographic data.	125-127
12	Table (4.7): Relationship between the level of work-related depression, anxiety and stress and midwives Socio-demographic data.	127-128
13	Table (4.8): Correlation between Midwives work-related Depression, Anxiety and Stress with work burnout	129-130
14	Table (4.9): Relationship between the Personal Domain of Burnout and the Socio-demographic data.	130-132

15	Table (4.10): Relationship between the work-related Domain of Burnout and the Socio-demographic data.	132-133
16	Table (4.11): Relationship between the client-related Domain of Burnout and the Socio-demographic data	134-135
17	Table (4.12): Relationship between the depression Domain and the Socio-demographic data.	136-137
18	Table (4.13): Relationship between the anxiety Domain and the Socio-demographic data.	138-139
19	Table (4.14): Relationship between the stress Domain and the Socio-demographic data.	139-141
20	Table (4.15): Relationship between the midwives work-related stressor Domain and the Socio-demographic data.	141-142

List of Figures

List	Figure	Page
1.	Figure (4.1): Bar chart distribution of studied sample according to age group (Years).	115
2.	Figure (4.2): Bar chart distribution of studied sample according to Level of education.	115
3.	Figure (4.3): Bar chart distribution of studied sample according to Duration of working in labor and maternity department (Years).	116
4.	Figure (4.4): Bar chart distribution of studied sample according to Length of shift.	117
5.	Figure (4.5): Bar chart distribution of studied sample according to Type of shift.	117
6.	Figure (4.6): Bar chart distribution of studied sample according to Client allocation per midwife.	118
7.	Figure (4.6): Bar chart distribution of studied sample according to Client allocation per midwife.	118
8.	Figure (4.8): Bar chart distribution of studied sample according to economic status.	119
9.	Figure (4.9): Bar chart distribution of studied sample according to residence.	119
10.	Figure (4.10): Bar chart distribution of studied sample according to participated in any session.	120

List of abbreviations

Items	Meaning
\geq	Greater than or equal.
&	And
\leq	Less than or equal.
APA	American psychiatric Association
χ^2	Chi- square
CBI	Copenhagen burnout inventory
DASS	Depression Anxiety Stress Scales
Ed. (Eds.)	Editors
et. al	Italia (others)
f	Frequency
F	F- statistics
M	Mean
MS	Mean of score.
N	Total number of the sample
N.S	Not significant
P	probability value
p. (pp.)	Page (pages)
PEMS	Patient Evaluation and Management System
PES	Problem, Etiology and Sign/Symptoms
r	Alpha correlation coefficient
S	Significant
SD	standard deviation
SPSS-24	Statistical Package of Social Sciences-version 24
WHELM	Work, Health and Emotional Lives of Midwives

List of Appendices

No.	Title	Page
A	Administrative Agreements	216-222
B	Arabic & English Questionnaire	223-232
C	Panel of Experts.	233

CHAPTER ONE

INTRODUCTION

Introduction

1.1. Introduction:

In all parts of work in government sectors, the belief has risen that work related stress has undesired implications for the health, safety and health of individuals and their organizations specially in the last three decades. In any working setting, people are exposed to several sources of stress. Although the precise definitions of stress and stressors are still being debated (Nekoranec & Kmosena, 2019).

Many studies assume that stress is the ultimate outcome of "a person's perception of a stimulus, its interpretation as overwhelming, and an inability to cope with a challenge," one of which defines perceived stress as "an unpredictable perception of a person's life "It's out of control." When a person realizes the existence of degrading stressors, and the level of stress accumulation increases (Cirrincione et al., 2020).

The goal of midwives around the world is to create a safe conditions and place for childbirth. while, there are many women in worldwide have to experience labor and delivery not as a complete experience, but as a child birthing woman full of frightening thoughts and risks without accessible and easy delivery method. In today time, most women still cannot separate birth from death. As a result, midwives are summoned to take an important role in securing childbirth. Each year, out of the 130 million fetuses born internationally, it is estimated that approximately 8 million babies die during labor (Butler, 2017).

It should be considered that how people perceive and interpret their health is a reliable predictor of their health status, which has a large-scale impact on the community by increasing legal and medical costs, as well as lowering morale and productivity. Furthermore, negative aspects in people's professional and personal lives raise the risk of work related injuries (Goldsby et al., 2020)

While there have been several researches on stressors for registered nurse and other health care providers, many studies have not focused on midwives and those in head positions. Examining a wide range of stressors in the work environment, recent studies showed positive relationship between work quality, organizational commitment, and staff turnover in the midwifery profession (Zhao et al., 2013).

It is not just the work place and workload that affect a person's received stress level, personal conditions can also remarkably attribute to the receipt of stress. Assuming that each person reacts to one or more stressors, whether related to work or person in the similar scheme, it is naive and incorrect, but people because of personal characteristic, nature and stage of life react differently (Oliver, 2017).

Studies show that managers and head chives should consider these results about work-related stress and depression while formulating work strategies that target to strengthen workplace accoutrement, work contentment, and initiatives to help retain nursing staff. A survey was conducted to examine while the quality of job had a negative impact on workers' well-being. They evaluate quality of job, work security, self-management, and the ability would meet workload expectations (Mbakaya et al., 2020).

Some studies show that employment would not improve one's health. If they consider the employment quality to be poor or the work-load to be unattainable, psychologically, their health could be less than those of an unemployed ones(Dixon et al., 2017).

In modern workplace culture, stress is unavoidable due to longer work cycles, frequent organizational rebuilding, and a lack of lifelong career paths. The main challenge for health departments is to conduct new strategies that promote health by stablishing stress reducing programs, such as psychosocial programs, or relaxation courses that script perceived stress and support mental and social health. The labor force invests. Even if life and

work efficiency is initially impacted negatively, future gains will be positive impact on job turnover or absenteeism, employee retention and workplace harmful events (Malikeh & Rahele, 2013).

It is estimated that more than half of the nursing staff worldwide plan to leave the carrier during the next five to ten years or less, many in midwives changes the profession, leading to skills shortages in delivery rooms and labor centers. while founding new centers and hospitals will arise the need for more health care providers specially midwives and nurses, also the retirement of the elder employees, adds to the overworked of health care providers. looking to the matter from others approach, midwifery trainee and students experience negative encounter with the hospital personnel's due to theoretical and practical gaps as the main source of stress. Other stressors are academic demands, mostly worries about failure, task performance, load of work, and dealing with professors. (Labrague, 2013).

Teaching staff, whether in midwifery or nursing college, or in other educational organizations, should be conscious of the adverse effect the teaching staff could have on midwifery and nursing students, whilst they should be greater supply and support for student. Students that are struggling with stress should have a high priority, not just focus on the comprehension and abilities that students need to develop, otherwise it can lead to dropping out. The profession of student nurses before graduation. Lack of nursing (Peterson et al., 2018).

In addition, there is a notable relationship between caregivers' work experience, age and work experience, and personal circumstances that affect the caregivers' health. recent studies concluded that how a midwife reacts to stress does not depend entirely on personality, but rather that work environments such as various practice departments (labor rooms, delivery units and neonate intensive care unit, workrooms) can exacerbate stresses that lead to multifaceted stress (Nilsson, 2019).

Staff stress and health affect the ability and quality of care services. The mental health in midwifery staff is very crucial for mothers and their infants, two groups of people that are particularly vulnerable. Because of their selflessness, midwives are prone to burnout and very poor in selfcare. midwives and nurses work hard for lengthy periods of time in intense emotional environments. Psychologists have been constantly waiting for a long list of health care providers that seeking treatment for their stress and professional issues.(Coates & Foureur, 2019).

Midwives have demanding professions because they frequently interact with people who are anxious. They are deeply affected by the birthing process. Their profession also requires them to demonstrate a great deal of concern, warmth, sympathy and perception, which can be draining emotionally. Being emotional is considered as a weak point in some organizations, and healthcare staff are usually taught and trained not to express vulnerability. According to experts, if one's emotions are bottled up and there is no outlet, it can lead to stress (Laal and Aliramaie, 2010).

Many comparative researches to assess midwife' stress, there are multiple studies that support these conclusions. The research discovered that general nurses had lower stress levels than midwives. They also discovered that experienced midwives were better able to deal with work pressures than beginner midwives, this finding is attributed to the midwife' age and experience claimed by authors (Johansson, et al., 2013).

Nursing is one of the most vulnerable occupational groups in terms of injuries and occupational diseases, and usually in result of stress complications, measurable problems like needle injuries or skeletal and muscular wounds are examined, so the number midwives and nurses who experience stress during work may be more than initially thought. In addition, symptoms such as headache, depression, lack of energy level, and sleep disturbance negatively affect the midwives and nurse's health and the hospitals by increasing staff turnover and absenteeism, and ultimately the

perceived stress level for nurses that may remain problematic. Increase. Keep working until you can no longer cope (Shivaprasad, 2013).

A study of work-related stress in hospital-based and remote centers midwifery in the United States. Job demands, workloads, disagreements with other midwives or supervisors, deficiency of developing chances, and work fulfillment were all prevalent stresses for both hospital-based and remote centers midwives, according to the researchers. They came to the conclusion that more study into workplace treatments to label such stressors is required to reduce the negative impact on midwives' and patients' care outcomes (Opie et al., 2011).

Job pressure, workloads, as well as friction with other midwives or supervisors, a lack of development possibilities, and job satisfaction are all concerns cited by various nursing groups. Then, in order to decrease such stressors, workplace measures to address them are required. Educational or tractional training about stress awareness, physical workout, and body relaxation methods have all been demonstrated to lower work stress. A stress audit, like other nursing check out, should be done on a regular basis to allow for the detection of stressors among nursing personnel. This matter could result in more effective therapies including counseling, relaxation training, and technical assistance (Light and Bincy, 2012).

A review of stress management interventions conducted by United State health committee, there is a huge amount of data regarding the stress sources in midwifery and nursing, but few interventions are incorporated into specific situations and put on practice to minimize these stressors in midwifery and nursing profession (Smith, 2014).

Because of the nature of nursing profession, avoiding work-related stress for nurses and midwives is unrealistic; however, interventions that help midwives deal and control their stress successfully should be suggested, as this may aid the midwife in gaining sense of being in charge, work satisfaction, and achievement. If these therapies cannot be sustained for

lengthy of period due to individual limitations, even a short amount of time, less than month, may be useful to the person in lowering stress and burnout, boosting relaxation, and improving general wellbeing (Mackenzie et al., 2016).

1.2 Importance of the study

The profession of midwifery is one of the occupations with all its physical and psychological pressures out of the religious and customary beliefs of our country, have been assigned to women. However, women have a significant role in the internal affairs of families and psychological pressures in their work environment, in addition to threatening their physical and mental health, it can lead to an increase in personal, family and social disorders(Bogren et al., 2020).

Mental disorders, especially depression, anxiety and stress, are the most important reasons for long-term sick leave (more than 12 months) (33% among women), but the second reason for Sick leave (20%) for men health workers. Meanwhile Midwives and nurses, make a large proportion of health care workers, that covering more than (81%) of patients' medical care. This issue emphasizes the importance of promoting the mental health of this particular group of women in society (Peterson et al. 2018).

Mental health is defined as a harmonious behavior with society, recognizing and accepting social realities, the power to adapt to them and satisfying one's balanced needs; and it is an important factor for the health of people in society. If mental health problems are not diagnosed and treated in time, they will intensify and cause irreparable damage, including an increase in disability, impairment and premature death (Shahraki et al., 2001).

The World Health Organization (WHO) believes that the prevalence of behavioral and psychological problems in developing countries is increasing due to issues such as population growth, social change and

widespread family breakdown, lifestyle changes and economic problems (Carod-Artal, 2017)

. The World Health Organization, based on the World Disease Index (2008), also estimates that mental illness, including work related stress and burnout will be the second leading cause of worldwide disability by 2020 (Secretariat, 2011).

Stress has been researched by psychologists and academics in a variety of scenarios; nevertheless, due to the intricacy of midwives' work, the impact of stress on them is considerably greater and is acknowledged as a significant and influential component. It's troubling that the rate of mental illness among nurse-midwives is so high when compared to other health-care professionals. midwives and female nurses had a suicide thought nearly quadruple that of women are not health care providers, according to a 12-year research. These data are worrisome. It's understandable, then, that the emotional and physical needs of midwifery and nursing might lead to burnout (Allison. et al, 2016).

Burnout saps energy, causes despondency, and, in the worst-case scenario, is a forerunner to mental health issues such as anxiety and depression. submission to trauma, risks of aggressiveness and violence, work shifts, coping with loss and grief, claims and objections, sympathy fatigue, and mental health state are regarded to be among the particular issues that effects the psychological wellbeing of care providers (Halperin et al., 2011).

Therefore, by identifying and correcting stressors in the workplace, it is possible to prevent mental illness in this group of health care provider and with appropriate treatment, to prevent problems such as their disability. In 1943, the United Nations declared occupational stress a disease of the twentieth century; shortly afterwards, the World Health Organization declared work stress a universal problem (Maulik, 2017).

Midwifery society appears to be becoming more aware of and identifying psychosocial concerns. Midwives' health and well-being are

critical, for them and their families' sakes, and because well-supported midwives are better equipped to give consistent and compassionate care to pregnant clients and neonates. Stress, anxiety, and burnout are frequently observed in various studies about healthcare providers particularly in midwives. Turkey, Japan, Denmark and United Kingdom, have all done international studies on stress and anxiety in midwives .According to a study performed in the Denmark (57.3%) of 150 midwives had moderate stress levels and (34.6%) had severe stress levels according to stress Scale concerning Stress on the "social readjustment rating scale" (Mollart, 2013)

At the same time, it was recognized that what nurses and midwives want from the work place climate, Due to increased work- related stress, nearly a 75 percent of midwives and nurses have contemplated leaving the field . heavy work shifts, struggle between home and work commitments, disagreement with coworkers, and insufficient expertise to deal with these differences were indicated as key contributing factors by the participants (Holland et al. 2018).

Years of experience, shift worked, the number of childbearing women with numerous psychosocial challenges involve in midwives work, and the midwife's degree of exercise all had a major impact on how the midwife dealt with Distress and stress in addition to providing care for child birthing women(Calvert, 2011).

According to a recent study, the current pandemic is likely to have worsened the conditions associated with high levels of depression, anxiety, stress, and burnout among midwifery workforce. Given the difficulties faced by midwives who are suffering from significant levels of psychological discomfort. (WHELM, 2019).

Other study also revealed that midwives and maternity nurses report that they are frequently asked to do more work-load than they are capable of, with 67 percent citing job intensification as a serious issue. Concerns about negative consequences made 54 percent of midwives and

maternity nurses fearful of report their complains to head or managers(UNFPA, 2021).

Midwives are trained to manage routine deliveries as well as collaborate and assist with more complex hospital births, such as atypical fetal presentation, unusual or undetermined pattern of fetus heart rate, pre-eclampsia, emergency cesarean births and assisted vaginal birth with instrument. In all scenarios, especially those that are difficult and complicated, midwifery care standards necessitates giving first priority to the provide high quality care services. However, as a provider of high-risk delivery care, midwives may encounter difficult job settings that might pose a health risk and lead to stress-related disease, including burnout syndrome (Halperin, et al. 2011).

Accumulative effects of coping with womens' concerns and stress through the birth process puts midwives at danger of burnout. The stakes are enormous; all midwives are aware of the potential for disaster. A newborn baby's death is always a possibility. many healthcare workers, including midwives, do not allow enough period of time for stress relieving, physical and emotional comfort, and rest because midwives and nurses priorities other patients than themselves. This suffocation of one's emotions, which can lead to stress if there isn't a vent and way, can resulting despair and burnout if there isn't an outlet (Rezayat, 2013).

According to the National Institute of Occupational Safety and Health (NIOSH), job stress occurs when there is a mismatch between job needs and abilities, capabilities and desires. Symptoms of job stress appear in three areas: mental, physical and behavioral. The psychological domain of job stress is associated with job dissatisfaction, this dissatisfaction is one of the most common consequences of work related stress that causes depression, anxiety, burnout, and physical and sexual dysfunction, feelings of failure, isolation and disgust (Knezevic B. et al., 2011).

Physical symptoms of job stress include cardiovascular, gastrointestinal diseases, allergies and skin diseases, sleep disorders, headaches and respiratory disorders. Behavioral symptoms also include individual behaviors such as abstinence from work, alcohol consumption, smoking, coffee and drugs, overeating or anorexia, militant behaviors towards co-workers or family members, and organizational behaviors such as absenteeism, leaving work, and increasing accidents also reduce productivity and performance (Hajiamini Z. et al., 2012).

Factors such as constant confrontation with patients, responsibility for patients' health, performing risky clinical procedures, dealing with dying patients, lack of adequate equipment or defects during work, dealing with emergencies and unpredictable situation, High noise in the workplace, work shifts and workplaces (hospital, clinic) were identified as occupational stressors of hospital staff, especially in the maternity wards. These factors can reduce the quality of patient care, reduce the right and timely decisions, reduce the midwife ability and skill, job dissatisfaction, depression, feelings of inadequacy, decreased work values, disgust, fatigue, absenteeism and delays in work, sick leaves, increased error, injuries caused by driving accidents and work commitment of midwives (Mollart L. et al., 2013).

In a study which assessed the work stress of midwives who worked in Greek hospitals using the Job Stress Assessment Questionnaire (OSAQ), 30% of these individuals attributed their stress to insufficient staff, unforeseen events, and insufficient income. Some midwives (43.3%) reported the poor work organization and communication with supervisors and ward managers as the cause of their stress (Kenzevic et al., 2011).

Using Cohen's perceived stress scale, midwives and maternity nurses had reported high serum cortisol levels, according to a well-documented study. There was also statistically importance between the level of perceived stress reported by midwives, and poor mental status, and their serum cortisol level in studied groups, according to the findings, raises the

question of what is the actual stress level of midwives considering their performance in labor and delivery department (Faresjö et al., 2014)

Due to the inevitability of some stressors in the midwifery profession and the necessity of preventing the mental and physiological effect of stress, the use of precaution and measurements to improve the quality of work and training and teaching methods of coping is the duty of head managers of maternity hospitals and health department (Aghilinejad, 2009).

Considering the role of researcher in improving the mental health of midwives and nursing profession, also considering that midwifery wards and maternity hospitals in the country are currently managed by the public and private section, the present study was conducted to investigate the association of psychological status and work related stress, anxiety and depression of midwives who work in maternity wards of public and private hospitals in Najaf governorate.

1.3. Statement of Problem

Midwives' Perception of Work Related Psychological Problems in Al-Najaf Governorate

1.4. Objectives of the Study are:

1. To identify the sociodemographic characteristics of nurse-midwives in Al Najaf hospitals.
2. To assess the level of work-related stress, anxiety and depression symptoms as perceived by the nurse-midwife.
3. To find-out the relationship between the self-perceived symptoms of the participants and their sociodemographic data.
4. To assess the level of work burnout as a result perceived by the midwife.

1.5. Definition of terms

1.5.1. Midwife

A. Theoretical Definition

The person who assists women in childbirth. A midwife is a certified nurse who delivers babies and supply or give prenatal and post-partum care, neonate care, and certain standard care for child birthing women (IMC, 2017).

B. Operational Definition

A female who helps and provide care in areas of maternal-child care and expected to be under psychological sate as stress, anxiety and depression. A midwife is a skilled health care provider and practitioner who assists child birthing women through labour, delivery, and postpartum care. Midwives can deliver infants at birth clinics or homes, but the majority of them could perform deliveries in hospitals.

1.5.2. Stress

A. Theoretical Definition

Stress could be interpreted as the extent to which people feel overload or not able to deal with unmanageable pressures. Stress is the response of the body to pressure arising from a condition or event in life. Stress can differ widely between individuals and vary by economic and social circumstances the genetic heritage and living environment (Mental Health Foundation, 2020).

B. Operational Definition

Midwifery is all about developing relationship with laboring woman, and the progress of cope and interactive skills are essential to deal with midwives work load and its stressful nature. Work related stress in midwifery

profession are high risk laboring women, numbers of clients that midwife has to care for, heavy work shifts, and intra-staff challenges.

1.5.3. Anxiety

A. Theoretical Definition

Fear of an imminent or anticipated situation, an abnormal, overwhelming sense of fear and anxiety often characterized by physical signs of stress, sweat and increasing heart rate, doubt about the truth, nature and reality of threat and self-doubt about the ability to confront it (Merriam-webster, 2020).

B. Operational Definition

Midwives provide care to women in very critical condition such as childbirth or high-risk situation, facing a compound level of fear, pain, emotional difficulties, trauma symptoms and grief. Working closely with distressed women contributes to a feel of psychological and mental distress in midwives.

1.5.4. Depression

A. Theoretical Definition

Depression is a significant depressive disease and a widespread and dangerous medical ailment that has a negative impact on how you feel, think, and behave. It is also, thankfully, treatable. Sorrow and losing of interest in previously appreciated activities are symptoms of depression. It can cause a wide range of mental and physical issues, as well as a reduction in a person's energy and capability to function at home and giving care services in work (The American Psychiatric Association, 2017).

A state of sad feelings or dejected. Sadness, lethargy, difficulties thinking and concentrating, a large rise or decrease in eating and sleep duration, sense of hopelessness and dejection, suicidal impulses are all

symptoms of this mood disorder. A decrease in mental and physical vitality, as well as in functional activity (Merriam-webster, 2020).

B. Operational Definition

Depression is a mental health issue and a considerable reason for restlessness among midwife and nurses that work in maternity and obstetric departments. Midwives' emotional wellbeing is compromised to such an extent that the exhaustion, stress and the lack of quality care with anxiety feeling considered normal job condition for midwives that lead to depression. Depression is not just a low mood; it is a serious condition that affects mental health and physical wellbeing.

CHAPTER TWO

REVIEW OF LITERATURE

Review of Literature

2. Overview

The relevance of reviewing updated and related literature is critical since it offers the background for this research investigation. To construct a reference guide and provide an explanation of an in-depth grasp of these problems, numerous and varied instances of data gathered from literature on stress, burnout, and persons responses to work related challenges have been compiled. In these research, it is suggested that stress be investigated and how stress could be controlled.(S. M. de Oliveira et al., 2019).

Work related stress is a worldwide problem that is not limited to a specific profession, geography, or place of employment. The long-term effects of work stress can result in chronic physical and mental burnout, that will have adverse impact on the person overall health and well-being. Furthermore, this problem is not limited to any particular age group, but rather affects all members of the workforce rather, who lack the ability or time to rest and unwind. (Laschinger & Nosko, 2015).

Stress and anxiety have been mainly in the helping and care providing professions such as midwifery and nursing. There is a widespread belief that work related stress, anxiety and burnout require more attention, and that work policies and workload concerns in healthcare institutions should be investigated further. There are many research's that commend on studying midwife as well as the stresses that hinder from performing their jobs successfully and effectively (Nekoranec & Kmosena, 2015).

Midwife stress is a problem that deserves additional investigation and study. There is a lack of knowledge regarding the generalizability of previous studies on burnout and its risk factors in the caring professions (Taylor and Barling, 2014).

Generally, the amount of energy and vitality someone possesses before being worn out or fatigued characterizes their conduct. This study on

stress, anxiety and burnout in midwives and nurses links to individual reactions as behavior at work assessed by self-imposed job stress and levels of motivation. (Thompson, & Aber, 2015).

Focuses on health care providers staff, nursing has been identified as a particularly demanding employment owing to the nature of the job and the setting in which the nurses work. Behavioral patterns represent the interplay between external and internal features, or the relationship between a person and his or her environment, according to this theory. According to studies, this interactional perspective is becoming increasingly popular among psychologists. Some actions are influenced by the environment, while others are influenced more by the individual. Furthermore, it states that research is about determining the pattern of change and stasis in behavior, as well as discovering the important variables of the circumstance and the individual; as well as learning how situations and individuals connect to each other. (Li et al.,2013).

Reports show that important and inevitable component of the modern workforce is stress, anxiety, and depression. It is also deemed relevant to professions outside of the healthcare providers occupation. Beside midwifery and nursing, stress and burnout have become a critical workplace issue of our days. (Shahrzad, et al.,2015).

2.1. Stress

There are three main theories on stress, each of which offers three ideas. The first, developed by Style (1956), describes stress as a human response to potentially damaging or uncomfortable surroundings. Lazarus's (1966) theory gives the second definition, in which situational and individual interaction results in a stress state. Third definition belongs to Coxs (1988) theory depicts that stress is part of a dynamic and complex system of interaction between a human and the environment (Donovan et al., 2013).

Stress has been variously defined in the literature and how inconsistent these definitions have been. They define stress as a process whereby environmental demands exceed or tax the adaptive capability of a human, resulting in biological and psychological changes that may cause risk for disease. Therefore, stress is a general process by which environmental demands produce outcomes which are deleterious to health (Skinner, 2019). Their definition is most like Cox's theory, depicting stress as a dynamic process between a human and the environment. Stress process break down into three different components. The first one is environmental stressors, demands or events, which are objective components. The second one is an individual's subjective perceptions or appraisals of stress. The third component includes stress responses which are biological or behavioral (Badu et al., 2020).

opportunities for training and learning should reduce stress and burnout in care provider staff. Stress was defined as the ratio of work demands to resources available to each individual for managing these demands. If the demands exceeded the resources available, an individual would more than likely experience a certain amount of stress. The study involved enquiry into health care provider work stress and found that incentives such as professional update developments reduced work dissatisfaction. The study discovered that health care provider's well-being is improved by reducing occupational stress (Donovan et al., 2013).

stress occurring when employees fail to adjust to changes and demands in a work environment. Australian research on work related stress has acknowledged organizational variables which are likely to cause employee distress. These variables include the organizational climate involving appraisal and recognition, supportive leadership, professional interaction, excessive work demands and role clarity.(Kalyani, 2018).

International research has investigated psychosocial factors contributing to human stress, many focusing on relationships between occupational issues and stress. Also reports that an individual response will differ depending upon the extent to which a person perceives a scenario to be threatening, the expectation someone has of dealing with the threat, and actions available to someone dealing with the threat. It notes that while coping mechanisms and personality variables impact upon stress, the employer cannot always or directly control these issues for their employees (V. Papathanasiou, 2015).

stress is a force pushing physical or psychological factors beyond the coping ability of an individual, causing strain and stress. A variety of symptoms might occur including behavioral or physical symptoms and other ailments. Behavioral symptoms include an inability to cope, disinterest in life and other people, recurrent or constant fear of disease, fear of being a failure, self-hatred, feeling neglected and dreading the future, difficulty in concentrating and making decisions and intense fear of enclosed or open spaces (Laal & Aliramaie, 2010)

Physical symptoms include loss of appetite, frequent indigestion, craving for food, diarrhea or constipation, constant tiredness, insomnia, nervous twitches, headaches, nail-biting, muscle spasms and cramps, breathlessness without exertion, nausea, fainting spells and frequent crying. Other ailments include heart attack, high blood pressure, allergies, hay fever, peptic ulcers, colitis, menstrual difficulties, skin disorders, hyperthyroidism and diabetes. Stress can be an ill-defined term, attempting to define a multivariate, complex and multilevel phenomenon (Cottrell, 2011).

stress is an emotional, unpleasant experience associated with symptoms of fear, dread, irritation, anxiety, grief, sadness, anger, annoyance and depression. stress in a more positive term can be defined as a natural

response to organizational and personal demands; and, interestingly, the individual has no say or conscious control over stress (Dalton, et al. 2015)

Stress as a metaphor for all and any difficulties of life. Her conceptual analysis aimed to develop a general consensus for the meaning of stress and coping mechanism. Stress is generally a measure of a force which causes damage to a structure. In ordinary usage stress operates on levels of emotions, but is not an emotion in itself, unlike anxiety or anger. For example, she claimed that stress and coping are terms which have been used widely in nursing and their significance and meaning have varied over time.(Pulido-Martos et al., 2012)

stress is not a particular illness but a process of continuing interactions which might affect health. They recognize that psychological stress might affect the onset of disease. Another variation is a negative reaction to stress being strain. Eustress as a term commonly applied to positive responses of stress and distress describing negative aspects. He describes stress as a continuum, ranging from eustress to mild, moderate or severe distress and will depend on individuals' stress perceptions (Bohle and Quinlan, 2012)

2.2. Anxiety

Anxiety disorder is when anxious feelings do not go away. It is very common and affect one in every four Australians midwife at some point in their worktime. Left untreated, an anxiety disorder could disrupt ability to function. It can affect the self-awareness, ability to maintain healthy and thriving relationships, work, and could put the midwife at an increased risk of developing associated physical health issues. Anxiety is treatable and effective treatments are available. Seeking support early is the key (Shamona et al., 2018).

It's not simply feeling anxious or concerned that describes anxiety. Feelings of stress and anxiety are quite natural when a person feels pressured. Anxious emotions can't be controlled easy for those who are experiencing them.

Anxiety is a very significant disorder that interferes with a person's ability to function normally. It is widely reported that the most prevalent mental health issue in the United States is anxiety.. According to National Survey of Mental Health and Wellbeing (2018) on average, one out of every three women and nearly one-fifth of all men will suffer stress in their lifetime. Nearly two million American adults reported experiencing anxiety in a twelve-month period.

Anxiety manifests itself in a variety of ways. While the signs and symptoms of each kind differs, some common signs and symptoms of anxiety include the following:

being constantly nervous or anxious, having difficulty calming down, being frustrated or terrified by sudden feelings of severe panic or extreme anxiety, having frequent thoughts that cause anxiety but may appear ridiculous to others, evading events or things that cause the anxiety (crowded places or social gatherings), enduring persistent problems or having continuous challenges(flashbacks and nightmares).

Anxiety is frequently the result of a number of different variables coming together in one person's life.Individuals who suffer from anxiety are more likely than others to have a family history of mental health disorders, according to the National Institute of Mental Health. (Austin et al, 2014).

Life events that are stressful, life experiences that are stressful can also cause symptoms of anxiety. Workplace stress or shifting job, relocation, pregnancy and childbirth, relationship and family problems, experiencing a great psychological shock following a stressful or traumatic event, witnessing or experiencing verbal, sexual, physical, or emotional abuse or trauma, and the death or loss of a loved ones are all common triggers. (Favrod et al., 2018).

Physical health problems: Continuing physical illness can also trigger anxiety or complicate the treatment of the anxiety or the physical

illness itself. Common conditions that can do this include, hormonal problems (e.g. overactive thyroid), diabetes, asthma, Heart disease. Use of illegal substances, Use of drugs such as alcohol, cannabis, amphetamines, or sedatives in large quantities or over an extended period of time might really result in anxiety disorders (V. Papathanasiou, 2015).

Psychological distress among health workers can be caused by a variety of factors, including hostile conduct from colleagues or patients. Bullying in the workplace, dysfunctional organizational cultures, medical mistakes, catastrophic events, and other occurrences Suspension from the workplace Occupational pressures and responsibilities Employers and professional regulatory agencies are conducting investigations. Psychiatric illnesses that have existed previously (Oe et al., 2018).

In midwifery practice, the frequency of emotionally stressful incidents might be viewed as an insignificant and normal aspect of the job. There is an idea that midwifery is always a blessing, which may prevent the profession from properly appreciating the emotionally draining nature of the job that it does. Additionally, it was shown that midwives are currently underserved in terms of organized assistance, although other professions may benefit from a higher degree of support than midwives. In the end, the evidence suggested that midwives are underappreciated. (Austin et al, 2014).

The origins of distress may be divided into two categories: occupational and organizational sources of anguish. Obstetric crises, continue to be a significant cause of professional traumatic stress for midwives in developing nations, despite the fact that they are becoming more common. Additionally, because they are asked to do morally difficult operations and emotional labor, as well as caring for family with complicated social requirements, there was evidence that they were suffering from compassion fatigue and discomfort throughout their shifts at the hospital. Midwives regularly point out poisonous, authoritarian, abusive cultures in

their organizations, where midwives are frequently cruel to one another, as well as to patients (Farrell and Shafiei, 2012).

According to the evidence, midwives endure psychological distress as a result of their jobs and workplace environments. Despite their inability to function well, they continue to work, which is not helpful to ensuring high quality maternal care. (Pezaro S., 2016).

Stress and anxiety are responsible for one-quarter of all cases of illness absence in the health care industry. Some employees, on the other hand, continue to report to work despite the fact that they are unable to execute their clinical tasks properly. The emotional traumas connected with healthcare employment are frequently overlooked, and staff members are frequently left without assistance (Wilkinson, 2015).

In order to improve patient care, it is critical to recognize and address the emotions and support needs of employees who are experiencing psychological stress and anxiety. There is a strong link between staff health and the quality of patient care. Psychological discomfort has long been associated with midwives, who have been said to "suffer in quiet." However, an increasing body of material indicates how midwives may endure this anguish while caring for women and their families. The findings of a recent study on suicide by NHS doctors involved in major occurrences revealed a paucity of assistance accessible to midwives in their work (Strobl et al, 2014).

2.3. Depression

Depression is more than just feeling sad, experience variations in the mood, or feel mood, it is a serious condition that affects physical and mental health. Struggling to self-manage depression may negatively impact on all aspects of physical and mental health. According to National Institute of Mental Health, Clinical depression, often known as "depressive disorder," is a type of mood illness that manifests itself in the form of distressing symptoms that interfere with a person's ability to function normally in

everyday activities like sleeping, eating, and working. The presence of depressive symptoms for almost the whole day, essentially every day for at least two weeks is required before a diagnosis could be made. (Favrod et al., 2018).

Major depression is defined as having depressive symptoms that last for the majority of the day practically every day for at least two weeks, that affect one's ability to eat, sleep, study, work and enjoying life. An episode can occur only once in a person's lifetime, but more frequently than not, a person experiences multiple episodes during the course of his or her life. (Sheen et al, 2016). Second most common form of depression is Dysthymia is a kind of depression that lasts for at least two years and is characterized by persistent depressed symptoms. Someone who is diagnosed with this type of depression may experience episodes of significant depression interspersed with intervals of less severe symptoms. (Bartha et al., 2017).

A few types of depression are slightly distinct from one another, or they may arise under abnormal conditions, such as the following: Perinatal Depression: Women who suffer from perinatal depression have overflowing depression throughout their pregnancy or immediately after giving birth to their child (postpartum depression). SAD or Seasonal Affective Disorder is a kind of depression that appears and disappears with the seasons. It generally manifests itself in the end of fall and begining of winter and disappears throughout the spring and summer, depending on the location. (Godin et al., 2015).

The condition known as psychotic depression happens when a person has severe depression as well as some sort of psychosis, such as having unpleasant incorrect fixed believes (delusion), hearing or seeing distressing stuff which healthy people cannot hear or see. (APA., 2019).

Depression is a result of a mix of genetic, biochemical, environmental, and psychological variables coming into play. Sadness is just

a tiny element of depression, and some people who are depressed may not experience any feelings of sadness. Some of the signs and symptoms of depression are as follows: A persistently depressed, nervous, or "empty" state of mind Suffering from feelings of helplessness or hopelessness, as well as feelings of guilt, worthlessness, or inability. Loss of interest or pleasure in hobbies or activities, decreased energy, tiredness, or feeling "slowed down" are all symptoms of depression. Having trouble concentrating, remembering, or making judgments, for example, difficulty sleeping, waking up in the middle of the night, or oversleeping could be symptoms of depression. Changes in appetite or weight are common. Suicidal thoughts, attempts at suicide, or even contemplation of suicide a feeling of restlessness or irritation Aches and pains, headaches, cramps, or digestive issues that do not have a clear medical cause or do not improve even after therapy are considered chronic (Favrod et al., 2018).

All efforts to assure mental health of care givers are extremely important, search into work-related stress It has been possible to gain a better understanding of these professionals' anxiety, physical and mental health-related problems, also stress coping mechanisms, which has led to the development of prevention measures for the hospital environment, which is considered to be highly stressful and loaded with factors that predispose health care providers to depression, anxiety and burnout (Goodnite, 2014).

Depression and anxiety are extremely prevalent illnesses in today's society, and they have a significant impact on people's well-being and ability to carry out their daily tasks. As a result, they are the subject of research in a variety of diverse populations. In midwifery, several researches have looked into these problems in workers, residents, and undergraduate midwifery and nursing students, among other groups of participants (Manetti et al., 2007).

According to the findings of a study conducted among midwife professionals, situations in the work environment can cause depression, among numerous other factors, the instability or aggravation of patients' health conditions, lack of resources, equipment, and staff, relationship with patients' relatives, as well as difficulties in systematizing midwifery care and performing complex procedures. (Schmidt, 2010).

Multiple variables, including chemical imbalances in the brain, personality traits, genetic susceptibility, and life experiences, have been shown to be related with depression in the scientific literature. In the case of midwives, literature indicates that associated triggering factors can be related to internal factors in the environment and work procedures, such as: professional activity sectors, shift, interpersonal relationship, work overload, work schedule difficulties, task accomplishment, midwife autonomy, client service, fatigue, social protection, feeling insecure, lack of integrity, and unattained coping strategies considered internal factors. external factors to the environment and work process, such as: Sex, age, domestic violence, home commitment, time shortage, family support, income, employees' general health condition, and individual traits are all examples of elements that are not related directly to work(Barros et al. 2013).

Many mental health studies appointed to that work-related stress is connected with excessively high risk of acquiring mental health disorders such as anxiety and depression. Among males who work in the nursing field when are exposed to the ongoing stressors that present at work, they are at an increased risk of developing mental health disorders, according to the American Psychological Association. According to the study's authors, male nurses are more susceptible to current stresses, whereas female nurses are more reactive to accumulated stress factors over the course of their careers. In other words, as compared to males, women were at an up to seven-fold greater risk of developing mental health disorders. Another study found that

midwives had greater depression ratings on the Beck Depression Inventory as compared to other nursing specialties (Hunter B, 2019).

Depression, as basic parameter in psychological and socioeconomic health, is marked by a lowering of mental processes, increasing depressive and irritable mood, energy depression, a full or partial inability to experience joy or pleasure, indifference, passivity, psychomotor agitation, concentration difficulties, negative thoughts, loss of planning capacity and altered judgments. Depression is a common occurrence in the workplace and is characterized by the following symptoms: Because depression is considered a future disease, it is predicted that almost 20% of the population will suffer from at least one episode of depression throughout the course of their lives. (Sheen K. et al., 2018).

The World Health Organization's (2020) estimation of depression occurrence as cause of inability in the next decades make these studies all the more critical for developing preventive interventions specific to the hospital work settings, which has been demonstrated to be a stressful environment containing a variety of factors predisposing to depression and anxiety among its employees. specially midwives.

2.4. burnout

To abstract “burnout” as new concept, burnout consists of three components: depersonalization; midwives attending to clients emotionally detached and withdrawing from patient and colleagues; emotional weariness; and a sense of diminished personal achievement indicated of poor morale. It may range from extremely low to extremely high levels. According to recent studies, burnout is not synonymous with work unhappiness. They argue that evaluating burnout among human service professionals such as nurses will have the practical advantage of recommending changes to job design, training, and recruiting that will help relieve this serious problem (Favrod et al., 2018).

Burnout is defined as the condition of prolonged exposure to high levels of stress. Numerous of characteristics is mentioned. Motivational decline is possible. Other indicators include the development of unfavorable attitudes about other colleagues and the jobs. The unenthusiastic work and humor has been gone and a sense of restraint is obvious. A lack of control over work-related decisions is also an indication of burnout. (Hunter et al., 2019).

Burnout is consequence of continuous interpersonal and emotional stress; Studies have revealed that a lack of support is associated with burnout and that midwives who are not participating in decision making are more likely to experience burnout. The burnout considered as excessive amount of labor during limited period of time. The study also looked at the issue of a lack of available employment resources. They discovered that a lack of autonomy is a strong predictor of burnout, and that change can only occur when both the person and the environment are integrated (Maslach, et al., 2011)

An extensive investigation of the literature on burnout have been conducted Cordes and Dougherty. They point out that the first step of burnout is emotional weariness, the second stage is depersonalization, and the last stage is a diminished sense of personal success, according to the authors. They discovered that the patient status in care provider interactions has been shown to be a contributing factor to burnout in previous studies. They discovered that patients who had more frequent or direct encounters with them, as well as patients who had chronic issues, had higher degrees of burnout than other patients (Dall’Ora et al., 2020).

Aside from overwork and disagreement, other factors that contribute to burnout include overly large client loads, which exacerbates the pressure or problem even more. In tandem with the rise in the number of clients, the demands on employees' personal resources increase. As a result,

if the expectations are constant rather than sporadic, a person's sensitivity to burnout may become apparent, particularly if there are no incentives. In their research, they discovered that role conflict may develop when employment demands collide with an individual's personal views or values. Burnout is a key contributing factor to the scarcity of experienced midwives in the United States (Sheen K. et al., 2015).

2.5. Work related issues

People have distinct life experiences, personalities, patterns of behavior, personal history, and demographic factors, all of which play a role in determining how they respond to stress in different situations and circumstances. The sources of work related pressure elicit a wide range of emotions from various individuals. It is simpler for certain people to deal than it is for others, and they are able to modify their behavior to match the environmental challenge. As an alternative, some persons are unable to cope with the stressful circumstances they find themselves in. Numerous variables are linked with these disparities, including being ill-equipped to perform in a certain field, attitudinal differences, personality, unique perspective into one's own shortcomings, and swings in skills (Johnstone & Feeney, 2015).

While some individuals flourish under psychological and physical stress, others perish when they are under pressure. individuals express themselves in ways that are appropriate for the situation. It is the external stimulation that causes the individual to react or behave in a certain way. the employee's personality, abilities and motivations, and nature of job and the task that the individual is executing, as well as his or her surrounding environment, are three interactiv elements in the workplace. It is possible to misunderstand findings if just focusing on task results while disregarding individual and environmental variations in skills or characteristics (Kalyani, 2018).

2.6. Work-related theories about stress

There are three theories which address different aspects of work related stress. All focus on elements of stress which are distinct from one another. First theory is the “Effort-Reward Imbalance” or “Expectancy Theory of Motivation” ; the second one is “Demand_Control Model” which stems from Karasek’s Theory and lastly the “Person_Fit Theory” (Dall’Ora et al., 2020).

Theory of "Effort-Reward Imbalance" or "Expectancy of Motivation," is based on employee expectations that effort would lead to reward. There might be punishments and incentives (Johnson, M. and Webber, B., 2015).

According to Karassik theory, most negative reactions to psychological stress arise when workers' flexibility to make decisions is minimal and their level of stress is high. This Demand-Control Model calls on response to stress when people are faced with an increasingly stressful personal and social environment. Pressure and overload are caused when a person's cognitive abilities are overtaxed by information processing demands (Bhui et al., 2016).

Preparing midwives for work in diverse clinical settings with a descriptive guide prior to their start date appears to be a viable method to reducing workplace dissatisfaction. Midwives might therefore make better and effective therapeutic decisions based on their own preferences and talents, increasing work satisfaction while also lowering stress and burnout. Midwives' work might be defined in a variety of distinct aspects in order to create a good match between the nurse and the work context. This would allow midwives and other caregiver staff to make educated decisions regarding work assignments. It is possible that this knowledge will be useful in preventing or reducing worker turnover and burnout in the future (Ornek & Esin, 2020).

2.6.1. Theory of Effort_Reward

Vroom's "Expectancy Theory of Motivation" is based on the assumption that achieving performance objectives is certain to occur as a result of effort. When the likelihood of success is perceived to be high, individuals tend to feel they can control the result, and their motivation stays strong. An individual who doesn't think they can succeed won't be motivated. There is a noticeable discrepancy between (effort) how much work must be done and (reward) how much compensation is received, resulting in stress reactions in vulnerable individuals (Mayerl H. et al., 2016).

Almost no theories have been devised to explain motivation for work alone, while the ones that do exist tend to encompass generic motivation theories that apply to all workers, not accounting for individual variations. The "Motivational Expectancy Theory" proposes that three main beliefs influence motivation. One such idea is that one's work will lead to achievement. Another benefit is that individuals are rewarded for their performance. Lastly, motivation is in line with how individuals value rewards (Amati M. et al., 2010).

This concept posits that motivation is reliant on all three of these factors. When these three factors are all in place, it will be easy to achieve a higher level of motivation. The idea is that motivation is simply one component of the several forces that drive success at work. Theory believes that abilities, talent, and personality are also important when evaluating someone's professional performance. several talents and abilities of an individual, as well as their distinct personal qualities, may dictate which career they are most suited for. Additionally, this hypothesis demonstrates that people's role views affect job performance (Marchand A. et al., 2016).

Weak performance might be the outcome of role in clarity. The idea goes on to say that, according to that hypothesis, an improvement in job performance will result from an increased belief in the possibility of infinite

chances. If an employee is given an incentive, he or she will likely be extremely motivated. If the bonus is not worth the effort, the employee will not be enthused. Because of acknowledgment and success, work satisfaction may be found in intrinsic and motivational aspects. Since extrinsic variables, such as job stability and compensation, generate work satisfaction, employees are motivated to do a good job. To inspire individuals, it's important to often expose them to things that make them feel provoked or stressed. A wide range of research shown that midwives who have an Effort Reward Imbalance are more likely to experience greater discomfort and less self esteem than those midwives who have moderate objectives (Creedy et al., 2017).

2.6.2. Demand_Control Theory

Karasek was an extremely prominent academic who looked at the correlation between the work demands and work control, which became known as the Demand-Control Model. Karasek asserted that when stresses or workloads are combined with a lack of autonomy and decision_making, they cause poor health and psychological distress. If someone is unable to conquer their mental burdens, they'll experience extreme burnout as a result of emotional distress. (Dall'Ora et al., 2020).

The Demand-Control Model by Karasek predicts that working in low-control and low-demand conditions leads to “learned helplessness” due to decreased motivation. This can be caused by workers' proposals constantly being rejected. In addition, the majority of work environments have high demands, which might be hazardous. The theory is that stressful occupations that are low in support and heavy in control and expectations are bad for workers health (Goodnite, 2014).

Low job control and excessive job expectations can have detrimental effects on psychological and physical well-being. When considering the negative health effects of having a low level of control and

high demand in health care, the kinds of occupations that fit that description were more likely to lead to bad health, such as psychosomatic health problems and emotional weariness. The active works, which demand great control and place high expectations on workers, encourage job satisfaction and job enjoyment (Svensson et al., 2017).

They discovered that the nature of the job and its demands (including physical, emotional, and workload pressures) should be analyzed before the deployment of an intervention. The workers in the human service industry are the most heavily impacted by stressors when considering any intervention. Control is a key component that influences the stress response. Midwives considered their control level to be critical in reducing stress and combating burnout (Oktaviyana et al., 2018).

The capacity to regulate the environment, making it less dangerous or more rewarding. The notion of locus of control was first explored by Rotter, who outlined four key assumptions in his theory. An important consideration is the importance of people's interactions with their environments in forecasting human behavior. Theory states that personality is acquired. People are able to modify their personalities if they are ready to learn. The last assumption is that a person's personality is whole. The environment and life experiences intermingle to produce a whole being. An environment is defined by the people who inhabit it, and a person cannot be isolated from their surroundings. A fourth premise is that objectives guide human motivation (Tyler et al., 2020).

The drive-reduction theories could not represent human behavior in a comprehensive manner. Humans are neither driven by the need for pleasure or the desire to reduce urges. When people believe that particular actions will take them closer to their own objectives, they are driven to engage in such behaviors. People who feel they have influence over their destiny, according to Rotter's research, will behave in a different way

depending on the scenario than those who believe their destiny is dictated by strong other people, chance or luck concept. Individuals who want to maintain their health must be in command of their locus of control (Hegney et al., 2014).

Health care professionals under pressure are increasing insurers' claims with their complaints. High job expectations, lack of control, and insufficient support are being blamed. Midwives, for the most part, are unable to operate autonomously, being beholden to the health-care community, government officials, and health-care managers. The presence of minimal control will create tension in the workplace. Midwives have control over their workload and the time they spend working. Stress turns into a coping technique, which causes a long physical reaction that results in worry, tiredness, sickness, and depression in midwives who have a little degree of perceived control. When coworkers do not have supporting connections, they adopt strict rules, exercise control, and practice restraint (Badu et al., 2020).

One of the symptoms of being in control is having a voice and this causes a reduced feeling of helplessness. The midwives felt helpless when it came to medical personnel and supervisor, but it's not entirely apparent whether they were feeling powerless because of their own characteristics or because of the structure of the organization. If workers are not able to regulate their workload, they get stressed (Labrague, 2013).

Midwives typically excluded from making choices, they experience lack influence over their jobs. Because of this separation, stress and disease arises. Those who have experienced both burnout and stress tend to perceive just 2 choices: be controlled or be in charge and have control other employees. health care practitioners who publicly proclaim their support for either the view that people are in control of their lives or that they are controlled by others find that their personal and professional lives

become consumed by internal battles. The ability to empathize, to be creative, and to form connections will be unattainable. It is customary for midwives to be expected to take responsibility for people, things, and circumstances they have limited control over, yet their support and resources are generally insufficient (Boyle et al., 2016).

Most research studies indicate that some midwives handle stresses that arise from control difficulties by adopting an overly confident and self-assured attitude, making them appear to have control when they do not. Midwives must have a realistic view of the extent of their influence and the limits of their control. Midwives are on the front lines of labor and delivery department, engaging with emergency situations and obligations on a constant basis while having little control over their job or working environment. According to prior research, primary nursing, which involves taking whole responsibility for a patient rather than using a team-based approach, is associated with higher levels of autonomy than other spirality of nursing. In demanding control and precision in themselves, nursing students set unreasonable expectations and make demands on their colleagues that are impossible to meet in real life. This results in feelings of tension, dissatisfaction, and exhaustion (Qin et al., 2016).

In contrast to full-time employees, part-time workers have fewer medical issues and endure less stress. Most part-time employees think they have better control and greater satisfaction when it comes to finding the right balance between family and professional life. The confidence and control that midwives' have is said to rise as they have greater responsibility for patient care. This group of midwives felt that continuum of care was improved and that midwives were more able to address their patients' needs. Midwives were able to better serve patients because they could make judgments and deploy their own judgment. As they were able to anticipate

the requirements of their patients and their treatment, they were engaged in their profession (Keil & Hober, 2018).

The autonomy that midwives have over their everyday responsibilities is called decision latitude. It is comprised of two primary elements: The first element, skill discretion, is important because it promotes inventiveness, discourages repetition, and helps develop a midwife's distinctive skills. Furthermore, the midwife's decision-making authority and her capacity to direct corporate policies and the work group. When a midwife's ability to manage control is compromised, their desire to motivate their clients in a more constructive manner is greatly diminished, resulting in a long-term psychological impact (K. S. Bhui et al., 2012).

This gain in decision latitude is counterbalanced by the fact that active jobs require greater psychological requirements. While occupations are difficult for most nurses, some more challenging positions provide nurses a greater level of autonomy in their responsibilities and abilities. The nurses and midwives' abilities to transfer their energy into operational capacity are shown by their facility with problem solving, which in turn results in less psychological stress. When midwives and nurses lack the ability to properly handle workloads, they suffer from more stress (Keil & Hober, 2018).

Workers in midwifery, who suffer from significant psychological strain at work and inadequate control, are far less dedicated, happy, and empowered than their colleagues who have reduced levels of job stress. Midwives who are under more psychological pressure and have greater influence over their work are more likely to feel psychologically encouraged. This makes them more confident in their work performance, more certain that they can make a difference, and more inclined to feel autonomous. They had more access to data, tools, assistance, and career-building opportunities (K. Bhui et al., 2016).

Although working under extreme psychological stress may not provide midwives any more power in their roles, it may make them happier at profession and more dedicated at an organizational level, thus more likely to stay with their company. Despite the numerous efforts listed above, there are still external obstacles that are hindering midwives' authority over their job. While midwives are welcome to give opinion on critical matters that impact their work, like scheduling and staffing levels, many believe that the final word on these issues still belongs to management (Ornek & Esin, 2020). In addition, management actions that raise midwives' uncertainty about job control may impair midwives' capacity to adapt more effectively to substantial changes and midwife being less able to react to an ever-changing healthcare environment (Bánovčinová, 2017).

2.6.3. “Person_Fit Theory”

According to the Person-Fit Theory, stress resulting from a misfit between a person, such as a midwife, and the environment leads to burnout and the job satisfaction. Mansfield, the theorist, has devised an Index to help caregivers deal with stress and burnout that can occur when they are confronted with situations that are incompatible with their ability, employment policies, personalities, and fundamental beliefs. A caregiver who thrives under work pressure may prefer a more technical workplace over a more individualized and compassionate environment, for example. Caregivers' assignments do not currently take into consideration variations in personalities, values, and temperament that may be amplified in one clinical environment. Nursing leaders may be able to distribute more pleasant and stable employment placements if they use their Index to guide their actions (K. Wang & Wang, 2018).

Those who thrive under pressure and prefer a technical atmosphere over a customized one, such as those who work in coronary care, newborn care, or the emergency department, more likely to find fulfillment in these

settings. Nurses are now assigned to different care settings in a haphazard manner, with no real justification or reason. However according Mansfield's theory, the Job Content Index provides guidance for caregivers when deciding which clinical areas to specialize in. As a consequence of this technique, which should be combined with suitable awards and enough personnel, stress should be decreased, morale should be improved, institutions should save money, and turnover intention should be minimized (Van Vianen, 2018).

Workplace stress may be thought of as a person's reaction to the job environment that they see as dangerous to their well-being. Clearly, there is a mismatch between the working environment and the individual's interests and talents, as evidenced by what appears to be severe expectations and the person's incapacity to deal with a specific condition (Sur & Ng, 2014).

Person Fit Theory has implications for how individual behave in profession. The stronger match between individual's requirements and environmental characteristics, the greater the likelihood that the individual will be satisfied and do well in his or her job. The significance of environmental and organizational variables, as well as the relevance of a person's fit with their surroundings. This approach also emphasizes the relevance of individual variations (K. Wang & Wang, 2018).

Nurse staff roughness levels and training requirements can be identified to determine where less tough nurses should be placed to avoid stressful work situations. Studies on burnout in recent years have attempted to address both the situational and personal aspects of burnout, instead of looking at them individually. The majority of research have indicated that workplace and environmental variables are more significant than personal characteristics in regards to burnout (Jennings, 2018).

Psychology has an extensive history that examines how the human mind operates, as well as the relationship between a person and their surroundings. Environment and individual are typically seen as separate entities by interactional models, and they characterize each of them in order to measure the degree of compatibility between the two. The common belief was that greater match between a person's work and personal life decreased stress and improved adjustment. The more distinct the work and employee, the more likely the employee may become burned out. It seems this model is suited for burnout (Van Vianen, 2018).

When control and responsibility don't match, person isn't able to be in control of the resources they need to do their task or having enough autonomy to do their work in the most effective way. The research on this topic has discovered that persons who are overburdened by excessive amounts of responsibility suffer a control and workload crises. If one has more duty than they have power over, the disconnect will arise. It is troubling for nurses and midwives to feel accountable for results they would want to see but which they are unable to affect (Khodadadi et al., 2016).

Control, workload, community, fairness, values, and reward are six elements of work life with links to burnout. They believe that a lack of balance in management and workloads, together with low personal achievement, is connected to burnout. People who are drowning in their responsibilities may face a personal crisis with respect to control and work_load (Maslach & Leiter, 2008).

A misalignment of work load and types of job causes people to appear to lack the abilities needed for a certain job. The correlation between workload and burnout's fatigue component. Many individuals don't interact with other coworkers due to a desire to flourish in the professional environment. An imbalanced pairing between individual and position, which displays equity, shows a person's self worth and expresses respect. If people

are forced to perform kinds of work that contradict their values, they consider that values are another component of a mismatch between themselves and their job. In the case of insufficient financial or social rewards, additional benefits such as valuing workers are necessary to achieve an effective match between workers and their jobs (Maslach & Jackson, 2017).

Promoting job person fit hypothesis may be the responsibility of the employee or the organization, and appropriate selection methods may enhance the likelihood of attaining good job person fit. When doing recruitment analysis, it is important to consider what personal characteristics and abilities are necessary. Every person should consider the nature of the job and the specific talents that they will need to implement (Huang et al., 2019).

Some positions can be more suited to one person over another. Work concerns such as strain and career choice have both been the topic of several research projects which have popularized the notion of job_person fit. After completing their investigation, the recent researchs have identified many ways that workers might differ in their productivity. Choosing who to hire based on the characteristics and talents of individuals is critical to being able to anticipate their future success in the workforce. When people start a new work , they are typically forced to adjust to the employer's needs, and will change their working method accordingly. And the employees also adapt the things they do. They adjust their working settings and make changes to their personal surroundings. A couple key examples of this are working-space layout and equipment preferences. (Cooper, 2020).

2.7. Diagnostic tools for stress detection

It is difficult for one tool to measure all forms of work related stress that might be experienced in a wide range of occupational contexts since doing so would need the development of an extremely long instrument.

Recently, there has been a rise in the number of instruments created by nurses to analyze the working environment, which is encouraging. Making a decision on which instrument to use to assess stress can be a difficult task. There are numerous known reliable and valid tools for evaluating stress results and stressors, but experts believe there is a urge to continue to create new instruments to evaluate stress and work place stressors (Nourry et al., 2014).

The difficulties in determining stress levels in health care providers' work are numerous. Self-reported stress levels are predicted to be the most common job stress metrics in future job stress studies. While it is a significant measuring problem, developing accurate and meaningful metrics for the complicated issue of workplace violence and harassment is essential. One critical requirement is to develop new and improved methods of measuring workplace stress. If a customized menu of questions is established for a certain profession, an a-la-carte menu should be employed. While it takes time, it is less expensive and more helpful to make a tool for each job, such as nursing and midwifery (Gu & Zhang, 2014).

Study into behavioral characteristics is generally carried out via measuring and observing people, and prior research has utilized a variety of methods and devices to evaluate stress. The "Maslach Burnout Inventory" was designed specifically to measure three aspects of burnout in nurses, and it is widely accepted as the benchmark for burnout measurement. Emotional fatigue, depersonalization, and diminished personal success were among the problems encountered. This is a broad metric for human care professions that gauges burnout, not just organizational and situational stress (Maslach & Jackson, 2017).

Established by Gray-Toft and Anderson, the "Nursing Stress Scale" was employed in several studies to measure the effects of three stressors: physical, psychological, and social. The questionnaire was

discarded because it did not measure stress and motivation in job behavior (Topa, 2020).

Hinglley and Cooper's "Nurse Stress Index" was first intended as a tool for use by nurse managers and was long, with 140 elements. McGowan utilized the: "Hinglley and Cooper" scale with only 30-item question about nurses, but they neglected to explore the issues of burnout.(Tabar & Al-yateem, 2015).

The General Health Questionnaire of twelve items, developed by Goldberg who meant detect psychological markers of illnesses in individuals in community and occupational contexts, it was made available to health care providers. The primary goal of the questionnaire was to assess the prevalence of mental disorders. (Hjelle et al., 2019).

In their research, Williams and Coper came up with the "Stress Management Indicator", which is now used by employees around the world. It was derived from the "Occupational Stress Indicator", and it was not designed particularly for nurses and midwives, as some have claimed. It was designed for use in a corporate context, and it measures how much control a someone has over their life, as well as their ability to manage with stress (Popa et al., 2018).

Stress variables serve as cause of strain, and they are classified according to their impact on individuals. The evaluation of individual variations and the effects of stress are the primary concerns. Appraisal must be acknowledged as serving a critical part in stress management, and self report surveys should be used when evaluating workplace stress. Structural factor analysis method was used to construct the "Williams and Cooper" survey. In addition to physical well-being, the "Pressure Management Indicator" evaluates sources of pressure, social and coping as well as style of behavior, influence and control.(Shukla & Srivastava, 2016).

2.8. Sources of stress

2.8.1. Demographic Data

When it comes to the relationship between strains and stresses experienced by health care providers, individual variables such as age have an impact. Stress and burnout in the registered nursing field have remained stable for individuals under the age of 30 for the past many years. In 2020, the age range of midwives and maternity nurses who works in the hospitals was 43.2 years old, worldwide (NHWDS., 2020).

It has been shown that individual factors like level of education and age are related to burnout in caregivers. The age of the midwives has been shown to be demographic characteristic that has been consistently associated with burnout, and researches suggesting that the younger the individual is, the greater the likelihood that they will burn out. Burnout happens more frequently early in a nursing career (Dall’Ora et al., 2020).

Studies have shown that experienced, older employees tend to be less likely to develop burnout than younger ones. Individuals develop proficiency and skills via life experiences that are influenced by aging, which might help them manage with stress. The nature of stress might shift among specialist areas. It is not uncommon for people to find practicing in intensive care units such as child birth department difficult. Contrary to expectations, the time worked and age of midwives and nurses in labor and delivery affect the stress they faced (Favrod et al., 2018).

Female tend to report higher stress levels at work than men do. The majority of the nursing and midwifery workforce is women, and one probable reason some leave the field is because of this. Due to pregnancy, women who are in their reproductive years leave the workforce. As a result of getting married and having kids, many midwives and maternity nurses quit their jobs and some never return (Solanki et al., 2015).

The best retention-rate for maternity nurses and midwives falls among the 40-55 year old age group. Because most middle age women have

the most experience, the retirement of this demographic from the nursing profession will take place when the need for them is greatest. A lot of research shows that midwives who left the field were often under 40 years old, and they represented a substantial lack of midwifery working forces (Sullivan et al., 2011).

Nurses with advanced degrees have more emotional fatigue than those who basic educational qualification. The caregivers who passed the licensing exam reported greater levels of stress than those who had not. In a recent research, student nurses employed considerably more coping mechanisms than did their trained counterparts. The downside, however, is that professionals who attended educational programs for more than four years had higher degrees of burnout. In general nurses with postgraduate qualification have greater stress level of their workload compared to assistant nurses (world health organization, 2020).

2.8.2. Working factors and environmental Condition

The majority of healthcare professionals are familiar with work related burnout and has been affected by occupational stress. When it comes to occupational health, valid assessment of environment has become more important, particularly in the context of evaluating stress management treatments. Nursing retention rates have increased in situations with lower levels of stress and higher level of social support, according to a recent study. Hospital administrators and nursing managers must be respectful example such that coworkers' support will become a natural part of the working culture (Odigie, 2016).

The administration of nursing services focuses on establishing a healthy practicing environment, rather than stress management for staff. Rather to only reacting or treating after a major situation, is far more preventive strategy. Because nursing is a diverse profession and a nurse will often serve in a variety of sectors. Studies have shown that increasing workload and

complex assignments are two concerns that have been emphasized. Many scholars discovered that poor working conditions were challenging to solve. Healthcare workers were not able to control their work environment, making them feel hopeless, and therefore, the necessity of work unions while employees keeping workloads under control. (Kalyani, 2018).

The midwifery field has reported feeling overwhelmed by their duties and being unable to finish assignments on time. Nursing, on the other hand, have traditionally considered stress as a professional responsibility, with less emphasis placed on altering the work related condition. Scientific literature identifies a number of elements that have an influence on workplace stress. These include job conditions, external demands, and the physical features of the workplace. In their own words, nurses described their working conditions as unexpected and accidental, highlighting the need of maintaining a safe physical environment (Khademi, M. et al., 2015)

Involving head managers and work staff or the team members while focusing on work settings represents a first step toward enhancing employees' health. Nursing committees should make it a priority to create guidelines, processes, and policies that may help managers bring change and handle and reduce their staff's stress level (Goldsby et al., 2020).

Previous survey revealed that midwives are unable to keep up with the pace at which they were working; in addition, increased workloads and a limited supply and resources had resulted in midwives working longer hours. With high workloads, overtime working hours are likely to occur; nevertheless, insufficient restoration may result in increased burnout, which negatively impact health and well being in the long run (Sidhu et al., 2020).

Today's job for midwives and maternity nurses is increasingly difficult since supervisors are demanding working with more speed. The health care workforce is especially vulnerable to job stress, which can lead to a drastic increase in sick leave. The need to alleviate the pressure

experienced by caregivers should be part of an organization's commitment to assisting their employees in the pursuit of professional as well as personal advancement. To better understand and cope with workplace stress, proper conversation is necessary. The working atmosphere of midwives and maternity nurses could be enhanced by healthy discussions during their daily meetings (Matlala & Lumadi, 2019).

It was shown via several qualitative studies done with nurses working in general practice that daily disturbances are often more stressing than bigger concerns, particularly when in a haste. The work environment is one of the most important variables that contribute to nursing role stress. Role stress may be described as the result of a mismatch between nurse's perception of the qualities of a certain role and the actual results produced by the nurse who is presently executing the certain role (Sumra & Schillaci, 2015).

work environment stress, roles tress, and job overload, are cited as the most common cause for midwives and nurses to leave the profession. Nursing widely seen as a very demanding profession by the general public. Due to the fact that nursing has always been perceived as a difficult profession, the majority of midwives and nurses would anticipate a challenge at the very least some level of stress in work settings. One of the most mentioned sources of stress for nurses was a lack of time to complete their tasks and deliver high-quality care. Meeting enforced timelines was cited as a source of stress by almost third of nurse-midwives. Midwives are particularly vulnerable to organizational stress, which can be caused by a variety of factors such as a lack of sufficient personnel, excessive workload, and a lack of organizational support.(Chatzigianni, D. et al., 2018).

Administrative demands of working in major health care institutions and hospital settings can emphasize the significance of the system's contributions rather than merely abilities of midwives, which can be

detrimental to patient care. It appears that the work load, activity itself, is the triggering element that causes nurses and midwives to get exhausted. for example a s the on-call nurse, if there is a family with terminally ill member, nurse couldn't just get up and leave because there is no center or setting to refer them. It is either the nurse or nobody (Khademi, M. et al., 2015).

Australian union officials have stated that nurses as health care providers won't return to the workforce or remain in it until their workloads are seen as manageable. Nearly 37 percent of stressful working circumstances were due to rising workloads across all health sectors. The midwives and nurses had a hard time being paid for their overtime since they frequently had heavy workloads, with no time for lunch breaks in between shifts. To meet the needs of patients, midwives and nurses are encouraged to work in challenging situations. Midwifery and nursing are all about human interaction. The challenging nature of the profession necessitates the development of interpersonal skill and coping strategies (Eslami Akbar et al., 2017).

Understanding emotional reactions as complex structures that place a variety of demands on healthcare practitioners is a challenging task. According to qualitative research conducted on Danish midwives, showed that midwives not always able to recuperate while transitioning from one demanding and dynamic workplace to another environment. Midwifery is a demanding profession that demands psychological, emotional, and physical competence. Work related stress among nurses and midwives is exhausting, and having heavy amount of work can be extremely stressful. The three most significant stresses were a lack of qualified employees, a heavy workload, and insufficient time to complete duties. This demonstrates the importance of time restraints as a key source of stress(Jepsen et al., 2017).

One of the primary reasons that maternity nurses convened their daily meetings out of working time because of excessive amount of work.

These nurses thought that it's the norm for them to end their work shifts 2 or 3 hours after the shift time, and that a nurse who left before this or at exact time considered bad nurse in others opinion. Thus, maternity nurse should not leave the premises after completing her work shift. They must remain at duty as long as necessary, taking on additional caring responsibilities (Wazqar, 2019).

The effort of midwifery and nursing is performed with limited personnel and the intensity of the job is growing. Now a days m Midwives and nurses being tasked with seeing higher number of patients in a shorter period of time. Stress among nurses has been shown to be highly correlated with job burden, which has led to pessimism, anxiety, and stress. If administrators know about the drawbacks of higher workloads, they could modify education programs to reduce stress among nursing employees. By establishing restrictive regulations to prevent heavy workload, hospital settings may lower the stress, anxiety and despair of nurses and improving their work satisfaction(Said & El-Shafei, 2021).

The factors influencing occupational satisfaction include workplace processes and regulations, the individual's working load, feedback, flexibility, skills diversity, and their ability to endure stress. Identifying and putting into place action plans that improve the psycho - social work environment are critical initial stages in improving employee health. Stable and healthy workplace conditions will be necessary to retain and recruit nurses (J. F. de Oliveira et al., 2019).

It is imperative to enhance working conditions to ensure the long-term health of the nursing staff. Interventions to remove or lessen stresses in the workplace are scarce, and often focus on making employees more tolerant of job features that are harmful. However, with the introduction of the work load analyzer in wards where it is in use, nursing staff requirements and work loads in hospital units have improved. Since the main scale used

or the study was administered many years ago, heavy work load have been highlighted and prioritized as issue that needs to be addressed immediately and thoroughly.(Griffiths et al., 2020).

To help ease the heavy workloads of nurses in delivery rooms, emergency room, and intensive care units, the Australian Nurses Association (ANA), has started a project. The following recommendations offer nurses with the ability to provide input into workload assessment and empower them to fix the resulting workload concerns. ANA is of the opinion that emergency rooms, child birth facilities, and intensive care units' nurses should not be forced to bear the high and relentless workloads. The following ideas were generated by the (ANA) and the Health Department to assist in evaluating nursing or staffing levels in emergency rooms and delivery departments. They were also used by Reasonable Workload Committees to review and address workload issues (Sidhu et al., 2020).

To calculate the nursing fulltime equivalent (FTE) required, the manager should first gather the past 12 months' activity as a benchmark unless there's been a dramatic change in activity or the introduction of a new model of care. Next, manager should compare the previous year's FTE utilized with professional judgment and anecdotal data on workload issues. Additionally, manager should take into account local factors that affect work load, such as the physical structure of the unit, the availability of staff support , and other factors(Craft, 2016).

Aside from patients with multiple diagnosis, additional factors to consider for intensive units involve the number of inpatients in need of one caregiver or more ; close monitoring; observing periodically and client closer to discharge; clinical assessment of risky patient, which includes aggressive and self - harm behavior, vulnerability, age, comorbidities; and the number of inpatients per one nurse (Creedy et al., 2017).

Minimum of two weeks (at least ten days) period for relieving per fulltime work, sick leaves, family and community service leave, as well as required education; an evaluation of the effects on staff for Workers' Compensation or return to profession programs on fulltime equivalent; and a calculation of the nursing unproductive equivalent are required. Long service leave, maternity leave, and respite from work are not included in the calculation of the paid fulltime equivalent. lately the feasibility and acceptancy of these techniques are being assessed (Australian Nursing Assosiation, 2020).

Nursing work load is stressful and hazardous and a serious concern, efforts are being made to support nurses' basic rights of acceptable workload through the establishment of resonable guidelines. These recommendations, which were developed as a result of the nursing process and practice development researches, are now in the process of being implemented and validation. Midwives and nurses were asked to participate in the nursing process and practice deivelopment survey in order to get insight into their perceptions of potential improvements in staffing levels, resources, and concerns related to occupational health and safety(Jepsen et al., 2017).

The Australian Ministry of Health and Social Affairs' Council of has been looking into the options for midwifery and nursing staff that are currently in use. Survey results have brought to light a number of significant concerns, such as the lack of knowledge and recording of high workloads as factors that negatively affect the provision of quality treatment for clients. In the case that midwives and nurses consider themselves being subjected to unsafe working conditions, they are urged to comply with the recommended reporting protocols (Mollart et al., 2013).

Some of the recommendations suggested by the various studies and polls been included and adopted. Such guidelines aid employees with skill

development and awareness while accounting for the adaptability needed to navigate evolving health care systems, all while demonstrating outstanding management and leadership abilities from instructors and nursing unit managers (Hegney et al., 2014).

The worldwide nursing process and practice development Poll, in public and private institutions, implemented seven measures in the general hospitals and six in the private sectors to address the issue of heavy workload. The nurses and midwives at public hospitals assist in the identification of workload concerns within a unit, ward, or health service. The following course of action is to talk to the management about the situation. If the problem is not fixed, the caregiver is to seek advice from a reasonable work affair committee representative. If a problem is not rectified after the committee offers its recommendations, the nursing association should be called. If the association and the area health service couldn't address the problem, the association will file a claim before the nursing relations commission. These procedure is carried out similarly at private sector (Griffiths et al., 2020).

world widely workloads have been addressed at the areas of the emergency department and labor and delivery rooms. December 2019 saw a 50 percent rise in admissions to the hospital over the previous year. Through In addition to the nurses association's reasonable workloads committee, more employees have been recruited. To help alleviate the excessive stress that care providers face, the department and labor and delivery rooms have added extra personnel. Nurses and midwives have benefited from this technique, which has been found to make a big difference.

Following a lot of effort to minimize patient overloading and nurse understaffing, midwife-nurses are under a huge burden from the number of cases they must handle. This approach prohibited additional admissions

because nurses felt concerned and upset about the wellbeing of their clients. If patient admittance limits are reached, the clinic hires a new nurse for each shift (Coxon, Kirstie; Turienzo, 2020).

In addition, excessive workloads are linked to workforce numbers. Midwives working in the delivery rooms and maternity ward at a hospital claimed that the heavy workloads caused them to experience significant levels of stress and burnout. The clients' safety and the quality of care have been of concern to them. Staffing of the night shift in the delivery rooms or maternity ward at the royal hospital in the Emirates consisted of nine midwives to oversee 64 full beds, which represented a third of the personnel that worked during the day. Midwives reported about 4150 to 5500 rise in the birth rate in the past year, but no increase in staffing (Vivilaki & Asimaki, 2020).

In addition to the growing in caesarean births, which increased workload by 91 procedures in just four months compared to the same time in the previous year, the number of deliveries requiring an assisted delivery rose from 48 to 63 percent. The personnel were working excessive overtime because of a scarcity of caregivers and the stress levels and burning rates were described as severe. Some midwives had to take stress leave, while others quit as they could no longer handle the heavy work loads. Staff members who remained in duty said they were tired and could not keep on (Dalky et al., 2021).

In result of these changes, patient counts were restricted, nurse trainees added to the ward, a nursing manager post was established, antenatal clinics were rearranged, and security was improved. Midwives from the Royal Hospital for Women eventually summoned an emergency meeting to discuss staffing levels. Employment has been enhanced to include professional midwives, nursing assistants, and ward clerks, as well as a second midwifery educator and the addition of midwifery specialist to the

group of practitioners. These midwives are described as being tenacious in their pursuit of their claims and dedicated to providing high-quality client care while also managing a heavier workload.⁰ Reporting success is the result of a campaign to advocate for more employees, and health institutes lately witnessed considerable growth in their workforce (Cirrincione et al., 2020).

A recent study by the American international nursing association concluded that the nursing unit managers they interviewed stated that better support systems were important in reducing work loads and burnout and in retaining midwives and nurses in the field. Without any extra resources or personnel, the midwifery management had to deal with the surge in birth rates. Administrative and managerial responsibilities have been placed on nursing unit supervisors due to their lack of administrative and secretary assistance (Membrive-Jiménez et al., 2020).

American international nursing association discovered that nursing unit administrators are compelled to finish their managing duties by substantial amounts of hours of unpaid overtime. Because managers of nursing units have a shortage of time to use their high level abilities and practice, such as coaching and supervising other coworkers, nurse-midwife and patient health is impacted. Care providing as well as leadership, management, and administration tasks are all areas that might be of interest to future researchers in the area of hospitals managers' workloads (Mudallal et al., 2017).

A maternity hospital nursing unit manager informed investigators that staff cuts had resulted in significant consequences for nursing, physician, and associated medical personnel, in addition to clients. It is difficult for the employees to provide high-quality patient care. Since the unit's nurses have such a heavy workload, we must be available to the patients as often as possible. In the job of nursing unit manager, ensuring the unit is current

with changes in nursing practice its crucial, but it's difficult to do because of the heavy patient care burden. Today, nursing unit managers make efforts to safeguard employees, but are frequently unable to due to the extra workload (Goldsby et al., 2020)

The major stressor for maternity nurses is workload. also, workload issues identified as the most critical priority for elderly care nursing personnel according to numerous researches. The survey questionnaires can be sent to all registered nurses, midwives, and health care givers in care institutes. The results of self-reported scales analyzing the psychological and social structures of working environments revealed that sources of stress were a lack of skills, a heavy workload, and the management of a health-care establishment. Nurses and midwives were unable to spend more quality time with clients because of their heavy responsibilities (Van Bogaert et al., 2019).

Maternity care professionals emphasize the importance of relaxation, which can be enabled by caregivers, in order to improve the overall quality of care for pregnant women in labor. Midwives participating in the study reported feeling concerned and rushed about their capacity to maintain work expectations. Their comments revealed that they believed they had to work rapidly, that they did not have enough time, and that they were subjected to excessive pressures. Several midwives and maternity nurses who participated in the study stated that they rushed clients' care, which frequently resulted in clients becoming difficult or irritated (Bright et al., 2018).

Inadequate time was also a contributing factor to the psychological pressure put on all employees. In general, there is insufficient time for the both physical and mental care, as well as a lack of quality care. In addition to these high job expectations, these nurses said that their work environments provided them with little control, and that they had fewer possibilities for

decision-making. Training has been emphasized as a specific technique for lowering stress in the workplace caring for pregnant woman in labor(Sidhu et al., 2020).

Midwives' emotional fatigue and discontent with their jobs is the most notable predictor of stress in maternity hospitals. This is because nurses' workloads are likely to generate emotional and physical burnout and job dissatisfaction. Finding reasonable, sustainable workloads for midwives and nurses is an ongoing challenge, and any solution must include a reassessment of how nursing and midwifery care is delivered, whether through primary patient allocation or team-based care models of delivery (Båtsman et al., 2020).

The nursing shortage can result in work over load. Indeed, work pressure and a lack of qualified personnel are the most stressful challenges that nurses in Singapore had. Work overload, insufficient staffing, feelings of inefficiency, perception of high levels of responsibility, lack of support system, and interpersonal problems were among the stressors identified by the nurses as sources of distress (Justine et al., 2018).

Because of the nature of nursing' profession, they are subjected to higher levels of stress than other employers. They face role ambiguity, severe work demands, and interpersonal conflict, among other things. Another source of stress is the possibility of friction between clients and nurses, as well as between clients and their relatives, particularly when conflicts arise over the amount and quality of care provided (Salari et al., 2020).

The elements that influence the quality of maternity and midwifery nurses' work also have an impact on their decision to stay in nursing or to specialize in a certain field. According to the findings of prior researches, 28.2 percent of nurses expressed a strong desire to leave the profession in the near future. A further 49.3 percent stated that they were unsure whether or not they intended to leave the midwifery speciality. There would be terrible

social and economic consequences if this were to actually happen(Pezaro et al., 2016).

When nurses are under stress, inevitably the quality of care get negatively affected. A study contrasted the responses of midwifery and maternity nurses to a question about the possibility of them seeking counseling at their work place to deal with their concerns. They discovered that some nurses were reluctant to let their supervisors know that they were seeking counseling because they were concerned that it would be perceived as a sign of a professional flaws or weakness. Researchers discovered that midwife-nurses experienced higher levels of stress than their general nursing colleagues. Nurses are typically reluctant to share personal details, especially in the workplace, due fear of appearing as unqualified, which could affect their work security(Suleiman-Martos et al., 2020).

The degree of stress a nurse experiences varies based on the department in which they work in. Intensive care unit nurses are more inclined to accept taking on larger career opportunities, such as autonomy, involvement, and heavy responsibility. With these findings, it is hypothesized that critical care units may create more enriching work environments, which could result in reduced levels of stress and higher work attitudes among other nursing specialties (Beck, 2020).

Researchers in New Zealand have investigated the prevalence of burnout among nurse practitioners. The study also analyzed the demographic characterstis of burnout along with its related to work position. Over a third of 1,174 participants (42.9%) in the study exhibited more severe burnout stages, which is similar to other international studies. Keeping themself isolated from others and withdrawing from social support systems are the indications suffering from burnout. They were apathetic about dealing with challenges and unresponsive to stress. Nearly two-thirds of people under 40 of age were in the more advanced phases of burnout. The

study's results are in line with the previously accepted belief that younger nurses are more prone to burnout. The setting type where practitioners perform specialized care did affect the patterns of burnout (Dixon et al., 2017).

The stress levels of nurse-midwives are more significant regarding seniority. Burnout has negative effects on the quality care for patients and the private life of the care providers. A huge amount of nursing related stress comes from work overload, lack of work security, and stability, ego, safety and support, and finances. Because of factors such as changing resources and legislation, hospitals working conditions are difficult to remain stable. In response, midwives and nurses get influenced by this instability. Nursing staff are compelled to feel that their efforts for the organization and patients aren't being adequately appreciated because of the high level of uncertainties in the hospitals setting (Mudallal et al., 2017).

The result of caring for many clients in short time period and with less accessible resources is reduced quality of care and patient satisfaction, decreased staff morale, behavioral challenges, and an increase in healthcare expenditures. As a result of these negative effects employee burnout occur (Khamisa et al., 2015).

Midwives and nurses must be able to adapt quickly to changing health environments in order to be effective. Emergency nurses have a significant level of stress in their everyday lives, which is primarily generated by their specialty. Among the most common sources of stress were job overload, death-related experiences, emotional expectations from relatives and clients, miscommunication among colleagues, and a constantly changing environment. Nurses who worked full-time also have to take care of their families and look after their kids. Depending on the nursing unit, varied levels of stress are experienced by the nurses working in that unit (Rafii, 2014).

Unsatisfactory levels of quality care created significant stress because of a lack of time to focus on client needs. Skin diseases, headache, migraine, and even minor surgery can be caused by stress, which is known to be controllable. The researchers that study burnout have found that healthcare seekers' excessive expectations mixed with nurses' hard labor, above and beyond what is considered normal, creates cynicism and tiredness. Due to increasing pessimism, the inefficacy of employees is also on the rise, and further study is necessary to understand the issue. Burnout occurs as a result of long-term job pressures. Individuals who are mentally healthy are better at handling persistent pressures, which means they are less prone to experience burnout (Masa'Deh et al., 2016).

In the nursing profession the relationship between emotional and physical empowerment, job satisfaction and strain is very important. The positive, direct effect of organizational support on mental empowerment impacted contentment with work, which in turn had a negative, direct effect on work place stress (Ilazi et al., 2014).

Hospital environments' heavier workloads, increased job insecurity, and higher client's alertness affect nurses' perceptions of work tremendously. work pressures are stressful in the workplace environment because they comprise such elements as the speed and quantity of required work, how long caregiver has to complete specific task, increase in the amount of work, conflicting priorities, interruptions of work, and the hurried pace of the task. Further, organizations have put policies that prevent nurses from providing a variety of health care services, nursing posts have been devalued with the use of less trained caregivers. Because nurses feel trapped in their work, nurses with a high work stress are unsatisfied, less devoted, and less motivated. Managerial measures could boost nurse confidence in their abilities will motivate them to be more supportive of the healthcare work place (Mudallal et al., 2017).

Nurses are known to be more satisfied with their jobs, which might help offset their stress. It has become increasingly difficult to retain experienced and trained nursing and midwifery workers in their current work place. Nursing work satisfaction should be viewed in terms of numerous criteria. Current human resource trends in nursing indicate a lack of caregivers, which causes challenges with quality client care (Said & El-Shafei, 2021).

Environmental stressors such as inadequate recruitment levels and heavy workload may be more appropriate to address than measures such as training of nurses coping methods or stress management. Workplace concerns that can influence employee satisfaction including things like flexible work hours, rates of payment, incentives for continuing education and studying scholarship, and grants for noteworthy research projects, among other things. In addition to reducing stress levels, enhancing workplace conditions for midwives and midwives might motivate them to stay in their career. Personal stress management may be beneficial, but it will only bring short-term relief midwives and nurses. Providing preventative solutions, such as a healthy workplace condition, good resources, and support, rather than simply managing the symptoms of stress, may be the key to the problem (Oliver, 2017).

Work intensification refers to the practice of working harder and for a longer period of time. It entails performing more activities with fewer resources, which is accomplished by raising the workloads of staff or decreasing the number of individuals performing the same tasks. Following the identification of stressors, approaches for reducing those stressors must be discussed. Maternity nurses indicate that they are very exposed to violence in the work. Another aggravating element that they mentioned was the fact that they were interrupted far too frequently. The most of nurses' stress was caused by verbal abuse and physical violence from patients and

their relatives. There should be no nurses be subjected to this type of abuse in their workplaces. This is a real problem that many nurses are constantly dealing with (Portoghese et al., 2014).

Horizontal violence is typically characterized by psychological bullying that results in hatred. This could have harmful psychological consequences, such as increasing aggression in the workplace, as a result. These feelings of aggression could be a result of chronic stress, which could have a negative impact on midwife and nurses' retention in the workplace. midwives consider the changes in health-care services as source of stress. Work overload is a major source of stress for midwives working in labor and delivery rooms. There are three key drivers of stress: insufficient educational background, dealing with death-related problems, and working too many hours. Working with angry clients and not having access to community resources were among the most stressful aspects of midwifery and nursing' profession, according to the organization because community health centers usually are overburdened, it is possible that the nurse-midwife will take on more responsibilities than their position requires (Pezaro et al., 2016).

Time constraint, deadlines, and heavy workload are all regarded as key sources of stress, whereas aggression and shift work routine are regarded as less significant. Long hours, time constraint, week communication, and interpersonal conflict were identified as the most significant stresses for managers. In a study about maternity nurses, author discovered that nurses did not have enough time to interact with their clients, and this left them with a bad feeling and self-conscious. Despite the fact that maternity nurses preferred more contact with the clients' relatives, wasn't possible due to a lack of available time (Zhila et al., 2018).

Client issues, work overload, conflict between colleagues, organization work structure, occupational self-doubt, lack of staff, and a

conflict between work and family are all major stressors that affect a nurse's mental health and well-being. The vast majority of nurses expressed a desire to leave their current work. Despite the fact that the majority of nurses reported being content in current roles, more than 58% of nurses expressed a desire to leave the nursing profession at some point in their life. This was caused by environmental pressures such as inadequate workforce levels and heavy workloads, which were attributed to this concept (Mokhtar et al., 2016).

Because the nurses believe lowering the workload can relieve stress, they favor this measure. Nurses complained about having too little time to finish their work. Nurses are more vulnerable to mental health issues when stress is present in the workplace. Stress often causes nurses to feel rushed, forget to drink water or even urinate, and write reports poorly. Although being pressured by stress may be seen as a sign of weakness by nurses and midwives, adequate feedback and team support during critical situations may be useful in combating stress. Addressing the current issue of burnout and stress in the workplace by providing therapeutic management and an encouraging work environment. Clinical supervision is a structured process that provides a friendly, private environment in which employees can analyze and report on their work habits (Sidhu et al., 2020).

Clinical supervision promotes employee career development and competency, and it is believed to increase the quality of service provided to clients. Also, can help to generate a more productive and stable work environment. Clinical supervision has long been standard practice for psychologists, and it is now slowly making its way into the realms of midwifery a nursing. Clinical supervision has traditionally been viewed as a learning opportunity rather than a supportive environment for employees. In nursing and midwifery, clinical supervision can be an efficient method of providing assistance, and it includes going beyond simply recognizing stress

and burnout in the working environment. Being optimistic toward clinical supervision and getting supported by supervisors may result in decreased levels of burnout in the long run (Dall'Ora et al., 2020).

2.8.3. Factors related to Organization

Stress is a convergent problem that necessitates a convergent response in order to alter the system. Stress can have a negative impact on the stability of health organization and inflict substantial damage. Inaction on this part of the health setting issue could result in higher absenteeism, decreased performance, high turnover rates, increasing work accident, risky practice and overall low health and safety culture of employees and clients. In addition to the confusion caused by contradictory organizational demands, highly demanding and rigid schedules can exacerbate the stress associated with the job. Long-term conflict amongst nurses, including racial or sexual discrimination, as well as bullying, can result in hazardous stress levels in the workplace (Maslach & Leiter, 2016).

Health settings that constantly develop or expand quickly often shift more responsibility and pressures to care givers and nurses, with little regard for the nurses' ability to adapt to these new conditions and demand. Some businesses cultivate a supportive work environment, aiding nurses in adapting to new situations and learning during work. A lot of employees who were experiencing burnout stated that they had disorganized work place as defining attribute(Bulman, 2013).

The study of self reported stress and its consequences on health care providers revealed that organizational support was extremely important in achieving job satisfaction. Terms of the quantity of work place support provided, the attitudes of caregivers about their current circumstances will have an impact on their overall job satisfaction. The most significant adverse effect on job satisfaction was a lack of organizational support, which was the most prevalent factor. It would be beneficial to conduct study on the level of

control caregivers believe they have on their work environment and whether or not this perception of control relates to their stress (Petkovska et al., 2015).

Employee satisfaction was found to be positively connected with communication from superiors expressing appreciation for the nurse's efforts. Over the past three decades, the job satisfaction of maternal nurses has fallen significantly. Maternity nurses reported that their work environment was more stressful and challenging than previous years. Visits to client homes and dealing with risky pregnancy were not uncommon responsibilities. A large number of stressors were recognized by maternal health nurses as being contributors to burnout. The themes that arose had to do with the role of nurses as well as organizational challenges. Among the issues raised were a lack of organizational support, client violence, high risk patients, a lack of education and professional growth, a lack of resources and facilities for quality care, and an insufficient nursing expert on the field. Employees felt they had no power over matters like decision-making, and morale (Matlala & Lumadi, 2019).

To midwives and maternal health nurses, as well as to their clients, the supportive infrastructure that was formerly provided by major psychiatric experts is no longer available.

Managers who appear to have little awareness of mental health problems are in charge of approving and implementing organizational decisions. Occupational burnout and job dissatisfaction are caused by heavy work loads in the society. The high rate of burnout among midwives and other employees of the maternity and child health workforce has negative consequences for the quality of care provided to clients (Tao et al., 2015).

One of the main reasons why 81 percent of midwives had left their profession was job dissatisfaction. Midwives in multiple studies reported that regular working hours, improved pay and better working conditions

elsewhere influenced their decision to leave midwifery. These midwives found alternative work in educational settings or in the community. The majority of these midwives no longer worked shift work. Job satisfaction factors which were critical to these midwives who had left the profession, were flexibility, support and autonomy. The midwives who continued to work shifts now worked predictable, fixed shifts, suiting their individual requirements. Making difficult decisions about needs of individual midwives, in relation to flexible working patterns(Chien & Yick, 2016).

midwives and nurses feel their knowledge and experience had not been taken into consideration. According to midwives notable rise in the number of patients exhibiting aggression and violent behavior, as well as drug abuse, has been observed recently. These patterns were highlighted as being of concern, and they represented changes in the demographic profile of clients as well as widespread burnout among midwives.

A large number of midwives and maternity nurses expressed dissatisfaction with their salaries. Midwives claimed that they were not being fairly compensated for the amount and quality of work that they performed. Maternity nurses acknowledged that they had a high level of job stability and continued employment, but they felt that prospects for development were inadequate. Midwives were also unsatisfied with their ability to obtain time and funds for training courses, in compare to the quality of the work they were provided (Vermeir et al., 2017).

Nursing administration is the main authority to improve and support new employees as well as skilled professionals in the nursing field. It is typical for moral discomfort and indignation to arise when the nurse practitioner does not have the support of their organization. Nurses' attitude and their work quality are influenced by the organizational structure and culture in which they find themselves trapped. It is possible that stress disorders is caused by organizational flaws when nurses report stressful

situations, and the demands that nurses confront can be either positive or negative depending on the individual's perception to those demands. It is possible that the stress disorder gets treated, but that organizational flaws remain neglected. Work related behaviors are not exclusively under employee's control, but frequently influenced by variables out of control (Ayivi-Guedehoussou, 2017).

Nurses' professional and personal life are affected by workplace verbal and physical abuse. As a result of their work environment, the nurses described feelings of vulnerability, unpredictability, and even terror. There is a high risk of workplace violence for emergency nurses during the course of the career and there is an increase in stress levels in emergency rooms due to the emphasis on patient priority, which increases the risk of violence. When it comes to creating client friendly hospital environment, it appears that the safety of nursing personnel is placed second. Having no idea who might be violent keeps nurses stressed (Pezaro et al., 2016).

When security personnel are dressed in uniform and have particular training in hospital security, they are more effective in controlling and preventing violent accidents. The hospital security guards are typically dressed in a client friendly suit and tie. The nurses believed that the actions and attitudes of the security officers were crucial factors in reducing the violence incidence (Al-Hamdan et al., 2019).

Nurses are subject to numerous conflicting demands and roles, which is made worse by the fact that they also lack the system support of the staff and resources, as well as patients and their relatives' attitudes, and have to deal with in pain clients, lack of staffing, the incompetent attitude of their coworkers, and frequent interruptions by their manager and other medical staff. Other frequent sources of stress included the pressure to prioritize work over personal life, irresponsible coworkers. Maternity nursing and midwifery staff work in a complicated and demanding setting. As a work

force that has been strained to unlimited needs and demands, while other powerful work associations have limited the nurses' ability to improve working conditions and policies.(Creedy et al., 2017).

Nurses who work in maternity department report higher levels of stress and poorer levels of job satisfaction as compared to their counterparts in other nursing settings. Client related problems such as complicated cases, emotional problems of patients, and socially deprived individuals are reported to be less stressful than constrained resources, organizational issues, and administrative problems for nursing staff. Stressors for maternity nurses included the work vs home interface, a tiring routine for midwifery nurses, and a lack of time for them to perform their jobs (Pezaro et al., 2016).

Maternity nurses and midwives indicated high stress level that they attributed to organizational issues rather than intrinsic elements of nursing profession. (Khamisa et al., 2015).

Nurses and midwives in Germany have reported that ethical issues over role conflict, team disputes, quality client care, organizational limitations, and workload are the most significant sources of stress for them. Interpersonal issues were noted by maternity nurses as being a source of physical distress. Stress levels were shown to be associated with age, institution size and the number of trainees (Dasgupta, 2012).

In large health setting with a high percentage of permanent employees, stress caused by higher levels of responsibility occurred more frequently than in smaller health settings with a high percentage of temporary workers. Problems with interpersonal connections were more likely to arise in maternity wards than in other types of hospitals. Work overload is related with a high amount of responsibility. Increased levels of stress are also connected with increased role expansion in nursing (Fathi Najafi et al., 2017).

Because of increasing workloads and a lack of available time, practitioners can have a stressful experience. Attempting to train a beginner nurses while the instructor is burdened with an excessive amount of labor is unfair to both sides. Although clinical professionals' instruction of nursing students is vital, it necessitates a significant investment of energy, patience, and time in a highly complicated and hectic work environment. The fact that many students are practically finished with their studies and have capabilities, the fact that levels of experience vary significantly contributes to preceptors' stress (Bengtsson & Carlson, 2015).

It's evident that work environment stress is a significant problem. Nurses reported that they feel major stress from their supervisors and managers. The pressure that was created was more severe than client loads. The maternity and the nursing profession have neglected to present nursing as a desirable career, critical to the health and well being of the society. Burnout symptoms were reduced and staff' feeling of achievement improved with the help of supervisor support. The nurse who feels unsupported by the workplace eventually quit. Overworked nurses are far more likely to suffer from exhaustion and sickness, which are made worse by staffing shortages (Hautala et al., 2007).

The maternal health nurses receive a lot of support from their colleagues. Colleagues at work offer greater support in cope with workplace issues than practical assistance with nursing tasks. Coworkers seem to be more supportive than nursing managers or supervisors in their respective roles. The vast majority of maternity nurses were able to discuss work related issues with their coworkers in order to reduce work related stress (Odigie, 2016).

The unit have the highest priority after a stressful incident, nurses counted on each other for support. The fact that nurses and midwives work together and are frequently stressed together makes them more likely to

become close friends. They debrief frequently, even if it is only about a specific situation that they would be too shy to share with a superior (Banovcinova & Baskova, 2014).

Interactions with supervisors, managers, and other medical staff, on the other hand, were identified as the great sources of stress, with the expectation that these relationships would serve as a source of support that greatly respected as vital aspects of the workplace. The workplace was cited as the most common source of stress by previous researches. Many nurses and midwives may be reluctant to express their own stress because they fear that doing so will make them appear incompetent and weak (Beheshtifar & Nazarian, 2013).

The inability of midwives to communicate effectively with coworkers about decision making is a stressor. Investigative research could result in improvements in communication as well as the growth of social interactions in studied environment. If midwives work together as a team, they will establish a sense of solidarity and trust, which will help to reduce stress levels. When a team works together on a certain task, it may be possible to reduce the amount of time of execution of the task separately. Other important sources of stress included a lack of respect from clients relatives and bad working environment generated by other medical colleagues (Beck, 2020).

2.8.4. Shift work and occupational health and safety

The six hour shifts were favored by the most nurses over the twelve hour shifts. Nurses advocated abolishing twelve hour shifts, as these extended shifts had negative consequences on personal life and social time. Researchers discovered that cognitive tension and chronic burnout increased for nurses working longer shifts (12 hours versus 8 hours). Even though nurses can sleep for a longer period of time, but reported more trouble falling

asleep and feeling exhausted after waking up. In addition to headaches, frequent tiredness has been linked to upcoming depression (Ose et al., 2019).

Nurses who worked long shifts seemed to have more off hours between shifts to rest, but this was not enough to compensate for the negative impact of working longer hours shifts on nurses' health. When working longer shifts, the psychological fatigue was more noticeable. Also, week sleep quality might be a contributing factor to emotional fatigue in nurses who work long shifts. This finding was supported by another research. Nurses and midwives who worked more than twelve hour shifts would suffer from illness, exhaustion, and performance problems, and older midwives have acknowledged that longer shifts are more physically detrimental due to the increased effort (Dall'Ora et al., 2015).

Fatigue, reduced memory, slower reaction time, and decreased control are possible consequences of working at long hours shifts. The pressures that come with shift work intolerance are balanced or enhanced by individual characteristics. Workers who are neurotic, outgoing, and adaptable may be less likely to have sleep disturbances and poor health. Further research is needed to study these features in well selected subjects.(Booker et al., 2018).

Stress-related illnesses are common among nurses and midwives. Long, irregular working hours at night and throughout the day are difficult psychologically and physically. Working in rotating shifts exposes nurses to gastrointestinal illnesses and cardiovascular disease, which is more likely to occur with irregular shift workers. Adverse environmental conditions make it difficult for shift workers to adjust socially and biologically, they don't always have the support needed to help them (Ferri et al., 2016).

Sleeping with disturbed circadian rhythm will result in a poor, fitful and not restful sleep. Individuals who have a night job may likely have judgement impairments even if they were to sleep for the normal number of hours. A

tired nurse may have reactions that are slow or unsuitable with roaming attention (Maurer, L. et al., 2020) .

Strain is a common outcome of shift work, which has been shown to be a form of stress. Individuals who suffer from chronic exhaustion and irritability often have interrupted sleep. One major disadvantage of long-term rotating shift work is heart disease, and digestive issues. Constipation, stomach ulcers, flatulence, abdominal pain, and appetite loss are just a few of the possible digestive symptoms. An individual's social life get impaired and may result in poor social relationships, difficulties in keeping interests and lack of enjoyment in social activities and events such as family party. Because most social events happen on weekends and evenings, the shift employees may be distanced from the community (Ferri et al., 2016).

Working outside of normal hours can have a negative effect on people's health habits, and in turn, their health may be compromised, resulting in health problems including smoking, unhealthy eating (fast food), and being overweight. Shift workers are prone to Rotating shifts sleep disorder, which causes tiredness, sleeplessness, decreased energy, concentration problems, irritability, and headaches. The mentioned risk factors are commonly found in shift workers, most of whom are midwives and nurses in public hospitals (Wickwire et al., 2017).

For instance, nursing and midwifery staff members often reluctant to undertake night shifts, although such shifts are part of the shift work cycle. Night nurses on shift have less training support and clinical supplies, and almost no administrative support. Midwives routinely operate their given shifts, which might be unchosen and lead to depression. (Bahramirad, F., Heshmatifar, N., & Rad, 2020).

Workplace stress is more likely to occur for hospital midwives who do not have control over their shift schedules and those on rotating shifts since their circadian rhythms are disrupted. Personal habits are disrupted

when shift work is performed, changing events on schedule that differ from their family members. Switching shifts interferes with the ability to socialize. Those who go to work in the night suffer from reduced peacefulness and joy, while experiencing a rise in impatience, low back pain, and worries about household chores. A decrease in social and personal life pleasure is felt because of shift working (Palese et al., 2017)

Both time pressure and mental stress are exceeded by the psychological challenges, which contribute to the whole workload. Midwives found day shift to be more mentally and physically difficult than night shift. T Shift-time combinations after late early shifts also have the highest levels of sleep deprivation. A reduction in psychological health state was noted. The tasks involved could make it challenging for a midwife's family and personal life to thrive, causing tremendous body strain. When there's potential disagreement between patients, nurses, and family, as a big stressor, especially when it comes to the quality care provided (Ayed et al., 2015).

People who work shift hours have a higher rate of health problems than those who work the regular hours. Numerous studies have revealed the harmful impact of shift work on the health of caregivers. Employees who have long shifts job experience a higher risk of heart disease. Compared to nurses who work on fixed shifts, those on a rotating schedule are more stressed. This pressure is caused by disruptions to circadian rhythms resulting from inconsistent working hours. The disruption of appetite, eating, sleeping, energy level, and cognition, as well as feeling of powerlessness and irritation, are other common effects of night shifts. Exhaustion of the body and mind led to working even more and affected midwives' overall efficiency (Wickwire et al., 2017).

There is more conflict between work and personal life of midwives who work rotating shifts. When it comes to alertness, midwives on

fixed night shifts are rated higher than rotational night shifts. The older aged midwives associated with the less sleep hours and a lower level of awareness, according to the study.

Midwives with more home responsibilities slept less, were much less attentive, and had more sleep problems. As compared to rotating night shifts, fixed night midwives had better sleep, adequate energy, and psychological well being, less household and social interruption, less chronic fatigue, and positive attitudes towards collages and work (Barnes, 2012).

Sleep duration was shorter after night shift comparing to day shift. Darkness and noise reduction were the most common sleep boosters, as well as room temperature control. There is an increase in sedative drug intake after a night shift. As a result of these variables, midwives are under a constant stress. Midwives report significant levels of stress at work, and sedative use is associated with this. Health care providers Shift employees, in particular those who experience stress, are more likely to smoke. Tobacco ailments are more prevalent among shift workers (Dorrian et al., 2011).

As a consequence of shift working, the midwives' natural biological and social circadian rhythms became disturbed. Shift employees in health settings more likely to smoke with higher BMI and less likely to marry than caregivers that never worked shifts 1. Shift working for five years or more doubles the risk of developing heart disease in women, according to a new study. They acquired unhealthy habits like smoking and eating fast foods (X. S. Wang et al., 2011).

About 650 midwives in Massachusetts participated in a survey about sleep, shift working, and hospital accidents. Night and rotational midwives slept less hours than evening and day midwives. It has been reported that some night midwives have fallen asleep while travelling to or from work places. Therefore, circadian rethym disruptions and sleep loss

during rotating-shift work can lead to increased mistake rates on certain jobs. This fact is so important for hospital administrators but staffing shortage and midwives' personal life and family commitments make it difficult to change hospital timetables in order to improve midwives' wellbeing, quality care and client safety.(Buchvold et al., 2019).

2.9. Stress consequences

2.9.1. Mental, psychological and physical health

Stress in midwifery is caused by a wide range of psychosocial concerns. Employees in hospitals and clinics are at risk of experiencing work related psychological disorders. Health problems can be exacerbated by stress at work, and many studies indicate that health care practitioners must differentiate between quantitative and emotional stress at work in order to prevent health problems. There is an emotional component to working with patients that is different from other types of job (K. Bhui et al., 2016).

midwife's and nurse's expenses of psychosocial disorders pose a barrier as they strive for stability in daily life; midwives' responsibilities at work tend to be more psychological as are physical. Along with anxiety and tiredness, midwives often feel dissatisfied with their jobs. Physical symptoms depend on period that caregiver has been under stress before symptoms show.

As a result of the loss of clients with whom caregiver have built personal relationships, maternity nurses are under a great deal of emotional pressure. When it comes to the nursing profession specifically, these kind of losses are unavoidable (Kinman et al., 2020a).

Suffering, according to midwives, includes anger, stress, frustration, hopelessness, excessive liabilities, and sadness. Suffer has been shown to diminish or endanger individual's professional or personal life, and it has been related to a sense of powerlessness. Midwives who don't talk about their

feelings often find themselves grieving for a long period of time after the accident. Dealing with newborns and pregnant women, midwives feeling more vulnerable and powerless than they were previously (Mathibe-Neke & Masitenyane, 2013).

Maternity nurses caring for clients with episiotomy or perineal wounds could bleed profusely, they were subjected to a constant stream of sensory stress, which contributed to their stress levels. So, the client would not feel embarrassed or offended by the sight and smell and site of wound, a controlled reaction is required. When caring for laboring women, maternity nurses were subjected to high levels of emotional stress on a consistent basis. The pressure of coping with severe depression and sadness of labored women throughout puerperium was reported by maternity nurses who dealt with hemorrhagic shock and depression of labored mothers in postpartum period (Patterson & Ménage, 2020).

Midwives and maternity nurses are unable to support grieving client because the midwife might have unresolved personal issues. Midwives felt frustrated and emotional strain since they couldn't form bonds with clients. In addition to knowing about stress on the part of family members due to concern for their patient's wellbeing, nurses kept their own family away from the work issues by avoiding discussing job experiences at home (Halperin et al., 2011).

Many other symptoms of stress can manifest themselves, such as migraines, increased tension, poor time management, and feelings of powerlessness, to name a few. Health difficulties are associated with the heavy work demands, feelings of helplessness, and a lack of control over environment. The lack of autonomy experienced by midwives and maternity nurses is a significant source of work related stress. When compared to other professions, the prevalence of exhaustion in the health industry is significant. According to research, Stress can express

itself in a variety of forms, including low back discomfort, irritability, exhaustion, emotional tantrums, overeating, fits of rage, and overreacting (Clark & Lake, 2020).

Stress can cause systemic disorders, difficulty sleeping, insomnia and extreme depression, along with other diseases. midwives reported feeling exhausted all of the time in many studies. The exhaustion reported by the midwives who took part in the study was completely mental and physically burdening. The weariness had a negative impact on midwives' performance and hampered their ability to participate in daily activities. midwives encountered sleeplessness as a psychological symptom of stress at one point during the course of their lives (Sabzevari, M. T., & Rad, 2019).

As a result of burnout, the midwives' job performance was also affected by insomnia. Midwives found it impossible to relax because of their tremendous tension, which was especially troubling when tried to sleep. Early indications of burnout, such as insomnia, are emphasized.

Workers who experience burnout commonly have constant fatigue and headaches. Healthcare workers reported experiencing fatigue and depression related to job. There are four elements that are related to a higher chance of stress related disorders. Trauma are classified as intimidation, physical abuse, forced relocations, conflicts with superiors and conflicts with colleagues. And it is also of note that all these aspects are connected to coworkers in the job (Hunter et al., 2019).

The financial consequences of stress include more sick leave, reduced productivity, and an increase in work-related incidents. The consequences of stress involve anxiety, drug addiction, depression, and cardiovascular disease. Employees' psychological and physical wellbeing are negatively impacted, and stress burden both professional and personal life as a result. Anxiety, depression, matrimonial and interpersonal issues, physical sickness, mental illness, and exhaustion are all possible outcomes in the long

term, according to research. Stress has a variety of negative effects on the workplace, including poor quality care, decreased productivity, staff shortages, and excessive absenteeism. Several studies suggested that absence could serve as a stress-relieving mechanism for people who are under pressure (Sidhu et al., 2020).

In addition to being concerned over coping with problems and occupational errors, stressed midwives and nurses are thought to be at risk for week mental wellbeing as a result of their work. Conditions at work, such as labor theaters, where stress can lead to physical and mental illness Midwives who couldn't assert control over the expectations imposed on them experience stress and burnout. Stress effects are often short, and when the strain on each person subsides, the individual returns to previous state of norm. It is possible that stress cause long term psychological and physical health problems in certain cases, particularly if the stressors are prolonged and extreme (Katsantoni et al., 2019).

The quality of life is significant to work responsibilities and relationship with coworkers. Employees who showed signs of mental illness were more likely to have increasing levels of pressure at work and a decrease in leader supports over time. Employees who are mentally unhealthy may see their working environment in a negatively. The distress has impact on the midwife's capacity to adapt with the psychosocial impact of daily life stressors such as work related stressor, and it has the potential to develop in physical disease if left untreated. Midwife's psychosocial responses could be jeopardized, and stress symptoms could manifest. Some psychiatric diseases are associated with environmental stressors triggers (Sidhu et al., 2020).

Preliminary research suggests that anxiety has led to maternity nurses quitting their jobs, as well as a drop in the rate of women who choose to pursue careers in nursing field. It was found in a Nursing Survey that 13510 midwife and maternity nurses and midwives in Washington hospitals were

polled that wanted to quit their jobs. In addition, 76% of whom surveyed were prepared to leave the field or their current position, and 54.9% were recommending that family, acquaintances, own kids not pursue the profession. According to the results of the poll, there is a high correlation between stress health-related problems and insufficiently staffed departments.(Rafferty et al., 2019).

Research results of nursing administrators, organizational and occupational psychologists, and recent studies have discovered that work related stress causes quitting the job which in turn lead to worker turnover, week performance, and employees' absences. A midwife's supervisors and manager are most likely to care about protecting and supporting the well being of midwives. A nurse's or midwife's health would affect the quality of client care (Smith & Dixon, 2018).

midwives and maternal nurses are subject to stress, bullying, and even job loss, ultimately causing hospitalization and unemployed or losing job. A rapid shift in behavior, with a reduced ability to tolerate stress, are common indications of chronic stress, as is a deterioration in attitude and empathy. Caregivers with poor self esteem are more sensitive to stress and susceptible to being affected. When a midwife has been well behaved in the past, losing their patience may happen. Other symptoms of burnout have resurfaced, such as a lack of consideration for clients, a reluctance to change direction, and inflexibility (Edmonson & Zelonka, 2019).

Many maternity nurses and midwives reported that they do think about finding another caregiving jobs or a position outside nursing profession frequently. Many nurses wanting to relocate to a new work location or consider job quitting. After having a stressful experience, over tow third of midwives and maternity nurses in their first year of practice were considering abandoning the nursing field. Nurses have reported thinking

leaving their job at some time due to their encounter with stress in the workplace (Jamil Piro et al., 2015).

2.9.2. Long exposure to work related stressors

Burnout is a result of uncontrolled stress, not symptom and sign of stress at work, according to the American Association of psychiatry. Burnout is the example of a reaction caused by an excessive amount of tension. Burnout is connected to a number of risk factors, including a submissive coping strategy, external control perspective, workplace stress, a lack of social supports, a lack of resilience, and extensive contact with patients. Authorities and healthcare administrators should develop and implement methods to improve the job satisfaction of nurses and midwives, thus lowering burnout and increasing engagement.

Burnout is a severe problem, and many midwives have stated a wish to leave their profession in order to lessen their stress levels (Favrod et al., 2018).

It would be beneficial for health care institutions to better understand the elements that contribute to burnout, both economically and in relation to human expenses, especially in light of the persistent global shortages of nursing and midwifery. Various researchers have hypothesized that there are two primary sources of influence on these elements, which are human qualities and the workplace environment. Midwives reported the highest levels of burnout, while over half of the nursing staff suffering from it. Burnout and stress in midwives are linked in the research literature, according to the findings. Maternity nurses and midwives are not only sensitive to their work environment, but they also contribute their own unique characteristics to their jobs. Personal traits like demographic variables, education, age, work related mindsets, and persisting personality trait are examples of these distinguishing characteristics (World Health Organization, 2017).

Previous burnout studies reveals that it is more of a social issue than a personal trait that may be found in employees. Post traumatic strain disorders (PTSD) have been linked to burnout in several research. Maternity nurses who were suffering burnout had performed in less favorable working environments as compared to nurses with good emotional health, according to the study. Increase in demands would amplify the stressors that already exist and lead to burnout of health care providers. Nursing staff working in the hospitals may find it beneficial to learn coping strategies in order to protect oneself against long term negative effects that can lead to burnout. In addition to a general sense of tiredness and exhaustion burnout can show physically in the form of recurrent headaches and gastrointestinal disorders as well as depression, insomnia, and shortness of breath (Zarshenas et al., 2014).

In addition to physical indicators, there are also behavioral and psychological symptoms of burnout. Boredom, isolation, alienation from social contact, depression, cynicism, resentment, and confusion are all possible symptoms. Other obvious indicators of behavioral problems include irritation, impatience, rage, and frustration (Warmelink et al., 2015).

The hospital administrators discovered that the length of employment increases the burnout levels. Remind that those caregivers who suffer of burnout and resign early in their job or leaving nursing career, show less levels of burnout. As a result of years of experience, older midwives and nurses seem to be more knowledgeable how to deal with various scenarios, making them able to resolve confusing or uncertain situations with confidence. These types of research is necessary because of a lack of clarity about burnout issue (Membrive-Jiménez et al., 2020).

Local midwives appeared to be protected from burnout due to duration of expertise. Despite the fact that these midwives may survived burnout, they may still be suffering from the heavy workload and staff

shortages that they face. It is possible that they might have endured the earliest stresses of their jobs and gone on to achieve success in their careers. The fatigue, on the other hand, increased in relation to the number of years work in the field. As a matter of fact, midwives and nurses who have worked for more than 10 years reported higher levels of burnout than midwives and nurses with lower job experience (Warmelink et al., 2015).

It appears that certain habits, such as time pressured life-styles, rivalry, excessive demand for control, and anger, are linked to burnout and emotional fatigue. Employees who have feeling personality are more prone to develop burnout than those with thinking personality. Studies about personality types trying to identify which type most likely to develop burnout. Individuals who hold less resilience (which can be described as accepting changes, exert control, and engagement in daily activities) burn out more quickly, especially while experiencing exhaustion (Mudallal et al., 2017).

People who tend to believe that they have little control over events and outcomes are more likely to suffer from burnout. Midwife burnout can be predicted by a losing control. Negative effect or "neuroticism", is defined as the long term feelings of anxiety, depression, rage, and guilts, along with cognitive and behavioral aspects like insecurity, obsession, and low self esteem, are personality trait with a broad scope. Feelings of worry and anxiety are common among those with a pessimistic attitude. A majority of midwives report being stressed out regard the way things are going, which has led to a variety of health issues in them. Midwives are agitated and anxious all the time. They frequently focus on the negative features of themselves, their failures, and limitations. Midwives who are less affected by neuroticism seem to be more content, peaceful, and secure, and they focus less on regular frustrations and issues (Afulani et al., 2021).

The process of burnout leaves the person feeling fatigued, which makes it hard to concentrate. The outlook of maternity nurses who think they are merely a nurse instead of a midwife, stresses low morale instead of the expertise needed for clinical decisions and skill. Work and communication issues lead to loneliness.

Individuals who prefer to work solo have been shown to generate a higher workload, which in turn increases level of stress. This caused coworkers to offer less support and experience frustration. For certain personality, the extra workload is imposed by their type. These, connect to a susceptibility to anxiety, limited stress management capacities, and increased level of stress. Many maternity nurses are suffering from burnout and deny it's as the cause of having headaches, sleeplessness, and problems with their digestion though they still functioning (Uhrenfeldt & Hall, 2017).

The midwife and nurses perceive the imbalance between work and personal problem as crisis, while in reality the workplace is experiencing difficulties. The effects of burnout can be seen in the actions and feelings of nursing hospital employees. The general consensus is that this issue is more about personal life than it is about the professional life. individual who suffer from burnout are commonly perceived as being weak. They believe that only the strong one can survive, and that burnout is a consequence of failing to endure the stress and pressure. Employees who are suffering from burnout, according to another study, seemed irrational and complains all the time. Workers, according to popular perception, are responsible for their own burnout and must take responsibility for resolving it(Koutsimani et al., 2019).

This point of view may be common because individual explain their experience in personal words and are looking for personal answers, which may include changing careers or seeking counselling. People may be able to contribute to the alleviation of burnout. Employees are not, however,

accountable of burnout development or resolution in all cases. Stress results in bad quality patient care as well as a drop in performance and working morale. A persistently detreated morale will finally lead to burnout, and performance in stressful conditions will suffer as a result. When it comes to sustaining workers against psychological trauma, internal sources like self esteem have been shown to be efficient. Health care givers who have bad morale are likely to be affected by a variety of organizational issues, including manager confrontation, coworkers interaction, socializing practices, and performance evaluation feedback (Kinman et al., 2020a).

If someone is stressed or burned out, the consumed time for them to react in an emergency accident diminish and ends badly, the whole situation will probably harm the patients. The reaction time of a person who is stressed or burned out can be slowed when confronted with a stressful or emergency scenario. This could have negative ramifications for the company's clientele. Rushing to finish work may result in impaired contact with patients and other clients. Burnout has been linked to psychiatric disorder, especially emotional fatigue, according to the literatures. Depersonalization has been linked to a lack of self-esteem and a sense of worthlessness. A diminished sense of personal success is frequently accompanied with troubled concentrating, decisions making, and dealing with challenges(McCormack et al., 2018).

Maternity nursing and midwifery practices are often connected to burnout. The authors looked into stresses, characteristics, and coping mechanisms while carrying out researches. Organizations and person interventions take steps to minimize stress levels, but demographic variables don't have much of impact. The most common stressor that they found was death and illness, followed by being unprepared and heavy burden (S. M. de Oliveira et al., 2019).

Increased levels of dedication are associated with an increase in the number burnout cycles. Overloaded midwife or nurse who keeps working hard despite getting relieved of her responsibilities becomes devoted to achieving job demands and eventually burns out as a result of the constant stress she is subjected. There is a depletion of the midwife's physical and emotional strength. In order to maintain physical and psychological wellbeing, the midwife ceases to provide care, and her level of dedication drops dramatically. Every year, thousands of midwives and nurses quit the field due to burnout as a result of the constant pressure and excessive workloads they face. Burnout is frequently accompanied by feelings of powerlessness and undervaluation. Suicidal thoughts and tendencies were associated with greater rates on the Burnout Scale for emotional fatigue and depersonalization, despair and exhaustion (Bellanti et al., 2021).

Compassion fatigue, often known as traumatic stress, is a condition that is comparable to burnout. The notion is very new, and it is associated with individuals who have experienced trauma, which intrude on the midwife or nurse's professional and private relationships. Among midwives working in the public health settings there is an exceptionally high level of fatigue. Ignoring psychological reaction and strain increases the likelihood of negative results. Idealism, optimism and hope are all harmed by traumatic stress. Symptoms of traumatic stress are comparable to those of burnout, including depersonalization, a sense of failure, and an increase in tiredness and illness. Burnout may result in the need for long sick absence (Skinner, 2019).

2.9.3. Family and work balance

Family and work are drawing increased attention, and this is especially true in regards to the interaction between the two. The latest research has indicated the role of this component in work related stress levels. The current

trend in the field of work-life balance involves work-family overlap. Work and family conflict could be the result of an internal struggle with time allocation. Midwife occupational stress had a greater effect than stress caused by their personal lives. Most people suffer from personal stress, which is primarily financial problems. Financial stress affects not only midwives and nurses, but also their family members, midwife's symptoms worsen when they are exposed to high levels of stress at home and at work. For midwives and nurses, work-related stress is exacerbated by concerns about family illness, financial strain, or bereavement. Work related stress was important to the midwives and nurses in their personal lives(world health organization, 2020).

Previous research showed rather substantial connections between the variables of work and family life across different companies. Three essential aspects of the study included: career growth, working duration and supervision. The study concluded that trainings of managerial positions and training on spreading knowledge on proper work related behaviors, while also building a family- work friendly environment. It is also recommended to change the culture of working for long hours (Kossek et al., 2021).

In addition to family commitments, midwives leave the profession because they have little control over their working hours. Some midwives base their decision to quit on shift working and long hours of work. It was shown that family-friendly work time for midwives were a major factor. The insufficient payment makes nurses work overtime, which in turn leads to weariness and adverse impacts on their home, family and personal life. Sleeplessness and depression, and loss of social support, were linked to problems of conflicting work and family life. Work-related problems at home consistently indicated a lowered likelihood of positive mental health results, outweighs the potential nurse client problems. Lack of personnel was deemed especially stressful, long shifts and bringing work issues

to home negatively affected the quality of family time (Gragano et al., 2020).

Nursing and midwifery professions are affected by the amount of unpaid overtime they are forced to work. Long hours with inadequate rest time with overload task are the major stressors. Because of staying at work after end of shifts, the personal life get turmoil. Likewise, Australian midwives and maternity nurses just allowed 120 minutes off time for every shift, but barely took 20 minutes break. Furthermore, midwives and maternity nurses continued working after their shifts ended, while their kids waiting for them to ride after finishing classes (Messenger & Vidal, 2015).

2.9.6. Personal replies

This section focuses on personal reactions to work behaviors. Individual stress responses will be addressed, including how personal characteristics may affect specific situations and the personality resilience concept will be discussed.

1. Stress responses in individuals

Every individual has a unique approach to dealing with stress. Many workplace pressures will be enjoyable challenges instead of a tough strain. Individual variables that have an impact on how person responses to stress are crucial for understanding the whole mechanism. Individuals' differences in susceptibility can have an impact on how react to stressful situations.

The term "engagement" is often used as a synonym for "motivation." A motivated midwife or nurse responds swiftly and effectively to the patient's needs. It is incorrect to assume that because the work environment seems distressed, caregivers will sense more stress. Depending on their perspective, midwives and nurses may find the setting challengeable but stimulating. Midwives and nursing staff could naturally predispose to pursue

self development, intelligence challenges and engagement. This prospect may not be stressful for these professionals (Mbakaya et al., 2020).

It's apparent that each person has different work satisfaction. The satisfaction of those in precise same profession will differ, as would the levels of satisfaction experienced by those in various jobs be at same level. A person's response to an event doesn't simply depend on the event itself; it also depends on how they perceive it. The way in which a person perceives the incident could induce stress. People are capable of absorbing large volumes of stress and continuing their task without relieving it. In the aftermath of a difficult situations, individuals give themselves credit for how they handled and managed the issue. It is possible that various people will interpret the same circumstance in different ways and, as a result, respond in diverse ways.(Mensah, 2021).

An effective workplace motivator is described by the three elements of purpose, velocity, and insistency. Past studies have examined psychological and behavioral differences between high and low-stressed persons. People might have Type A personalities instead of Type B. The lives of Type A individuals were highly defined by accomplishment, competition, and high sense of responsibility but impatient, alertness, aggression and restless, as well as explosive strength of language are characteristics of Type A individuals. They classified Type B personalities as being devoid of such tendencies, retaining low aggression and deep feelings, and having minimal time anxiety or impatience on a consistent basis. Abundance of research has been conducted on the effects of stress on female health care employees, as well as their personality qualities. The effects of stress are modulated by a variety of environmental and individual factors. One person may get stressed in a particular scenario, whilst another may accept the circumstance and flourish on the potential for growth and self developing. It's possible that the variance

is due to the person's cognitive perception of stress and anxiety. In terms of work demands, this could be interpreted either negatively or positively. The way stressful circumstance is perceived determines whether the event is positive or negative (Çelmeçe & Menekay, 2020).

Some individuals are extremely sensitive and overreact to certain events, but others remain calm and collected in difficult events and react quietly. When it came to dealing with traumas, person's mindset is crucial. Personal characteristics such as sex, how old they are, living area, educational accomplishment, and employment have an impact on the amount of stress and strain experienced by an individual. Personal view of the work environment could be used to determine the level of stress experienced by employees.

Since each person possesses a unique set of sources, such as self confidence, skill, and knowledge, work demands that might burden one employee may not have the same effect on another. Even while financial losses and sickness are supposed to be connected to stress. Stress isn't a factor until touches an individual. The stress-related reactions of that individual are what will influence the outcome. Although some people endure pressure and release high levels of adrenaline and cortisol, others may not experience same effect, pointing out that variations in stress reactions may be related to this difference (Simpkins, 2018).

Individuals experience emotional reactions when they are faced with unpleasant or stressful situations at work. Positive reactions are possible in some cases. Anxiety, despair, and rage are all feelings that can be experienced at other event. In some cases, individual's ability to control their feelings could have a positive impact on how they react to stressful situations. Midwives and maternity nurses have a highly unique response to stress in their professions, and burnout is a result of individual characteristics rather than environmental factors (Scott, 2014).

Those dealing with stress may therefore be influenced by personalities. Investigations have been conducted concerning work related problems rather than the personal characteristics of new nurses. Despite the fact that there is few data of how these characteristics interact with healthcare settings. Individuals who are prone to stress may have hard time working in difficult nursing profession. Stress is a multifaceted response, and attributed to environmental and a personals characteristic, variables that determine the intensity of stress. People's reactions to various life situations have prompted discovering and implementing personal and social sources that could alleviate stresses. Differences between workers, such as psychological and demographic characteristics, affect how each individual responds to stress, and hence not all suffer burnout (Koinis et al., 2015).

The midwifery and nursing professions are battling to increase output and improve quality care. so, examination of stress susceptibility, career position, and character traits are all important considerations. Despite the fact that theoretical framework for these components already exist, little is understood about how the individual responds to stress. After determining whether or not an individual has abnormal stress reactions, it may be feasible to provide additional support and counseling by assisting them in finding the most suitable workplace and appointing mentoring sessions.(Halpin, 2015).

Some midwives work in extremely stressed environments such as labor rooms and newborn emergency units develop symptoms of stress. Burnout syndrome in care providers profession tend to be linked to both personal and situational factors. Care givers who work in high-risk situations may find the environment to be interesting and challenging, not stressful in the traditional sense. In some cases, individual traits may invest to direct susceptible nurses into departments that are more appropriate for them. Employees traits may be substantial contributors to exhaustion and less

significant when analyzed in conjunction with resources or work related stress(Khamisa et al., 2015).

Growing body of literature indicates that specific stress reactions are affected by individual differences in positional values, such as how they appreciate positive feedback, accomplishment, personal and social recognition, conscience and sense of responsibility, motivations, acknowledgement, and challenges. A person's negative reactions to stress are reduced when they have appropriate skills and experience, are familiar with stressful conditions, and have received training in coping methods.(Harness, 2017).

If nurses and midwives are disempowered by the unreasonable load of their job and how they feel unappreciated and overworked, this might occur differently for everyone. Job contentment and work related stress are both affected by the autonomy. Involvement in setting the standard of the practice improves job satisfaction. In the end, all coping methods, which range from those which focus on changing external conditions to those which try to internally alter individual's emotional reaction to events (Dillard, 2019).

The sense of stress is specific to the person, rather than being influenced by other social elements. Personal's response to stress may explain why some people experience stress. Personal reactions stress may also explain why some people experience trauma and burnout while others do not (Stetler & Guinn, 2020).

2. Individual responses according to situational factors

Behavior variability is influenced more by personal characteristics than by environmental conditions. People don't always follow the situation's expectations. Before begin working, a comprehensive guidance should be provided to new midwives and nurses on how to cope with varied clinical environments. Midwives could make more appropriate decisions in terms of

their personal preferences, strengths, or temperament, which would improve job satisfaction and reduce job stress and burnout. Midwifery experts devote themselves to preparing newly graduate midwives for their responsibilities as caregivers. Graduate midwives may not be aware of their personal characteristics in regard to performance and stress management. In addition to guaranteeing that midwives are efficient with midwifery skills, they might possibly be educated on stress management tactics (Eskilsson et al., 2017).

Generally, an employee who depends solely on organizational abilities will be able to deal with certain types of pressure (such as time constraints, multiple tasks, several expectations, and short deadlines) quite efficiently. This same employee may have difficulties responding properly to personal or professional situations that trigger a grieving response. Their distress and sense of deprivation do not answer being in team work. It is recommended that in this case, the individual concentrate on seeking personal assistance or embracing surrender, which includes debriefing their tension and accepting natural reactions to stressful events (Masa'Deh et al., 2016).

The way someone responds to stress is not a fixed action but rather a variable process, and it is dependent on the features of both the individual and the situation. Perceived strain problems occur in work environments where workers have no control over the situations. Environmental and personal variables influence the stress antecedents and precursors significantly. It is simple to identify environmental factors (such as insomnia and extended working shifts) and neglect the influence of personality factors. Employee personality and temperament affect dealing with stress significantly. Personalities play a significant role in both stress's onset and its outcome. Being able to correctly evaluate oneself is vital for predicting one's potential impact over others and situation. For some

settings and institutes self-assessed stress surveys could be worthwhile cause discovering workers and executives who can remain efficient and successful facing work related stressors (Nekoranec & Kmosena, 2019).

Study's overall goal is to analyze the relationships between people and their circumstances as well as to ascertain how statistical variables affect one another, and this is why the research is important. If a researcher wants to analyze the employees in organizations, firstly must understand the process by which employees are formed or create their environments. Through the inclusion of time frame, both the situation and the employee become interwoven in a specific process. employees behave in certain ways based on their personal characteristics, such as deciding to enter specific types of profession. The duration of time spent within every circumstance, and the frequency with which a certain action is repeated, may cause the person's characteristics to shift. The findings of previous studies on employees differences had failed to demonstrate a logical relationship between employees characteristics and organization and work performance (Haradhan, 2018).

One of the ways in which work contentment is measured is by conducting self report surveys that ask employees if they plan to stay in current job or thinking about leaving. level of satisfaction in work is defined by the extent to which job environment is favorable and how appealing it is. Beyond simply like the job, howmuch job is appreciated is also influenced by the qualities of coworkers, salary, the work nature, managers, and incentives. It depicts the way in which employees react to the circumstances and events of work, social, and administrative situations, and the organizational features may cause negative or positive emotions (Batura et al., 2016).

2.10. Personality hardiness concept

The notion of personality resilience, is related to stress tolerance and personality features. Persons who are resilient to high levels of stress are more likely to remain mentally and physically healthy, whereas individuals who are not durable are more likely to get sick when exposed to stressors over an extended period of time. Individuals with good health but are subjected to high amounts of stress have a multidimensional personality. Despite the fact that the Type A and Type B personality concepts give indications about stress prone types, many individuals believe its insufficient to understanding people's mental health and elevated stress levels. Some people may be attracted to the nursing field because they possess distinct personality types that either make them more resistant to stress or enable them to withstand stress more than others (Silva-Junior et al., 2020).

Resilience can be broken down into three categories. The first is a firm dedication to dealing with what comes one's way. Rather of being passively participating in life events, commitment includes actively involving. Control is the second factor to consider. Control is the belief that one can control events and situation rather than feeling powerless. The third feature is the ability to tackle new needs and demands that represent chances for growth and development. This cycle of constantly struggle for personal growth, in most cases, results in a lifelong learning experience. In a nother point of view, change is healthy, at contrast to stability, a motivation to increase maturity rather than a security risk (Moreno-Jiménez et al., 2014).

Burnout is caused by low levels of resilience across a wide range of parameters. In some cases, resilience might lead to the development of coping skills. Individuals in demanding, challenging, and autonomous careers anticipated to show more feelings of dedication, challenge, and

power than individuals in employment that are externally directed, with fixed routine and uninteresting. Prior studies revealed substantial associations between exhaustion and personality resilience in health setting workers, according to the authors. Individuals in the nursing field who stated that personal lives had meaning and felt in charge of their lives reported less dissociative episodes and mental tiredness and reported better levels of personal achievement. More mental burnout and depersonalization were experienced by those who believed they were in charge of their lives but considered their lives had little meaning and purpose (Vagni et al., 2021).

Individuals who have a high degree of burnout often have low levels of resilience. Establishing coping skills may be caused by a strong tolerance for physical difficulties. Those whose occupations are engaging, independent, and purposeful are generally more committed, challenged, and in control than those whose jobs are boring, uninteresting, and repetitive. Several studies discovered strong associations between burnout in nursing field and their personality resilience. Participants in study course who felt their lives is purposeful and in control of their futures tended to have no depersonalization and less emotional tiredness, and greater personal achievement. Those who felt in control but that their lives pointless reported more mental burnout (Vagni et al., 2021).

2.11. Previous studies:

1. First study:

Pezaro S Et Al (2015) conducted A narrative literature review titled “Midwives Overboard” in aim to provide a comprehensive literature analysis of research on midwifery populations' psychological stress in the workplace, their work in Australia found relatively high Midwives are susceptible to a variety of forms of work related psychological disturbance. These include sources of stress that are both related to work and occupational in nature.

Midwifery and midwives were studied for, psychological well being, work related stress, traumatic events, emotional fatigue, burnout, depression, anxiety, post traumatic stresses, and environmental stress, among other things. 15 distinct searches were conducted, resulting total of 167 papers to be reviewed. The findings of the study indicate that a stressed midwife may continue to work despite her distress and that she may use this endurance as a dysfunctional coping technique. They unable to notice psychological health issues in themselves as a result of their dysfunctional resistance.

Long shifts, the adoption of innovative technology and devices in health care system, security, work stability, workplace trauma, dysfunctional work belief systems, and a lack of career progress have all been shown to be significant indicators of in midwifery work related psychological distress. According to the findings of the study, additional research, improved worldwide strategies, and evidence based treatments and support system are needed to better serve midwives who are experiencing psychological distress.

Second study:

Favrod and others (2018) carried out Midwives and maternity nurses participated in a cross sectional research using a mixed method approach to make comparisons psychological symptoms like depression, anxiety and stress. In an online survey, one hundred and twenty-five midwives and ninety maternity nurses from Switzerlan teaching hospital participated in quantitative measures such as the Stress, Anxiety, and Depression Scale and the Masllach burnout survey, and a subjective online questionnaire.

The results were published in the journal *Obstetrics and Gynecology*. When sociodemographic parameters were taken into consideration, midwives scored higher on the Depression, Anxiety and Stress Scale overall than maternity nurses. The stressors associated with the workplace were divided into five categories: the work conditions, midwifery and

maternity care, facing mother or newborn death, case-management, and other factors. 64 percent of these items classified as stressors related to work. Despite the fact that midwives reported experiencing more traumatic stressful situations in their workplace, there were no other differences between nursing professions when it came to the total number of work related stressors reported. Implementing strategies to improve the caregiver's appraisal of work related stressors or offering time to recover between constantly occurring stressful events may not only enhance health care providers wellbeing, but it also reduces sick absents and improve the quality care provided.

Third study:

Researchers Maharaj & Lees (2018) conducted research to determine the incidence and severity of mental disorders in a random sample of Australian midwives and maternal nursing students. Participants were given the DASS Scale, which was administered to one hundred and two students. Information on demographic characteristics and work condition was gathered through the use of questionnaires developed and adapted from popular culture. According to the finding's anxiety, depression, and strain found to be prevalent in 33.4 percent, 42.2 percent, and 24.4 percent of the population, respectively. Binominal logistic regression statistics for stress and depression were found to be statistically significant (p value equals 0.007 and 0.009, respectively). Mental health problems among maternity nurses and midwives could not only be harmful to the person, but it may also impair work performance and, the quality care provided for clients. maternity. Because of the demanding nature of nursing field, midwives and nurses are at an increased risk of suffering negative psychological conditions such as depressive episodes, anxiousness, and stress than other professions.

Forth Study:

In this study, stress levels were measured using a pairing of self assessed surveys and hair cortisol level, which is a primary stress marker. Perceived stress was correlated with field of practice, age, and work experience. The results of the survey question revealed that more than 50 percent of the midwives in this cohort study reported high levels of stress than the other population. The findings of the study were able to identify significant factors among a community midwives that had an impact on their perceived stress. Unexperienced midwives, on the other hand, are more susceptible to work related stress than their more experienced counterparts. Participants reported that the demands of managers are also source of stress, and that there are differences in age and generation of midwives perceived stress level.

Fifth Study:

Eslami Akbar and others 2017 carried out a qualitative study with grounded theory approach. The purpose of this study is to investigate the midwives' personal experiences to uncover the midwives' initial coping mechanisms when confronted with work related strain at their job. 215 clinical midwives participated in the study. Purposeful sampling and theoretical framework were used in this study to collect data. Nonstructured interview and notes were used to collect data, continued till the data was obtained. Based on the findings of the study, four pivotal concepts were identified, including: getting stressed at work, coping situationally, the influence of individual and environmental factors on coping with job stress, and the coping outcomes. The most important variable in the midwives' coping mechanism of work related stress was a excessive effort to bring the stressed condition under control.

Sixth study:

Mollart and colleagues (2013) conducted a qualitative study in order to determine the prevalence and level of stress and burnout related to midwives work, contributes demographic variables that could affect burnout and stress levels. The midwives answered the Masllach Burnout Inventory Human Services Survey and demographic questions about their work environment, including model of care, type of shift, leisure, and experience level. The respondents were certified midwives (152 participant) who worked in public setting - maternity departments within public health system United States. the 66 out of hundred and fifty-two midwives responded to the questionnaires, total response rate was 46.8 percent.

Almost one-third of midwives in this study reported felt low personal achievement, and third of them reported feeling depersonalized as a result of burnout. When comparing groups of midwives based on their years of experience, type of working shifts, the proportion of females with various emotional issues in the midwifery profession and work overloads, it was discovered that there was statistical significance. Female who had been in the midwifery longer time and were physically active and fit had lower burnout. Midwives' ability to deal with burnout and provide care for birthing women was significantly influenced by the number of years they had spent working in the field, type of working shifts, how often dealing with psychosocially disturbed birthing women during work, and amount daily physical workout.

Because of the small number of participants, the study results can't be generalized to the entire midwifery professionals, but provide valuable directions for future studies. Recognizing the parameters that contribute to mental exhaustion can be beneficial to health settings and institutions both economically and human costs, which is especially important in light of the ongoing global lack of midwives and other nursing professionals.

CHAPTER THREE

METHODOLOGY

Methodology

3.1. Design of the study:

A cross sectional descriptive study has been executed during the period from 20th September 2019 to 13th April 2021 to achieve the stated objectives of the current work, examine groups of midwives in various hospital and health departments of Al-Najaf AL Ashraf governorate in relation to their perception of Stress, Anxiety and Depression and work burnout.

3.2. Administrative Arrangements:

3.2.1. Scientific Committee Approval:

After reviewing the dissertation, the Scientific Postgraduate Committee at University of Babylon/ Faculty of Nursing Council, the research proposal is approved the proposal of the study.

3.2.2. Ethical Committee Approval:

Ethical approval is an important step in conducting a research study in terms of ensuring there is no harm or discomfort for the participants. Hence, the researcher provided a printed copy of the questionnaire, tools for three domains stress, anxiety and depression also the burnout outcome, and gave brief explanation about the method of data collection and procedure to conduct the study.

Official permission has been obtained from the Research Ethics Committee at Faculty of Nursing _ University of Babylon.

Research ethical committee reviewed all materials and provided their permission to carry out this study. After filling the approval application forms, the ethical approval was obtained from the Scientific

Postgraduate Commission of Babylon University / Faculty of Nursing
(Appendix A).

The formal ethical application forms contain restricted rules to ensure safety and confidentiality of the participants. Moreover, the study ethical approval from AL-Najaf Health Directorate was also obtained before the actual data collection period and there was also an application forms in order to get access to the selected hospitals (Appendix B). The researcher followed all the process and met the requirements of ethical approval. A permission and consent of the midwives were obtained before starting the interview and collection of samples.

3.3. Setting of the study:

Setting of this research includes (7) main hospitals (maternity & labor department that are distributed in three sectors of Al-Najaf Governorate, (3) hospital in urban area, and (4) hospitals in suburban area, the whole hospitals that contain maternity and labor and delivery rooms were selected.

The study is conducted in three governmental hospitals which are located in urban area of AL-Najaf AL-Ashraf city.

First, the main hospital (AL-Zahra maternity and pediatric teaching hospital) that is specialized in maternity and pediatric health care services.

Second, (AL-Hakeem General Hospital) consists of many medical and surgical departments that provide primary, secondary and tertiary healthcare services in addition to maternal and neonatal health care services.

Third, (Middle Euphrates teaching Hospital) has various medical and surgical centers and maternity ward with labor and delivery room.

Other four hospitals located in suburban areas perceptively Al-Haydariah, Al-Sajad General_Hospital, Al-Manathera General_Hospital, and Al-Meshkhab General_hospital. All of these hospitals were chosen as study settings because they contain maternity units and labor rooms and represent large population of the study sample.

3.4. Sample of the study:

Sample of current study are midwives and maternity nurses who are working in the selected hospitals. The target population are midwives those who are working in labor rooms and maternity units in the selected hospitals at AL-Najaf AL-Ashraf Governorate, Iraq.

The accessible population is those midwives who are met inclusion and exclusion criteria and who are working in AL-Zahra educational hospital, AL-Hakeem General Hospital, and Middle Euphrates teaching Hospital.

In the beginning, two hundred twenty-three participants are included in this study. Then after implementing the questionnaire nine of the participants are excluded because they did not want to participate in study or did not fill the questionnaire.

However, the technique of sampling were a convenient, non probability sample consist of 214 out of 223 midwife and maternity nurses that gave their consent to join this research and whom met both inclusion and exclusion criteria. From them (64) midwives and maternity nurses (51.6%) out of 214 were recruited from AL-Zahra teaching hospital, (39) midwives (31.45%) out of 214 were recruited from AL-Hakeem General Hospital, and (21) midwives- nurses (19.93%) out of 214 were recruited from Middle Euphrates teaching Hospital.

From the all participants there were 90 questionnaires collected from suburban areas, 27 recruited from Al-Haydaria General hospital, 23 from Al-Sajad general hospital, 33 were recruited from Al-Manathera General hospital and 7 from Al-Meshkhab hospital.

Hospital's Name	Fr.	%
AL-Zahra Maternity and Pediatric Teaching Hospital	64	29.9
AL-Hakeem General Hospital	39	18.22
Middle Euphrates Teaching Hospital	21	9.81
Al-Haydaria General hospital	27	12.61
Al-Sajad general hospital	23	10.74
Al-Manathera General hospital	33	15.42
Al-Meshkhab hospital	7	3.27
Total	214	100%

3.5. Inclusion criteria are:

1. All midwives and maternity nurses who were working in labor rooms and maternity units at selected hospitals.
2. Midwives and maternity nurses those who were eager and willing to join the study.
3. Midwives and maternity nurses who were in the area and avail at the time of collecting the study sample.

3.6. Exclusion criteria are:

1. Midwives who were at maternity or sickness leave while the data was being collected.
2. Midwives who were unwilling to take part in the process of study.
3. Midwife and maternity nurses who were selected for Pilot Study.

The purpose and procedure of the study were explained and discussed with the midwives and also stated in the written consent form. The participants were informed that personal information and identity will be kept anonymous. Also, the consent form stated that participation in the study is completely optional, and that participants are free to leave at any moment. All participants were provided a consent form that contains a brief description about the study and permission to participate in the study. Two

hundred and fourteen midwife and maternity nurses agreed to participate in this study and their participation approval is obtained verbally.

3.7. The Study Instruments

The data collection tools of this dissertation consist of two parts:

Part I:

The sociodemographic characteristics Sheet consisting of (10) items is formulated to determine age, address, Marital status, economic status, educational qualification, total years of working in labor & maternity department, Length of shift, Type of shift, Client allocation per midwife, previously participated in any session or other continuing educational program or study about the work-related stress.

Because these forms (demographic and main questionnaire) do not require participants name, an identifying number was provided to assure the trustworthiness of the data for statistical analysis.

Part II: Structured questionnaire is modified by the investigator according to previous studies and evidence-based recommendation related to midwife's work- related stress. "Depression, anxiety and stress Likert Scale" was derived and structured from DASS-42 Questionnaire.

Work related, stress, depression and anxiety questionnaire consist of four domains.

I. Depression domain:

When reviewing the previous literature of books and research papers have been collecting common factors on the phenomenon of the study and this part contains (14) items or factors that include following statement:

(Getting upset by quite trivial things), (Aware of dryness of my mouth), (Couldn't experience any positive feeling at all), (Experienced breathing difficulty such as excessively rapid breathing), (breathlessness in the absence of physical exertion), (Couldn't seem to get going), (Over-react to situations), (Feeling of shakiness), (Difficult to relax), (Situations that made me so

anxious I was most relieved when they ended), (Had nothing to look forward to), (Getting upset rather easily), (Using a lot of nervous energy. sad and depressed), (Getting impatient when I was delayed in any way).

II. Anxiety domain

Contains (14) items include following statement:

(Feeling of faintness), (lost interest in just about everything), (No worth as a person), (Felt rather touchy), (Perspired noticeably in the absence of high temperatures or physical exertion), (Scared without any good reason), (Life wasn't worthwhile), (Hard to wind down), (Difficulty in swallowing), (Couldn't get any enjoyment out of the things), (Feeling the heartbeats in the absence of physical exertion), (Down-hearted and blue), (Very irritable), (Close to panic).

III. Stress Domain

Contains (14) items include following statement:

(Hard to calm down after getting upset), (Feared thrown by some trivial but unfamiliar task), (Unable to become enthusiastic about anything), (Fund it difficult to tolerate interruptions), (State of nervous tension), (Feeling pretty worthless), (Intolerant of anything that kept from what was doing), (Felt terrified), (See nothing in the future to be hopeful about), (Life was meaningless), (Getting agitated), (Worried about situations in which might panic and make a fool of oneself), (Experienced trembling), (Difficult to work up the initiative to do things).

IV. Domain: work related stressors perceived by midwife

Contains (16) items include statement that are related to midwifery profession stressor; (High Patient Load), (Stillbirth), (Neonatal Emergencies), (Obstetric Emergencies), (Shift Hours), (Lack of Autonomy), (Staff Conflict), (Lack of Resources), (Lack of Staff), (Official demands and

paper work), (Neonatal death), (Neonatal Resuscitation), (Preterm labour & births), (Instrumental Deliveries), (Miscarriages), (Ante-natal/Post-natal Haemorrhage).

Part III: The questionnaire of burnout (Burnout Inventory):

The burnout questionnaire consists of nineteen items, divided into three parts, as follows:

The first domain is (personal burnout content six items); and the second domain is (work-related burnout content seven items), while the third domain is, (Client related burnout content six items), as shown in Appendixes.

3.8. Rating and scoring of study Instrument

The questionnaire items were rated using three_point Likert scales, (never, Sometimes, and never) prospectively and questionnaires was distributed to midwives and maternity nurses and the answer period was consider as above 20-25 minutes and score the index of the study (Anderson, & Dill, 2012).

To calculate the score, use the equation to categorize variables in the sample’s responses.

$$1 + 2 + 3 = 6$$

$$6/3 = 2$$

$$2/3 = 0.66 \text{ width (cut-off point)}$$

Score	Category of work-related Stress, Anxiety and depression
1-1.66	Low
1.67- 2.33	Moderate
2.34-3	Severe

3.9. Study Validity:

Content validity for the early produced instrument was determined by the use of a panel of experts with more than at least 7-year experience in education and health field, to assess the clarity, relevancy, and sufficiency of the questionnaire to meet the current study's aims.

A preliminary copy of the study scales has been distributed and given to seventeen experts, The total were four professors and faculty members of College of Nursing University of Baghdad, six professors and faculty members of College of Nursing, University of Babylon, three prof and faculty members of College of Nursing, University of Kufa, and four obstetrician and faculty members from the College of Medicine, University of Kufa.

Experts had an average of (20.6) years of expertise and a S.D. of 7.91, and they were all asked to assess the questionnaire. According to the findings, almost all of experts agree that the questionnaire is properly conceived and conducted to assess the phenomenon under investigation. As well as expert's comments, their recommendations were considered. Modifications have been made thus far, and the final version of the manufactured questionnaire has been completed in order to be a suitable tool for completing the study subject. (Appendix C).

3.10. Data Collection:

The collection of data is carried out from the period 20th September 2019 to 13th April 2021. The sampling was performed through the utilization of a questionnaire and using the self-report technique (in order to give the participant more privacy for answering

the questionnaire and not effecting their self-assessment) with the midwives who are in the labor room and nurses in maternity units, the researcher has encountered the participants in hospitals, in order to make clear the study and obtain the participants consent for partaking in the study, all of the respondents in the study sample were given the identical questionnaire.

3.11. Pilot Study:

The pilot study has been carried out with a sample of (15) nurse-midwives in three main general hospitals of city that contain labor room, the participated midwives and maternity nurses has been left out from the main sample. The pilot study data were collected from September 3rd through September 10th , 2020.

The aims of the pilot study were:

To recognize the respondent's capacity of comprehension of questions and understand, as well as whether they find certain questions vague in any manner, referred to how the questionnaire been formulated.

To improve the questionnaire's reliability.

To determine the average amount of time necessary for data collecting.

3.12. Reliability:

Data quality is directly related to measurement of reliability. Any association between study variables will be more likely to be discovered if measurement mistakes are reduced.

Following the to prescribed procedures will reduce measurement biases and raise the certainty of conclusions about other populations similarities and differences (Heale & Twycross, 2015).

3.12.1. Pilot Study Reliability Coefficients

Work-related Stress, anxiety and depression Scales

Statistics Reliability

“Cronbach's_Alpha”	Total Items of domains
0.879	58

Burnout Inventory Scale

Statistics of Reliability

“Cronbach's_Alpha”	Total Items of domains
0.863	19

- Cronbach’s basic equation for alpha

$$\alpha = \frac{n}{n-1} \left(1 - \frac{\sum Vi}{V_{test}} \right)$$

- n = number of questions
- Vi = variance of scores on each question
- V_{test} = total variance of overall scores on the entire test

3.13. Statistical Analysis:

The data of the current study towards midwives work related stress, anxiety and depression were analysed using the popular statistical analysis program, which is SPSS version 24, as well as the statistical analysis system for the application and Excel.

The following statistical data analysis approaches were used to analyze and process the results of the study:

Data analyzes - descriptive statistics

This type of analysis comprises:

Tables (Accumulative Percentages, Frequencies, Percentages)

Graphical presentation

Categories' Range

Mean value

Maximum & Minimum values

Pearson Correlation coefficients

Determination coefficient

Data analyzes - Inferential statistics

Following data analysis are applied for the statistical processes, which include:

Chi_Squarer test for measuring the difference between various categories of nominal data with binary random variables.

Binomial test for measuring the difference between two categories of nominal data with random variables.

Coefficients-test for determining whether or not variables or data tables are dependent or independent to each other

Level of significancy, LS is $P =$ or $<$ than 0.05.

CHAPTER FOUR

RESULTS

Results of the study

This chapter includes data analysis and results according to predetermined objectives of the study. A total of 214 midwives and maternity nurses were included in this study from three selected public governmental hospitals in urban area and four public governmental hospitals in rural areas at AL-Najaf AL-Ashraf governorate.

Table (4.1): Distribution of the midwives by their Socio-demographic characteristics (N=214).

Characteristics and Variables	Rating & Intervals	Freq.	%
Age group (Years)	<= 25	67	31.31%
	26 – 31	71	33.18%
	32 – 37	32	14.95%
	38 – 43	24	11.21%
	44 and more	20	9.35%
	Total	214	100%
	Mean ± SD	30.5 ± 7.68	
Educational qualification	Nursing & Midwifery Secondary school graduate	112	52.34%
	Midwifery Department/Institute graduated	84	39.25%
	Nursing Department/ Institute graduated	9	4.21%
	Nursing college	9	4.21%
	Postgraduate degree	0	0%
	Total	214	100%
Duration of working in labor & maternity department (Years)	<= 5	89	41.59%
	6 – 11	67	31.31%
	12 – 17	30	14.02%
	18 – 23	13	6.07%
	24 and more	15	7.01%
	Total	214	100%
	Mean ± SD	9.13 ± 7.11	
Length of shift	Less than 12 hrs	20	9.35%
	12 hrs	87	40.65%
	More than 12 hrs	107	50.00%
	Total	214	100%
Type of shift	Day shifts only	41	19.16%
	Day & night shifts	173	80.84%

	Total	214	100%
Client allocation per midwife	1 to 2	21	9.81%
	3 to 4	107	50.00%
	5 or more	86	40.19%
	Total	214	100%
Marital status	Unmarried	43	20.09%
	Married	145	67.76%
	Widowed	11	5.14%
	Divorced	10	4.67%
	Separated	5	2.34%
	Total	214	100%
Economic status	Enough	29	13.55%
	Enough to some extent	151	70.56%
	Not Enough	34	15.89%
	Total	214	100%
Living Area/residency	Suburban	90	42.06%
	Urban	124	57.94%
	Total	214	100%
Have you participated in any session or other continuing educational program or study about the work-related stress?	Yes	24	11.21%
	No	190	88.79%
	Total	214	100%

Freq=Frequency, %= Percentage, SD= Standard Deviation.

The results of demographic characteristics shows that the highest percentage for age categories was indicated as 33.18% (N= 71) between (26–31) years old, 31.31% (N = 67) were less than and equal to 25 years old, 14.95% (N = 32) were between (32-37) years and above, 11.21% (N= 24) between (38-43) year old and 9.35% (N = 20) were 44 years old and more.

The results of participants' residency indicated that 57.94% (N= 124) lived in urban area and 42.06% (N = 90) are suburban resident. Moreover, the results of economic status categories showed that most of the participants exhibited as “enough to some extent” 70.56% (N=151) and the rest responses were as “not enough” 15.89% (N = 34) and as “enough” 13.55% (N= 29).

In regard to their educational qualification, the highest percentage of participants 52.34% (N = 112) were graduated from Nursing & Midwifery

Secondary school, 39.25% (N=84) were holding diploma in Midwifery Department/Institute, and 4.2% (N=9) had Nursing Department/ Institute diploma also 4.2% (N=9) had bachelor degree from Nursing college. None of the participants had postgraduate degree.

Furthermore, the majority of the sample 88.79% (N=190) did not previously participate in any session or other continuing educational program or study about the work-related stress, and only 11.21% (N=24) have attended continuing educational program or study about the work-related stress.

About duration of working in labor and maternity department the majority of the participants 41.59% (N = 89) had at least 5 year of work experience in labor and delivery department, and 31.31% (N = 67) of midwives had between (6-11) years' work experience in labor department and 14.02% (N=30) of nurse midwives had between (12-18) years' work duration and 7.01% (N= 15) of participants had 25 years or more work experience in labor department.

Regarding Length of shift in labor and delivery room and maternity departments, the majority of the participants 50.00% (N = 107) had more than 12 hours shifts, and 40.65% (N = 87) of midwives had 12 hours shift, and only 9.35% (N = 20) of participant had less than 12 hours shift.

Moreover, the result about type of shift shows that majority of participants 80.84% (N=173) have Day & night shifts and just 19.16% (N=41) of them have only day shift.

In addition to previous result, (Client allocation per midwife), the study revealed that the most of participant 50.00% (N = 107) had 3-4 client to care of and 40.00% (N = 86) of midwives had 3-4 more than 5 clients in their shifts, only 9.81% (N = 21) of participant had 1-2 clients per shift.

Regarding marital status, the majority of participants 67.76% (N = 145) were Married, 20.09% (N = 43) were unmarried, and 5.14% (N = 11) were widowed, 4.67% (N = 10) were divorced, and 2.34% (N=5) were separated. Further information about demographic characteristics of participants can be found in following table 4.1.

Table (4.2A): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Depression Items - based analysis).

Items of depression		Response	Freq.	%	% resp.	MS	Assess.
1.	I found myself getting upset by quite trivial things	Always	28	13.08	58.67	1.76	Moderate
		Sometime	107	50			
		Never	79	36.92			
2.	I was aware of dryness of my mouth	Always	17	7.94	58.00	1.74	Moderate
		Sometime	125	58.41			
		Never	72	33.64			
3.	I couldn't seem to experience any positive feeling at all	Always	26	12.15	57.67	1.73	Moderate
		Sometime	104	48.6			
		Never	84	39.25			
4.	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	Always	30	14.02	63.33	1.90	Moderate
		Sometime	132	61.68			
		Never	52	24.3			
5.	I just couldn't seem to get going	Always	34	15.89	60.33	1.81	Moderate
		Sometime	106	49.53			
		Never	74	34.58			
6.	I tended to over-react to situations	Always	38	17.76	61.00	1.83	Moderate
		Sometime	102	47.66			
		Never	74	34.58			
7.	I had a feeling of shakiness (e.g., legs going to give way)	Always	45	21.03	62.33	1.87	Moderate
		Sometime	96	44.86			
		Never	73	34.11			
8.	I found it difficult to relax	Always	26	12.15	60.67	1.82	Moderate
		Sometime	124	57.94			
		Never	64	29.91			
9.	I found myself in situations that made me so anxious I was most relieved when they ended	Always	30	14.02	61.33	1.84	Moderate
		Sometime	120	56.07			
		Never	64	29.91			

10.	I felt that I had nothing to look forward to	Always	38	17.76	61.33	1.84	Moderate
		Sometime	103	48.13			
		Never	73	34.11			
11.	I found myself getting upset rather easily	Always	40	18.69	61.33	1.84	Moderate
		Sometime	100	46.73			
		Never	74	34.58			
12.	I felt that I was using a lot of nervous energy	Always	29	13.55	60.33	1.81	Moderate
		Sometime	115	53.74			
		Never	70	32.71			
13.	I felt sad and depressed	Always	24	11.21	58.33	1.75	Moderate
		Sometime	113	52.8			
		Never	77	35.98			
14.	I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting)	Always	67	31.31	68.67	2.06	Moderate
		Sometime	92	42.99			
		Never	55	25.7			
Depression Domain (overall)		Low	16		61.00	1.83	Moderate
		Moderate	125				
		High	73				

Mean of score (MS), MS (≤ 1.66)=Low, MS (1.67-2.33)=Moderate, MS (> 2.34)=High, % Resp.=((MS/3)*100

This table 4.2A shows that the items that are associated with depression, anxiety and stress perceived by midwives and maternity nurses and the results were based on the participants answer are as follows: For the items related to depression domain, the largest accounted item; experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion), shows 132 sometime response and the largest accounted item; I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting), shows 92 sometime responses. Both two items were moderate level of depression about (63.33% and 68.67%) respectively. However, the mean of score for all items of depression domain were moderate.

Table (4.2B): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Anxiety Items - based analysis)

Items of Anxiety Domain		Response	Freq.	%	% resp.	Ms	Assess.
1.	I had a feeling of faintness	Always	60	28.04	68.33	2.05	Moderate
		Sometime	104	48.6			
		Never	50	23.36			
2.	I felt that I had lost interest in just about everything	Always	47	21.96	67.33	2.02	Moderate
		Sometime	125	58.41			
		Never	42	19.63			
3.	I felt I wasn't worth much as a person	Always	44	20.56	66.33	1.99	Moderate
		Sometime	123	57.48			
		Never	47	21.96			
4.	I felt that I was rather touchy	Always	52	24.3	67.33	2.02	Moderate
		Sometime	115	53.74			
		Never	47	21.96			
5.	I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion	Always	20	9.35	59.33	1.78	Moderate
		Sometime	126	58.88			
		Never	68	31.78			
6.	I felt scared without any good reason	Always	31	14.49	57.00	1.71	Moderate
		Sometime	90	42.06			
		Never	93	43.46			
7.	I felt that life wasn't worthwhile	Always	28	13.08	62.33	1.87	Moderate
		Sometime	130	60.75			
		Never	56	26.17			
8.	I found it hard to wind down	Always	45	21.03	64.00	1.92	Moderate
		Sometime	106	49.53			
		Never	63	29.44			
9.	I had difficulty in swallowing	Always	41	19.16	62.00	1.86	Moderate
		Sometime	103	48.13			
		Never	70	32.71			
10	I couldn't seem to get any enjoyment out of the things I did	Always	39	18.22	59.67	1.79	Moderate
		Sometime	91	42.52			
		Never	84	39.25			
11	I was aware of the action of my	Always	32	14.95	60.67	1.82	Moderate
		Sometime	112	52.34			

	heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	Never	70	32.71			
12	I felt down-hearted and blue	Always	42	19.63	62.00	1.86	Moderate
		Sometime	101	47.2			
		Never	71	33.18			
13	I found that I was very irritable	Always	56	26.17	66.33	1.99	Moderate
		Sometime	99	46.26			
		Never	59	27.57			
14	I felt I was close to panic	Always	24	11.21	61.00	1.83	Moderate
		Sometime	129	60.28			
		Never	61	28.5			
Anxiety Domain		High	24	11.21	63.00	1.89	Moderate
		Moderate	135	63.08			
		Low	55	25.7			

Mean of score (MS), MS (≤ 1.66)=Low, MS (1.67-2.33)=Moderate, MS (> 2.34)=High, % Resp.=((MS/3)*100

Table (4.2 B) shows the anxiety domain of Depression, Anxiety and Stress questionnaire. The responses to item of anxiety domain, shows moderate level of anxiety, midwives had replied to having feeling of faintness (sometimes) (104) is the largest accounted for (68.33%); I felt that I had lost interest in just about everything responses were (sometimes) (125) is largest accounted for (67.33%); I felt that I was rather touchy (115) is the largest accounted for (67.33%); the I found that I was very irritable (99) is the largest accounted for (66.33%). the mean of score for anxiety domain is moderate on all items.

Table (4.2C): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Stress Items - based analysis).

Items of stress domain	Response	Freq.	%	% resp.	MS	Assess.
1. I found it hard to calm down after something upset me	Always	53	24.77	68.33	2.05	Moderate
	Sometime	119	55.61			
	Never	42	19.63			

2.	I feared that I would be "thrown" by some trivial but unfamiliar task	Always	42	19.63	64.67	1.94	Moderate
		Sometime	118	55.14			
		Never	54	25.23			
3.	I was unable to become enthusiastic about anything	Always	114	53.27	82.33	2.47	High
		Sometime	86	40.19			
		Never	14	6.54			
4.	I found it difficult to tolerate interruptions to what I was doing	Always	131	61.21	86.33	2.59	High
		Sometime	78	36.45			
		Never	5	2.34			
5.	I was in a state of nervous tension	Always	126	58.88	84.33	2.53	High
		Sometime	75	35.05			
		Never	13	6.07			
6.	I felt I was pretty worthless	Always	52	24.3	67.33	2.02	Moderate
		Sometime	114	53.27			
		Never	48	22.43			
7.	I was intolerant of anything that kept me from getting on with what I was doing	Always	103	48.13	81.00	2.43	High
		Sometime	99	46.26			
		Never	12	5.61			
8.	I felt terrified	Always	110	51.4	81.67	2.45	High
		Sometime	90	42.06			
		Never	14	6.54			
9.	I could see nothing in the future to be hopeful about	Always	70	32.71	69.00	2.07	Moderate
		Sometime	90	42.06			
		Never	54	25.23			
10.	I felt that life was meaningless	Always	145	67.76	87.67	2.63	High
		Sometime	59	27.57			
		Never	10	4.67			
11.	I found myself getting agitated	Always	159	74.3	90.00	2.70	High
		Sometime	46	21.5			
		Never	9	4.21			
12.	I was worried about situations in which I might panic and make a fool of myself	Always	45	21.03	67.33	2.02	Moderate
		Sometime	128	59.81			
		Never	41	19.16			
13.	I experienced trembling (e.g., in the hands)	Always	123	57.48	84.00	2.52	High
		Sometime	79	36.92			
		Never	12	5.61			
14.	I found it difficult to work up the initiative to do things	Always	65	30.37	67.33	2.02	Moderate
		Sometime	89	41.59			
		Never	60	28.04			
Stress Domain		High	97	45.33	77.33	2.32	Moderate
		Moderate	117	54.67			
		Low	0	0			

Mean of score (MS), MS (<1.66)=Low, MS (1.67-2.33)=Moderate, MS (>2.34)=High, % Resp.=((MS/3)*100

Table (4.2C) present the items related to stress domain, that shows moderate level of Stress. The item, I was unable to become enthusiastic about anything who have responded to (always) (114) is largest accounted for (82.33%); I found it difficult to tolerate interruptions to what I was doing who have responded to (always) (131) is the largest accounted for (86.33%); I was in a state of nervous tension have responded to (126) is largest accounted for (84.33%); I was intolerant of anything that kept me from getting on with what I was doing who have responded to (103) is largest accounted for (81.00%); I found myself getting agitated, who have responded to (152) is largest accounted for (90.00%); I felt that life was meaningless, who had responded to (145) is largest accounted for(87.67%). finally, I experienced trembling who have responded to (123) is largest accounted for (84.0%). The mean of score for all items of stress domain is moderate.

Table (4.2D): Assessment of the level of work-related depression, anxiety and stress symptoms as perceived by the sample (Work-related Stressor Items - based analysis).

Items of midwives work-related stressors		Response	Freq.	%	% resp.	MS	Assess.
1.	High Patient Load	Always	150	70.09	89.00	2.67	High
		Sometime	58	27.1			
		Never	6	2.8			
2.	Stillbirth	Always	105	49.07	82.00	2.46	High
		Sometime	102	47.66			
		Never	7	3.27			
3.	Neonatal Emergencies	Always	67	31.31	74.33	2.23	Moderate
		Sometime	129	60.28			
		Never	18	8.41			
4.	Obstetric Emergencies	Always	144	67.29	89.00	2.67	High
		Sometime	70	32.71			
		Never	0	0			
5.	Shift Hours	Always	156	72.9	88.33	2.65	High
		Sometime	42	19.63			
		Never	16	7.48			
6.	Lack of Autonomy	Always	131	61.21	85.67	2.57	High
		Sometime	75	35.05			

		Never	8	3.74			
7.	Staff Conflict	Always	17	7.94	55.33	1.66	Moderate
		Sometime	108	50.47			
		Never	89	41.59			
8.	Lack of Resources	Always	124	57.94	85.33	2.56	High
		Sometime	86	40.19			
		Never	4	1.87			
9.	Lack of Staff	Always	152	71.03	90.33	2.71	High
		Sometime	62	28.97			
		Never	0	0			
10.	Official demands and paper work	Always	116	54.21	81.33	2.44	High
		Sometime	77	35.98			
		Never	21	9.81			
11.	Neonatal death	Always	71	33.18	76.33	2.29	Moderate
		Sometime	134	62.62			
		Never	9	4.21			
12.	Neonatal Resuscitation	Always	129	60.28	86.33	2.59	High
		Sometime	83	38.79			
		Never	2	0.93			
13.	Preterm labour & births	Always	70	32.71	77.33	2.32	Moderate
		Sometime	143	66.82			
		Never	1	0.47			
14.	Instrumental Deliveries	Always	114	53.27	83.00	2.49	High
		Sometime	90	42.06			
		Never	10	4.67			
15.	Miscarriages	Always	116	54.21	84.00	2.52	High
		Sometime	93	43.46			
		Never	5	2.34			
16.	Ante-natal/Post-natal Haemorrhage	Always	133	62.15	87.33	2.62	High
		Sometime	80	37.38			
		Never	1	0.47			
Midwives work related Stressors Domain		High	173	80.84	82.33	2.47	High
		Moderate	41	19.16			
		Low	0	0			

*Mean of score (MS), MS (≤ 1.66)=Low, MS (1.67-2.33)=Moderate, MS (> 2.34)=High, % Resp.=((MS/3)*100)*

The table 4.2D shows the items of midwives work-related stressors, indicate high level of Stress. High Patient Load (89%), Stillbirth (82%), Obstetric Emergencies (89%), Shift Hours (88.33%), Lack of Autonomy (85.33%), Lack of Resources (90.33%), Lack of Staff (90.33%), Official demands and paper work (81.33%), Neonatal Resuscitation (86.33%), Instrumental Deliveries (83.00%), Miscarriages (84%), Ante-natal/Post-

natal Haemorrhage (87.33%). The mean of score for all items of work-related stressors perceived by midwives were high for all items. The overall midwifery work related Stressors Domain assessment shows high level at mean of score 2.47 that is more than 2.34 and indicate high level of midwives work related stress.

Table (4.3): Assessment of the level of overall work-related depression, anxiety and stress symptoms as perceived by the sample (Domains - based analysis).

Overall Domains	Response	Freq.	%	% resp.	MS	Assess.
Depression, Anxiety and Stress Scale	High	29	13.55	71.00	2.12	Moderate
	Moderate	183	85.51			
	Low	2	0.93			

*Mean of score (MS), MS (≤ 1.66)=Low, MS (1.67-2.33)=Moderate, MS (> 2.34)=High, % Resp.=((MS/3)*100)*

Table (4.3) shows the overall assessment of work-related stressor perceived by midwives and their level of stress, anxiety and depression. Depression Domain, Anxiety Domain and Stress Domain reveal moderate level and the mean of score 2.12 for all domains locate between (1.67-2.33) that is moderate. So overall assessment of work-related stress, anxiety and depression scale is moderate.

Table (4.4A): Assessment of the level of work burnout as a result perceived by the midwife (Personal Items - based analysis).

Items of personal domain		Response	Freq.	%	% resp.	MS	Assess.
1.	How often do you feel tired?	Always	73	34.11	71.33	2.14	Moderate
		Sometime	98	45.79			
		Never	43	20.09			
2.	How often you are physically exhausted?	Always	58	27.1	69.33	2.08	Moderate
		Sometime	116	54.21			
		Never	40	18.69			

3.	How often you are emotionally exhausted?	Always	75	35.05	73.33	2.20	Moderate
		Sometime	107	50			
		Never	32	14.95			
4.	How often do you think: "I can't take it anymore"?	Always	69	32.24	71.33	2.14	Moderate
		Sometime	107	50			
		Never	38	17.76			
5.	How often do you feel worn out?	Always	60	28.04	69.67	2.09	Moderate
		Sometime	114	53.27			
		Never	40	18.69			
6.	How often do you feel weak and susceptible to illness?	Always	52	24.3	69.33	2.08	Moderate
		Sometime	128	59.81			
		Never	34	15.89			
Personal Domain		High	85	39.72	70.67	2.12	Moderate
		Moderate	91	42.52			
		Low	38	17.76			

Mean of score (MS), MS ($= < 1.66$) = Low, MS (1.67-2.33) = Moderate, MS (> 2.34) = High, % Resp. = $((MS/3) * 100$

Table (4.4A) shows the assessment of Personal domain of work burnout perceived by midwives. Personal Domain reveal moderate level and the mean of score of 2.12 for all items that locate between (1.67-2.33) that is moderate.

Table (4.4B): Assessment of the level of work burnout as a result perceived by the midwife (Work-related Items - based analysis).

Items of work-related domain	Response	Freq.	%	MS	% resp.	Assess.
1. Is your work emotionally exhausting?	Always	47	21.96	64.00	1.92	Moderate
	Sometime	103	48.13			
	Never	64	29.91			
2. Do you feel burnt out because of your work?	Always	72	33.64	70.67	2.12	Moderate
	Sometime	95	44.39			
	Never	47	21.96			
3. Does your work frustrate you?	Always	47	21.96	64.67	1.94	Moderate
	Sometime	108	50.47			
	Never	59	27.57			
4. Do you feel worn out at the end of the working day?	Always	68	31.78	69.33	2.08	Moderate
	Sometime	95	44.39			
	Never	51	23.83			
5. Are you exhausted in the morning at the thought of another day at work?	Always	47	21.96	66.33	1.99	Moderate
	Sometime	118	55.14			
	Never	49	22.9			

6.	Do you feel that every working hour is tiring for you?	Always	59	27.57	69.00	2.07	Moderate
		Sometime	110	51.4			
		Never	45	21.03			
7.	Do you have enough energy for family and friends during leisure time?	Always	67	31.31	70.33	2.11	Moderate
		Sometime	104	48.6			
		Never	43	20.09			
Work-related Domain		High	46	21.5	67.67	2.03	Moderate
		Moderate	129	60.28			
		Low	39	18.22			

Mean of score (MS), MS ($= < 1.66$) = Low, MS (1.67-2.33) = Moderate, MS (> 2.34) = High, % Resp. = $((MS/3) * 100$

Table (4.4B) shows the assessment of Work-related domain of work burnout perceived by midwives. Work-related Domain reveal moderate level and the mean of score of 2.03 for all items that locate between (1.67-2.33) that is moderate.

Table (4.4C): Assessment of the level of work burnout as a result perceived by the midwife (Client-related Items - based analysis).

Items of client-related domain		Response	Freq.	%	% resp.	MS	Assess.
1.	Do you find it hard to work with clients?	Always	39	18.22	67.33	2.02	Moderate
		Sometime	140	65.42			
		Never	35	16.36			
2.	Do you find it frustrating to work with clients?	Always	60	28.04	68.33	2.05	Moderate
		Sometime	105	49.07			
		Never	49	22.9			
3.	Does it drain your energy to work with clients?	Always	80	37.38	73.67	2.21	Moderate
		Sometime	98	45.79			
		Never	36	16.82			
4.	Do you feel that you give more than you get back when you work with clients?	Always	77	35.98	73.00	2.19	Moderate
		Sometime	101	47.2			
		Never	36	16.82			
5.	Are you tired of working with clients?	Always	66	30.84	71.33	2.14	Moderate
		Sometime	113	52.8			
		Never	35	16.36			
6.	Do you sometimes wonder how long you will be able to continue working with clients?	Always	73	34.11	73.67	2.21	Moderate
		Sometime	114	53.27			
		Never	27	12.62			
Client-related Domain		High	92	42.99			

	Moderate	104	48.6	71.33	2.14	Moderate
	Low	18	8.41			

Mean of score (MS), MS (≤ 1.66)=Low, MS (1.67-2.33)=Moderate, MS (> 2.34)=High, % Resp.=($MS/3$)*100

Table (4.4C) shows the assessment of client-related domain OF work burnout perceived by midwives. Client-related Domain reveal moderate level and the mean of score of 2.14 for all items that locate between (1.67-2.33) that is moderate.

Table (4.5): Assessment of the level of work burnout as a result perceived by the midwife (Domain - based analysis).

Overall Domains	Response	Freq.	%	% resp.	MS	Assess.
Burnout (Overall Domains)	High	68	31.78	70.00	2.09	Moderate
	Moderate	114	53.27			
	Low	32	14.95			

Mean of score (MS), MS (≤ 1.66)=Low, MS (1.67-2.33)=Moderate, MS (> 2.34)=High, % Resp.=($MS/3$)*100

Table (4.5) shows the overall assessment of work burnout perceived by midwives. It reveals moderate level with mean of score 2.09 for all domains “Personal Domain, work related Domain and Client-related Domain” that locate between (1.67-2.33).

Table (4.6): Relationship between the Burnout and the Socio-demographic data.

Socio-demographic data		Copenhagen Burnout Inventory			X ² (df)	P-value (Sig.)
		Low	Moderate	High		
Age group (Years)	≤ 25	22	31	14	43 (8)	0.0001 (HS)
	26 – 31	9	42	20		
	32 – 37	0	23	9		
	38 – 43	1	12	11		
	44 and more	0	6	14		

Level of education	Nursing & Midwifery Secondary school graduated	10	54	48	20.59 (6)	0.0001 (HS)
	Midwifery Department/Institute graduated	20	46	18		
	Nursing Department/Institute graduated	1	6	2		
	Nursing college	1	8	0		
Duration of working in labor department (Years)	<= 5	26	45	18	38.90 (8)	0.0001 (HS)
	6 – 11	5	41	21		
	12 – 17	1	18	11		
	18 – 23	0	6	7		
	24 and more	0	4	11		
Length of shift	Less than 12 hrs	5	13	2	6.35 (4)	0.174 (NS)
	12 hrs	10	45	32		
	More than 12 hrs	17	56	34		
Type of shift	Day shifts only	5	24	12	0.622 (2)	0.733 (NS)
	Day & night shifts	27	90	56		
Patient allocation per midwife	1 to 2	3	14	4	2.85 (4)	0.582 (NS)
	3 to 4	14	58	35		
	5 or more	15	42	29		
Marital status	Unmarried	14	20	9	20.83 (8)	0.008 (HS)
	Married	17	82	46		
	Widowed	0	4	7		
	Divorced	0	5	5		
	Separated	1	3	1		
Economic status	Enough	7	15	7	3.25 (4)	0.517 (NS)
	Enough to some extent	22	80	49		
	Not Enough	3	19	12		
Living Area/residency	Rural	14	52	24	1.90 (2)	0.3.86 (NS)
	Urban	18	62	44		
Have you participated in	Yes	0	12	12	6.922 (2)	0.031 (S)

any session or other continuing nursing education activity related to the occupational stress?	No	32	102	56		

X2: Chi-square test, NS: Non-significant, HS: High significant, df: degree of freedom.

This table (4.6), reveals the relationship between Copenhagen Burnout Inventory and participants demographic data. These study results indicate that there is a highly significant association between midwives’ age, level of education, duration of working in labor department and their Marital status with burnout inventory (all p-values were less than 0.01). As well as there is significant association between midwife’s participation in continuing nursing education program related to the work-related stress with Copenhagen Burnout Inventory (all p-values were less than 0.05).

Table (4.7): Relationship between the level of work-related depression, anxiety and stress and midwives Socio-demographic data.

Socio-demographic data		Depression, Anxiety and Stress Scale			X ² (df)	P-value (Sig.)
		Low	Moderate	High		
Age group (Years)	<= 25	2	62	3	55.13 (8)	0.0001 (HS)
	26 – 31	0	67	4		
	32 – 37	0	30	2		
	38 – 43	0	15	9		
	44 and more	0	9	11		
Level of education	Nursing & Midwifery Secondary school graduated	1	87	24	13.15 (6)	0.041 (S)
	Midwifery Department/Institute graduated	1	79	4		

	Nursing Department/ Institute graduated	0	8	1		
	Nursing college	0	9	0		
Duration of working in labor department (Years)	<= 5	2	83	4	66.69 (8)	0.0001 (HS)
	6 – 11	0	63	4		
	12 – 17	0	26	4		
	18 – 23	0	4	9		
	24 and more	0	7	8		
Length of shift	Less than 12 hrs	0	20	0	6.35 (4)	0.174 (NS)
	12 hrs	0	76	11		
	More than 12 hrs	2	87	18		
Type of shift	Day shifts only	0	37	4	1.14 (2)	0.564 (NS)
	Day & night shifts	2	146	25		
Patient allocation per midwife	1 to 2	0	21	0	4.75 (4)	0.313 (NS)
	3 to 4	1	92	14		
	5 or more	1	70	15		
Marital status	Unmarried	0	41	2	16.54 (8)	0.035 (S)
	Married	2	124	19		
	Widowed	0	6	5		
	Divorced	0	7	3		
	Separated	0	5	0		
Economic status	Enough	0	24	5	1.29 (4)	0.86 (NS)
	Enough to some extent	2	130	19		
	Not Enough	0	29	5		
Living Area/residency	Rural	0	82	8	4.51 (2)	0.105 (NS)
	Urban	2	101	21		
Have you participated in any session or other continuing nursing education program related to the work-related stress?	Yes	0	16	8	9.181 (2)	0.01 (S)
	No	2	167	21		

X²: Chi-square test, NS: Non-significant, HS: High significant, df: degree of freedom.

In this table, the relationship between demographic data and the Stress, Anxiety and depression of the midwives. The study results presented in table (4.7) indicate that there is a highly significant association between the level of stress, anxiety and depression and midwives' age, Duration of working in labor department at p-value less than (0.001).

Also, there is significant association between midwife's anxiety, stress and depression and their levels of education, marital status, and participation in continuing nursing education program related to the work-related stress at p-value less than (0.05).

Table (4.8): Correlation between Midwives work-related Depression, Anxiety and Stress with work burnout

Studied Items		Work-related Domain	Client-related Domain	Copenhagen Burnout Inventory	Depression Domain	Anxiety Domain	Stress Domain	Stressors Domain	Depression, Anxiety and Stress Scale
Personal Domain	Pearson Corr.	.531	.537	.830	.635	.536	.596	.048	.664
	Sig.	.000	.000	.000	.000	.000	.000	.482	.000
	No.	214	214	214	214	214	214	214	214
Work-related Domain	Pearson Corr.		.591	.839	.553	.544	.420	.030	.581
	Sig.		.000	.000	.000	.000	.000	.659	.000
	No.		214	214	214	214	214	214	214
Client-related Domain	Pearson Corr.			.844	.543	.558	.576	.087	.636
	Sig.			.000	.000	.000	.000	.204	.000
	No.			214	214	214	214	214	214
Copenhagen Burnout Inventory	Pearson Corr.				.690	.652	.636	.066	.850
	Sig.				.000	.000	.000	.337	.000
	No.				214	214	214	214	214
Depression Domain	Pearson Corr.					.723	.565	.070	.891
	Sig.					.000	.000	.307	.000
	No.					214	214	214	214
Anxiety Domain	Pearson Corr.						.590	.031	.888
	Sig.						.000	.650	.000

	No.	214	214	214
Stress Domain	Pearson Corr.		.085	.776
	Sig.		.218	.000
	No.		214	214
Stressors Domain	Pearson Corr.			.235
	Sig.			.001
	No.			214

****.** Correlation is significant at the 0.01 level (2-tailed).

With the exception of stressor domain, table (4.8) shows strong high significant positive correlations between DASS and CIB ($r = 0.850$ and $p\text{-value} \leq 0.01$). Similar manner had been seen in sub-domains of DASS and CIB. The results for sub-domain correlation range between moderate and strong significant positive correlation (see the table 4.8)

Table (4.8) shows the strong significant positive correlation between burnout personal domain and Copenhagen burnout inventory ($r = .830$ and $p\text{-value} < 0.001$). Also, there are strong significant positive correlation between work related domain and Copenhagen burnout inventory ($r = 0.839$ and $p\text{-value} < 0.001$). There is strong significant positive correlation between burnout client related domain and Copenhagen burnout inventory ($r = 0.844$ and $p\text{-value} < 0.001$). There is strong significant positive correlation between DASS and anxiety domain ($r = 0.888$ and $p\text{-value} < 0.001$). There is strong significant positive correlation between depression Domain and DASS ($r = 0.891$ and $p\text{-value} < 0.05$).

Table (4.9): Relationship between the Personal Domain of Burnout and the Socio-demographic data.

Midwives' demographic data		Personal Domain			Chi-square	df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	3	24	40	66.143	8	0.000 (HS)
	26 – 31	6	39	26			
	32 – 37	3	20	9			
	38 – 43	6	16	2			

	44 and more	12	7	1			
Level of education	Nursing & Midwifery Secondary school graduated	21	64	27	19.334	6	0.004 (HS)
	Midwifery Department/Institute graduated	7	33	44			
	Nursing Department/Institute graduated	0	5	4			
	Nursing college	2	4	3			
Duration of working in labor department (Years)	<= 5	3	35	51	67.348	8	0.000 (HS)
	6 – 11	8	40	19			
	12 – 17	6	17	7			
	18 – 23	3	10	0			
	24 and More	10	4	1			
Length of shift	Less than 12 hrs	0	9	11	5.458	4	0.243 (NS)
	12 hrs	14	42	31			
	More than 12 hrs	16	55	36			
Type of shift	Day shifts only	3	21	17	2.004	2	0.367 (NS)
	Day & night shifts	27	85	61			
Patient allocation per midwife	1 to 2	2	9	10	1.475	4	0.831 (NS)
	3 to 4	15	55	37			
	5 or more	13	42	31			
Marital status	Unmarried	3	18	22	22.364	8	.004 (HS)
	Married	20	70	55			
	Widowed	4	6	1			
	Divorced	3	7	0			
	Separated	0	5	0			
Economic status	Enough	5	17	7	6.112	4	0.191 (NS)
	Enough to some extent	17	73	61			
	Not Enough	8	16	10			
Living Area/residency	Rural	11	40	39	3.189	2	0.203 (NS)
	Urban	19	66	39			

Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	8	11	5	9.077	2	0.203 (NS)
	No	22	95	73			

Note; - X²: Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.9) shows that a significant relationship between personal domain of burnout and Age, Level of Education, duration of working in labor department and marital status, while other demographic data were statistically non-significant.

Table (4.10): Relationship between the work-related Domain of Burnout and the Socio-demographic data.

demographic data		Work Domain			Chi-square	df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	0	29	38	60.256	8	.000 (HS)
	26 – 31	1	39	31			
	32 - 37	4	22	6			
	38 - 43	7	16	1			
	44 and more	4	16	0			
Level of education	Nursing & Midwifery Secondary school graduated	13	69	30	20.637	6	.002 (HS)
	Midwifery Department/Institute graduated	1	41	42			
	Nursing Department/Institute graduated	2	5	2			

	Nursing college	0	7	2			
Duration of working in labor department (Years)	<= 5	0	37	52	65.478	8	.000 (HS)
	6 - 11	3	44	20			
	12 - 17	5	21	4			
	18 - 23	5	8	0			
	24 and More	3	12	0			
Length of shift	Less than 12 hrs	0	12	8	7.480	4	0.113 (NS)
	12 hrs	3	54	30			
	More than 12 hrs	13	56	38			
Type of shift	Day shifts only	0	28	13	5.131	2	0.077 (NS)
	Day & night shifts	16	94	63			
Patient allocation per midwife	1 to 2	0	13	8	9.001	4	0.061 (NS)
	3 to 4	5	68	34			
	5 or more	11	41	34			
Marital status	Unmarried	1	16	26	26.385	8	.001 (HS)
	Married	10	90	45			
	Widowed	3	8	0			
	Divorced	2	5	3			
	Separated	0	3	2			
Economic status	Enough	4	17	8	3.514	4	0.476 (NS)
	Enough to some extent	10	83	58			
	Not Enough	2	22	10			
Living Area/residency	Rural	2	54	34	6.203	2	0.045 (S)
	Urban	14	68	42			
Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	4	18	2	10.212	2	0.045 (S)
	No	12	104	74			

Note; - χ^2 : Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.10) reveals that there are significant relationship between work-related domain of burnout and Age, Level of Education, duration of working in labor department, living area/residency, marital status, and participation in session and continuous education related to occupational stress whereas other demographic data were statistically non-significant.

Table (4.11): Relationship between the client-related Domain of Burnout and the Socio-demographic data.

demographic data		Client-related Domain			Chi-square	df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	19	22	26	35.788	8	.000 (HS)
	26 – 31	20	35	16			
	32 – 37	7	23	2			
	38 – 43	10	13	1			
	44 and more	12	8	0			
Level of education	Nursing & Midwifery Secondary school graduated	44	50	18	16.109	6	.013 *,b
	Midwifery Department/Institute graduated	20	38	26			
	Nursing Department/Institute graduated	1	8	0			
	Nursing college	3	5	1			
Duration of working in labor department (Years)	<= 5	24	34	31	29.752	8	0.000 (HS)
	6 – 11	17	37	13			
	12 – 17	11	18	1			
	18 – 23	8	5	0			
	24 and More	8	7	0			
Length of shift	Less than 12 hrs	3	10	7	5.256	4	0.262 (NS)
	12 hrs	29	38	20			

	More than 12 hrs	36	53	18			
Type of shift	Day shifts only	11	17	13	3.494	2	0.174 (NS)
	Day & night shifts	57	84	32			
Patient allocation per midwife	1 to 2	6	12	3	2.811	4	0.590 (NS)
	3 to 4	33	47	27			
	5 or more	29	42	15			
Marital status	Unmarried	11	18	14	15.020	8	0.059 (NS)
	Married	45	72	28			
	Widowed	8	3	0			
	Divorced	3	6	1			
	Separated	1	2	2			
Economic status	Enough	10	13	6	4.924	4	0.295 (NS)
	Enough to some extent	48	67	36			
	Not Enough	10	21	3			
Living Area/residency	Rural	24	42	24	3.634	2	0.163 (NS)
	Urban	44	59	21			
Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	9	15	0	7.304	2	0.163 (NS)
	No	59	86	45			

Note; - X²: Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.11) reveals that a significant relationship between client-related domain of burnout and midwives' Age, Level of Education, duration of working in labor department, while other demographic data were statistically non-significant.

Table (4.12): Relationship between the depression Domain and the Socio-demographic data.

demographic data		depression-related Domain			Chi-square	df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	0	35	32	79.672	8	0.000 (HS)
	26 – 31	1	51	19			
	32 – 37	1	28	3			
	38 – 43	7	16	1			
	44 and More	8	12	0			
Level of education	Nursing & Midwifery Secondary school graduated	16	75	21	20.042	6	0.003 (HS)
	Midwifery Department/Institute graduated	1	52	31			
	Nursing Department/Institute graduated	0	7	2			
	Nursing college	0	8	1			
Duration of working in labor department (Years)	<= 5	0	50	39	101.429	8	0.000 (HS)
	6 – 11	1	53	13			
	12 – 17	2	25	3			
	18 – 23	7	6	0			
	24 and More	7	8	0			
Length of shift	Less than 12 hrs	1	12	7	1.163	4	0.884 (NS)
	12 hrs	7	59	21			
	More than 12 hrs	9	71	27			
Type of shift	Day shifts only	3	25	13	0.958	2	0.619 (NS)

	Day & night shifts	14	117	42			
Patient allocation per midwife	1 to 2	0	17	4	3.343	4	0.502 (NS)
	3 to 4	9	68	30			
	5 or more	8	57	21			
Marital status	Unmarried	1	21	21	50.478	8	0.000 (HS)
	Married	9	106	30			
	Widowed	6	4	1			
	Divorced	1	8	1			
	Separated	0	3	2			
Economic status	Enough	3	20	6	3.851	4	0.427 (NS)
	Enough to some extent	9	100	42			
	Not Enough	5	22	7			
Living Area/residency	Rural	4	60	26	3.011	2	0.222 (NS)
	Urban	13	82	29			
Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	6	16	2	13.072	2	0.222 (NS)
	No	11	126	53			

Note; - X²: Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.12) reveals that a significant relationship between depression domain and midwives' Age, Level of Education, duration of working in labor department, and marital status of them whereas other demographic data were statistically non-significant.

Table (4.13): Relationship between the anxiety Domain and the Socio-demographic data.

demographic data		anxiety-related Domain			Chi-square	df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	11	49	7	16.429	8	0.037 (S)
	26 - 31	21	46	4			
	32 - 37	10	21	1			
	38 - 43	12	12	0			
	44 and More	9	11	0			
Level of education	Nursing & Midwifery Secondary school graduated	40	69	3	11.128	6	0.084 (S)
	Midwifery Department/ Institute graduated	17	59	8			
	Nursing Department/ Institute graduated	4	4	1			
	Nursing college	2	7	0			
Duration of working in labor department (Years)	<= 5	18	60	11	24.802	8	0.002 (HS)
	6 - 11	18	48	1			
	12 - 17	12	18	0			
	18 - 23	8	5	0			
	24 and More	7	8	0			
Length of shift	Less than 12 hrs	4	16	0	3.415	4	0.491 (NS)
	12 hrs	24	58	5			
	More than 12 hrs	35	65	7			
Type of shift	Day shifts only	12	27	2	0.055	2	0.973 (NS)
	Day & night shifts	51	112	10			
Patient allocation per midwife	1 to 2	2	17	2	6.456	4	0.168 (NS)
	3 to 4	30	72	5			
	5 or more	31	50	5			
Marital status	Unmarried	4	37	2	17.670	8	0.024 (S)
	Married	47	88	10			
	Widowed	7	4	0			

	Divorced	3	7	0			
	Separated	2	3	0			
Economic status	Enough	6	22	1	2.862	4	0.581 (NS)
	Enough to some extent	49	93	9			
	Not Enough	8	24	2			
Living Area/residency	Rural	21	64	5	2.875	2	0.238 (NS)
	Urban	42	75	7			
Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	10	14	0	3.071	2	0.238 (NS)
	No	53	125	12			

Note; - X²: Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.13) shows that a significant relationship between Anxiety domain and midwives' Age, Level of Education, duration of working in labor department, and marital status of participant while other demographic data were statistically non-significant.

Table (4.14): Relationship between the stress Domain and the Socio-demographic data.

demographic data		Stress-related Domain			Chi-square	df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	9	58	0	0.519	4	0.972 (NS)
	26 - 31	7	64	0			
	32 - 37	4	28	0			
	38 - 43	3	21	0			
	44 and more	2	18	0			
Level of education	Nursing & Midwifery Secondary school graduated	14	98	0	0.155	3	0.985 (NS)

	Midwifery Department/Institute graduated	9	75	0			
	Nursing Department/Institute graduated	1	8	0			
	Nursing college	1	8	0			
Duration of working in labor department (Years)	<= 5	10	79	0	0.539	4	0.970 (NS)
	6 - 11	9	58	0			
	12 - 17	3	27	0			
	18 - 23	1	12	0			
	24 and More	2	13	0			
Length of shift	Less than 12 hrs	3	17	0	0.495	2	0.781 (NS)
	12 hrs	11	76	0			
	More than 12 hrs	11	96	0			
Type of shift	Day shifts only	1	40	0	4.200	1	0.040 (S)
	Day & night shifts	24	149	0			
Patient allocation per midwife	1 to 2	2	19	0	0.220	2	0.896 (NS)
	3 to 4	12	95	0			
	5 or more	11	75	0			
Marital status	Unmarried	5	38	0	6.071	4	0.194 (NS)
	Married	16	129	0			
	Widowed	0	11	0			
	Divorced	2	8	0			
	Separated	2	3	0			
Economic status	Enough	2	27	0	1.270	2	0.530 (NS)
	Enough to some extent	20	131	0			
	Not Enough	3	31	0			
Living Area/residency	Rural	15	75	0	3.740	1	0.053 (NS)
	Urban	10	114	0			

Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	2	22	0	0.294	1	0.053 (NS)
	No	23	167	0			

Note; - X²: Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.14) reveals that a significant relationship between stress domain and midwives’ types of shifts while other demographic data were statistically non-significant.

Table (4.15): Relationship between the midwives work-related stressor Domain and the Socio-demographic data.

demographic data		Stressor-related Domain			Chi-square	Df	Sig.
		Always	Sometime	Never			
Age group (Years)	<= 25	13	33	21	52.641	8	0.000 (HS)
	26 - 31	13	49	9			
	32 - 37	5	27	0			
	38 - 43	10	13	1			
	44 and more	14	6	0			
Level of education	Nursing & Midwifery Secondary school graduated	37	65	10	14.660	6	0.023 (S)
	Midwifery Department/Institute graduated	17	48	19			
	Nursing Department/Institute graduated	1	7	1			
	Nursing college	0	8	1			
Duration of working in labor	<= 5	16	47	26	51.529	8	.000 (HS)
	6 - 11	12	51	4			
	12 - 17	9	20	1			
	18 - 23	7	6	0			

department (Years)	24 and More	11	4	0			
Length of shift	Less than 12 hrs	2	14	4	3.728	4	0.444 (NS)
	12 hrs	24	53	10			
	More than 12 hrs	29	61	17			
Type of shift	Day shifts only	10	26	5	0.328	2	0.849 (NS)
	Day & night shifts	45	102	26			
Patient allocation per midwife	1 to 2	2	17	2	5.043	4	0.283 (NS)
	3 to 4	28	64	15			
	5 or more	25	47	14			
Marital status	Unmarried	8	23	12	18.541	8	0.018 (S)
	Married	35	92	18			
	Widowed	7	4	0			
	Divorced	4	6	0			
	Separated	1	3	1			
Economic status	Enough	4	19	6	5.650	4	0.227 (NS)
	Enough to some extent	38	91	22			
	Not Enough	13	18	3			
Living Area/residency	Rural	18	59	13	2.821	2	0.244 (NS)
	Urban	37	69	18			
Have you participated in any session or other continuing nursing education activity related to the occupational stress?	Yes	11	13	0	8.323	2	0.244 (NS)
	No	44	115	31			

Note; - X²: Chi-square test, df: degree of freedom, HS: high significant at p-value less than 0.01, S: significant at p-value less than 0.05, and NS: not significant at p-value more than 0.05

Table (4.15) shows that a significant relationship between midwives' work-related stressors domain and their Age, Level of Education, duration of working in labor department, and marital status of participant while other demographic data were statistically non-significant.

CHAPTER FIVE

DISCUSSION

Discussion of the Study Results

A methodically arranged understanding and rationally derived discussion of study results will be presented in this chapter with the support of the available of literature and related studies, this study is one of the first effort to investigate the midwives' work-related depression, anxiety and stress in Al-Najaf Al-Ashraf Governorate. The data are analyzed through the application of descriptive and inferential statistics in order to meet the study objectives. As mentioned previously the objectives of this study are to identify the sociodemographic characteristics of nurse-midwives in Al Najaf hospitals and to assess the level of work-related stress, anxiety and depression symptoms as perceived by the nurse-midwife. This study aimed to find out the relationship between the self-perceived symptoms of the participants and their sociodemographic data and to assess the level of work burnout as a result perceived by the midwife.

Part One: Discussion of Socio-Demographic Data of the Study Population.

In this study, the demographic characteristics discussed are included age, educational qualification, duration of work in labor and maternity department, length of shifts, type of shifts, client allocation per midwife, marital status, economic status, living area or residency and participated in any session or other continuing educational program or study about the work-related stress.

The study findings indicated that the greater percentage (33.18%) of participants were within the age group 26–31 years old, and (31.31%), (N = 67) were less than and equal to 25 years old, also (14.95%), (N = 32) of participants were between 32-37 years and above, (11.21%), (N= 24) between (38-43) year old and (9.35%), (N = 20) were 44 years old and more. This finding was supported (Wright et al., 2018) who conducted a research

study to evaluate the levels and experience of work related stress and its contributing factors among midwives in the United States.

The researcher reported that the majority of (48.18%) studied midwives who participated in survey ranged between 25 - 37 years of age with a mean age of 31 years. Our results of current study implicit that the average age of working midwives is less than forty years, means most midwives getting jobs immediately after graduation. There is another research conducted by (Båtsman et al., 2020) that confirms this claim, the study was sent to 1000 randomly selected midwives, of a total of 6500 midwives who were members of the “Swedish Association of Midwifery” the majority of participant that had experienced more symptoms of stress and anxiety and depression had less than forty years.

In regard to participants educational qualification, the highest percentage of subjects (52.34%), (N = 112) were graduated from Nursing and Midwifery Secondary school, (39.25%), (N=84) were holding diploma in Midwifery Department/Institute, and (4.2%), (N=9) had Nursing Department/ Institute diploma also (4.2%), (N=9) had bachelor degree from Nursing college. None of the participants had postgraduate degree. This agrees with (Rezaei et al., 2020), and (Eaves & Payne, 2019) who found that majority (53.5%) of practicing midwives had graduated from Midwifery Secondary school and their results pointed that secondary school graduates midwives number are more than any other educational qualification.

Nonetheless, results of current study demonstrated that (39.25%) was holding a diploma of midwifery and graduated from institutes and only (4.2%) hold bachelor degree in Nursing Science. However, none of the participants had postgraduate degree. Maternity hospitals and labor and delivery units need more competent midwives and maternity nurse who achieved at least Bachelor of Science in midwifery degree in order to be qualified in providing high quality care and achieve better client outcomes.

About duration of working in labor and maternity department this study shows that the majority of participants (41.59%), (N = 89) had at least 5 year of work experience in labor and delivery department, and (31.31%), (N = 67) of midwives had between (6-11) years' work experience in labor department and (14.02%), (N=30) of nurse midwives had between (12-18) years' work duration and (7.01%), (N= 15) of participants had 25 years or more work experience in labor department. This statistic results are illustrated in figure (4.3). these findings are in agreement with (Hadizadeh Talasaz et al., 2016) study who determined the association of job related stress and anxiety and work ability of 250 midwives & maternity nurses in Iran, results shows that majority of (67.3%) had between 5 to 10 year of experience in labor and delivery room.

Another study by (Grech & Hili, 2017) also reported that the majority of (56%) of midwives and maternity nurses had at least ten year of work experience in maternity department. Other researchers had also reported that the most majority of midwifery staff had lack of experience and were much more stressed than midwives who had more than twelve years and more of experience in the midwifery profession (Chatzigianni et al., 2018).

Regarding Length of shift in labor and delivery room and maternity departments, the majority of the participants (50.00%), (N = 107) had more than 12 hours shifts, and (40.65%), (N = 87) of midwives had 12 hours shift, and only (9.35%), (N = 20) of participant had less than 12 hours shift. Moreover, the result about type of shift shows that majority of participants (80.84%), (N=173) have Day & night shifts and just (19.16%), (N=41) of them have only day shift. These findings goes with (Vaičienė et al., 2021) study that about (53%) of midwives had more than 12 hours work per day. In similar survey done by (Beck, 2020) in order to explore, anxiety, depression, general psychological distress, and symptoms of burnout between one hundred seventy Japanese and Switzerland midwives,

concluded that one of the most important risk factor in midwifery profession is length of work hours. Working long hours and taking double shift is linked to numerous negative health effects on midwives. According to previous study the potential risk factors for burnout are workload, working long hours and shift work and years of experience in the profession.

In relation to client allocation per midwife, the study results revealed that the majority of participant (50.00%), (N = 107) had 3-4 client to care of and (40.00%), (N = 86) of midwives had 3-4 more than 5 clients in their shifts, only (9.81%), (N = 21) of participant had 1-2 clients per shift. The findings from this study indicated that the most participants had to take care and provide health service for at least 4 laboring women at the same shift and even have to deal with them simultaneously. The lack of certificate and experienced midwife and work forces could be the reason.

The current results is in agreement with study conducted by (Jepsen et al., 2017) who provides a comprehensive review of the existing literature on mental health in midwifery. The study showed that in sample of 256 Australian midwives, (60.7%) to had emotional exhaustion when midwives take allocation of 4 clients and more, their findings were higher than in other studies from the US (31.8 %) and Iran (41.9 %).

According to participants statements, the result shows that the majority of participants (67.76%), (N = 145) were married and (57.94%), (N= 124) lived in urban area and (42.06%), (N = 90) are suburban resident. Moreover, the results of economic status categories showed that most of the participants exhibited as “enough to some extent” about (70.56%). Theses finding are similar to (Banovcinova & Baskova, 2014) who conducted a in a cross sectional research to explore sources of work-related stress and mental health symptoms associated with burnout among 110 maternity nurse and midwives that work at gynecological and obstetrical hospitals in Slovakia.

The found that 65.7% of employ midwives were married and significantly most majority of midwives resided in urban areas; this may be because secondary and tertiary health care facilities are concentrated in cities or center areas. According to (Sidhu et al., 2020) study, disparities are equally apparent in the coverage of midwives between urban and subdural areas, as just over half (47.3%) of the midwives working in the public system in suburban areas in Senegal. Regional inequalities also exist within countries, whereby health resources are concentrated in urban areas, leaving rural zones where most of the population lives even more underserved.

Furthermore, in present study, the majority of the midwives (88.79%) (N=190) did not previously participate in any session or other continuing educational program or study about the work-related stress, and only (11.21%), (N=24) have attended continuing educational program or study about the work-related stress. This also is indicated in (Didehvar et al., 2016) study who stated that the majority of midwives and maternity nurses (73.3%) have not attended any previous instructional or training program regarding occupational stress and other psychological symptoms.

Contrastingly, (Eaves & Payne, 2019) found that the majority of participants (57.3%) had received training session regarding work place stress and coping strategies. A comparison with previous studies' results reveals that the current study findings could be more generalized to newly graduate midwives and maternity nurses with less than five years of experience labor rooms and postpartum units, are commonly without adequate knowledge of training regarding work related stress.

Part two: Discussion of Depression, Anxiety and Stress in Study Population

Table 4.2A shows the items that are associated with depression, anxiety and stress perceived by midwives and maternity nurses and the results were based on the participants answer are as for the items related

to depression domain, the largest accounted item; “experienced breathing difficulty (excessively rapid breathing, breathlessness in the absence of physical exertion)”, shows 132 sometime response and the largest accounted item; I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting), shows 92 sometime responses. Both two items were moderate level of depression about (63.33% and 68.67%) respectively. However, the mean of score for all items of depression domain were moderate.

This finding supports the study conducted by (Health and Safety Executive, 2020) that claims midwifery and maternity nursing are stressful professions, and the study statistics show that midwives report more work-related mental health problems such depression than other health care groups. The researchers found that (67.8%) of midwives had moderate level of depression. The risk of depression also appears to be growing among maternity nurses in line with increasing demands and diminishing resources. Moreover, other factors associated with depression and mental health problems, such as absenteeism, presenteeism, and poor retention, are also on the rise. Another study conducted by (Kinman et al., 2020b) had also shown that work related depression perceived by united kingdom midwives was average level with the mean score (1.99).

The responses to item of anxiety domain, shows moderate level of anxiety, midwives had replied to having feeling of faintness (sometimes) (104) is the largest accounted for (68.33%); “I felt that I had lost interest in just about everything” responses were (sometimes) (125) is largest accounted for (67.33%); “I felt that I was rather touchy” (115) is the largest accounted for (67.33%); “I found that I was very

irritable” (99) is the largest accounted for (66.33%). the mean of score for anxiety domain is moderate on all items.

This result corresponds well with study carried by (Larijani et al., 2017) that who noted that less than 30% of maternity nursing and midwifery staff have high assertiveness and more than half of them have moderate anxiety. Anxiety have negative effect on maternity nursing and midwifery employee and affect their mental health and educational and occupational performance.

Maternity and midwifery nurses see the agony, grief, and despair of women giving birth every day in a labor setting. Working in hospital include the groans and sighs, illness, or miscarriage and fetuses' deaths sleeplessness, interpersonal relationship disorders in all levels that contribute to higher levels of midwife's stress and anxiety. All the added stress and anxiety in the workplace has the further effect of causing more tension and anxiety in other midwives and maternity nurses, thereby negating the total effectiveness, carefulness, and general quality of the whole health system.

Midwifery is a difficult occupation, since midwives interact with women with high levels of anxiety on a daily basis. midwives are emotionally involved to the process of labor and child delivery. They also have to demonstrate compassion, warmth, and understanding to their colleagues, which is quite demanding emotionally. Midwives face additional risks of burnout from helping pregnant women cope with their fears and concerns when they are giving birth. There is a constant possible death of a newborn or the pregnant women linger on midwife's mind that is main source of work related anxiety(Favrod et al., 2018).

In other hand the items related to stress domain, shows moderate level of Stress. The item, I was unable to become enthusiastic about anything who have responded to (always) (114) is largest accounted for (82.33%); “I found it difficult to tolerate interruptions to what I was doing” who have responded to (always) (131) is the largest accounted for (86.33%);

“I was in a state of nervous tension” have responded to (126) is largest accounted for (84.33%); “I was intolerant of anything that kept me from getting on with what I was doing” who have responded to (103) is largest accounted for (81.00%); I found myself getting agitated, who have responded to (152) is largest accounted for (90.00%); “I felt that life was meaningless”, who had responded to (145) is largest accounted for(87.67%), finally, I experienced trembling who have responded to (123) is largest accounted for (84.0%). The mean of score for all items of stress domain is moderate. Additionally, this supports the findings of a previous research study conducted by (Bánovčinová, 2017) in Slovakia who found that out of 230 participants recruited to the study the response rate to stress was 77%. At respect to the work place stress, it appears that a significant portion of possible stressor is interruptions of midwives work and toleration of anything that stops midwives from carrying out her duty. The physical and psychical condition to the work related stress, getting agitated and unable to get enthusiastic about anything and the increased demands at work were stated in the most responses of midwives (87.4%).

Stress in midwives and nurses is of organizational nature. Working under stressful conditions causes a wide range of emotional, behavioral, physiological and cognitive responses to the different negative consequences of work, the organization, and the work environment. Stress-induced psychological reactions could also include: increasing anxiety, difficulty concentrating, unpleasant emotions, insufficient attention, sadness, exhaustion, and burnout syndrome, to name a few examples.

Stress is common within midwives and nursing workers. When a health care provider subjected to stress, reacts, emotionally, cognitively, behaviorally and physiologically to many negative stressors, including workplace, organization and job conditions, in different ways. Psychological stress responses may include: increasing worry, concentration problems, negative emotions, carelessness, sadness, tiredness and finally burnout.

Work related stress and burnout in midwives have been investigated in several international studies conducted in the Denmark, United Kingdom, Japan, and Turkey. These studies looked at the incidence and level of work related stress and burnout in maternity nurses' and midwives, as well as the contributory and preventative demographic variables that influence work burnout and stress levels.

The fact that over two-thirds (69.7 %) of midwives in the United States are facing high levels of mental stress and burnout is worth highlighting (Çelmeçe & Menekay, 2020). Additionally, research performed by (Mollart et al., 2013) found 67% of 106 United Kingdom's midwifery staff recorded moderate to high stress levels at their work place. They also stated that being a midwives had a significant role in association with level of stress, anxiety, compared to other nursing specialties. In recent decades, the epidemiologic studies have shown that stress is more prevalent among women due to their physiological characteristics and consistent with a study from Turkey, where midwives and female health care provider experienced a higher level of stress than others.

In current study regarding midwives work-related stressors responses, indicate high level of Stress (80.84%). The items such as Patient Load (89%), Stillbirth (82%), Obstetric Emergencies (89%), Shift Hours (88.33%), Lack of Autonomy (85.33%), Lack of Resources (90.33%), Lack of Staff (90.33%), Official demands and paper work (81.33%), Neonatal Resuscitation (86.33%), Instrumental Deliveries (83.00%), Miscarriages (84%), Ante-natal/Post-natal Haemorrhage (87.33%). The mean of score for all items of work-related stressors perceived by midwives were high for all items. The overall midwifery work related Stressors Domain assessment shows high level at mean of score (2.47) that indicate high level of midwives work related stress.

A study in Malta carried out by (Grech & Hili, 2017)that aimed to determine work related stressful factors and their negatively impact on midwives

mental and physical health and represent a defect to the delivery of midwifery services. They found that one of the most commonly encountered component that contributes to stress at midwives' workplace was lack of staff (95.3%), preceded by a large number of patients allocation (76%). and labor medical inductions and caesarean sections (59.5%). Moreover, midwives were asked to identify which neonatal and obstetric issues they felt to be the most stressful. Neonate mortality was rated as the most stressful event (86.8%), followed by (IUD) intrauterine death and still-birth (83.1%) perceived most stressful factors.

Midwives are unable to concentrate on their clients as a result of stressful conditions such as a staff shortage. Midwives are unable to provide adequate time to each client. Work related stressors also had an impact on coworker interaction, mostly because of conflict and tension among midwifery personnel (64%), emerging as a result of stressful situations at the workplace.

Similarly, the study conducted in Australia by (Creedy et al., 2017) which aimed to investigate the prevalence of stress, anxiety and depression in Australian midwives. The researchers underlined that the vast majority of midwives and maternity nurses (67.3%) reported moderate to high level of stress. Their study claims that hospital based midwives in shift work models were reporting factors such as official demands and paper work, lack of autonomy, power abuse from medical and midwifery supervisors are potentially contributing to higher levels of stress. Autonomy has been defined as "control over one's area of activity," "the right and ability to make and act on choices," "having this right recognized by others," and "accepting responsibility for decisions taken."

In accordance with the findings of Yoshida (2013) studies, not having control in work place perceived as stress factor by (83.8%) of participant midwives, whom worked at labor and delivery department in hospital. By contrast community midwives who work at private clinics with greater

autonomy in decision-making and less work-load reported higher work satisfaction and lower levels of stress (Yoshida & Sandall, 2013).

Most of the study's participants underwent twelve-hour shifts, both day and night. Midwives and employees who worked in mixed-shift hours were shown to have increased levels of stress and struggled to coping with stressors. Findings of current study midwives who work on a rotating (mixed) shifts schedule, i.e. when shift changes throughout the day and night on an irregular basis, reported higher levels of perceived stress and felt that these stresses negatively affecting their personal life. Midwives also reported that night shifts were hard and tiresome, as well as causing insomnia, each time midwife changed shifts. Midwives who slept less, experiences nervousness and dissatisfaction with colleagues and had poor overall performance as the night shift get to end. Night work may disrupt the person's circadian cycle and sleep patterns, and other biological system patterns which are critical to the health of the midwife as caregiver. (Augusto Landa et al., 2008);(National Sleep Foundation, 2018).

Regarding overall assessment of work-related stressor perceived by midwives and their level of stress, anxiety and depression. Depression Domain, Anxiety Domain and Stress Domain reveal moderate level and the mean of score (2.12) for all domains, so overall assessment of work-related stress, anxiety and depression scale is moderate.

A similar result was found in an Australian study (Foureur et al., 2013) conducted on midwives and nurses by using the same DASS sought to see the effectiveness of a mindfulness-based stress coping program and its mental health outcomes. The whole (420) midwives and maternity nurses that participate in the study reported similar mean scores on the depression, anxiety and stress subscales as those reported by current study.

An analysis of depression prevalence among Lithuanian midwives (Vaičienė et al., 2021) revealed the mean score of 6.24 for the anxiety subscale, 6.44 for the depression subscale and 10.95 for the stress subscale and the majority

of midwives (86.1%) indicated the mild to moderate range on the DASS subscales.

Part three: Discussion of the work burnout in Study Population

The outcome of assessment the personal domain of work burnout perceived by midwives presented in table (4.4A). Personal domain “degree of physical and mental exhaustion experienced by midwives” reveals moderate level and the mean of score (2.12) for all items appear to be moderate. This agree with (Suleiman-Martos et al., 2020) study that revealed average levels of work related burnout. The obtained prevalence was (63.7%) for personal domain of burnout scale. Work related burnout occurs among midwives who are subjected to stress-inducing elements and personal reasons that finally lead to absenteeism and quitting midwifery profession. Being at young age grope and single are two personal characteristics that are associated with a greater burnout rate. While marriage and having family protective function, even though raising kids is controversial, several researchers have found that this aspect helps to reduce personal work-related burnout, while other studies claim that having kids elevates the levels of burnout

Regarding personal domain of burnout inventory, there is significant incidence of personal burnout since it is tied to poor salaries and low professional reputation, both of which make midwifery a less desirable and more stressful. Conflict with coworkers or supervisors was another significant explanatory component for Personal burnout. Worries about the future and their own health were the most significant factors in explaining Personal burnout (Hunter et al., 2019).

Assessment of Work-related subdomain of work burnout perceived by midwives revealed moderate level and the mean of score of 2.03 for all items that is moderate.

The Copenhagen Burnout Inventory consists of three subscales: the second part is work related burnout subscale (physical and psychological fatigue level related to the midwives' job), that contain 7 items.

Findings of the present study are found to be compatible with (Hildingsson et al., 2013) who conducted a study titled "Burnout in Swedish midwives" and found that work_related variables, authority of make decisions and having a years of experience are both positive aspects. Emotional pressure may be the culprit for burnout in midwives. Burnout is a collection of psychological issues that occurs due to workplace stress. Inadequate staffing and supplies, low income, lack of professional acknowledgment and organizational recognition, and a negative workplace are all believed to be factors that contribute to nursing burnout. This is associated with high rates of quitting the profession, up to (68.9%).

Regarding assessment of client-related domain of work burnout perceived by midwives shows client-related domain with moderate level and the mean of score of 2.14 for all items that locate between (1.67-2.33) that is moderate.

Patient related burnout, well-defined as a condition of extended psychological and physical fatigue when working with clients, patients, fetus, neonate, child, or other kinds of care receivers. for instance, the questions in the client burnout sub-scale are worded "Do you find it hard to work with women?"

A recent study conducted by (Newton et al., 2021) 158 midwives from Australia, (53.8%) of participant showed rather a high level of burnout applying same Copenhagen burnout inventory. Subscales of client burnout showed the highest rates of burnout (71.7%). Moreover, in another study performed in New Zealand by (Dixon et al., 2017) the Cronbach alpha values for the burnout scales ranged from (0.82 to 0.94) for each item. Personal burnout was rated highly by about 42 percent of the midwives, while Work related and Client related burnout were scored highly by approximately 67.5

percent of the midwives. Current study found a link between midwives having enough resources to support their job and midwifery burnout. Having enough midwives to offer good care, as well as adequate time and opportunities for midwives to talk with their clients, the opportunity to consult with other midwives about client care issues is necessary in order to have a well-resourced program.

In present study the overall assessment of work burnout perceived by midwives revealed to be moderate level with mean of score (2.09) for all domains “Personal Domain”, “work related Domain” and “Client-related Domain” that locate between (1.67-2.33). Work burnout can be defined as a condition of emotional, physiological, and mental fatigue that occurs as a result of prolonged exposure to high amounts of stress. Assuring midwives' psychological and physical well-being is highlighted as an important approach for keeping a healthy workforce of midwives in the field.

Present study found that while longer work hours were linked to burnout, the result showed that a high degree of occupational autonomy can protect midwives against burnout. Midwives had recognized the conflict between their professional and personal responsibilities as a risk factor of burnout.

Part four: Discussion of Relationship between the Burnout and the Socio-demographic data

Table (4.6), shows the relationship between Copenhagen Burnout Inventory and participants demographic data. These study results indicate that there is a highly significant association between midwives' age, level of education, duration of working in labor department and their Marital status with burnout inventory (all p-values were less than 0.01). As well as there is significant association between midwife's participation in continuing nursing education program related to the work related stress with Copenhagen Burnout Inventory (all p-values were less than 0.05).

That means work burnout is attributed with both midwives age and professional experience, with midwives under 30 years of age and those with less than 5 years of work experience, reporting higher burnout levels. A similar result was found in the study by (Hildingsson et al., 2013) who claimed that burnout is associated to young age and less job experience with a similar manner. Additionally, working in labor and delivery wards, having a poor educational level, and having long (mixed shifts) work hours were all associated with midwives work burnout. Another study conducted by (Stoll & Gallagher, 2019) showed that being a midwife at younger age and being unmarried are associated with a greater burnout levels.

Being married and having family could have a protective and positive effect on mental wellbeing, although having children is controversial, some researcher believes that having children helps to decreasing personal and work-related stress and work-related burnout and for others having children could increases it. Burnout was at its highest levels among younger and less experienced midwives in the current research and can assume, professional experience and having higher educational qualification help to cope with stress and lower the burnout score.

Also, several previous research studies have ascertained that providing in service educational program or course has a positive impact on work related stress and burnout. In the study by (Didehvar et al., 2016) implementation of educational programs of stress management led to decreased levels of occupational stress in midwives and maternity nurses. It is necessary to hold seminars and training workshops to educate working midwives how to cope with stress in a reasonable way. Midwives who require additional psychological consultation to manage their work related burnout and stress may benefit greatly from the promotion of clinical psychological services for caregivers and hospital workers.

Part five: Discussion of Relationship between the levels of work related depression, anxiety & stress and midwives' Socio-demographic data.

There is relationship between demographic data and Stress, Anxiety and depression of the midwives. The study results presented in table (4.7) indicate that there is a highly significant association between the level of stress, anxiety and depression and midwives' age, duration of working in labor department at p-value less than (0.001). Also, there is significant association between midwife's anxiety, stress and depression and their levels of education, marital status, and participation in continuing nursing education program related to the work-related stress at p-value less than (0.05).

The findings of this study is similar to the study by (Bánovčinová, 2017) on 100 midwives working at maternity departments and birth clinics with an average age of (27.2 ± 5) , duration of practice in midwifery profession (6.65 ± 10.35) years. Regarding educational attainment, the highest percentage of midwives (54.6%), were (vocational) high school degree holder, and 46.7% were university graduates. A Spearman's correlation analysis was used to examine the association between the midwife's duration of practice, age, and participant's level of stress, anxiety and depression. There found a strong, strong between age and educational level and stress perceived by midwives at (p-value = 0.000). Midwifery students show a significant relationship between their age and their perceived stress and assertiveness. Previous research has shown that assertiveness improves with age.

Midwives with greater practical experience and who are older are seem to hold a lower educational degree of study in midwifery. This could be anticipated, given that university educational level for midwifery is only offered in Iraq's Kurdistan universities.

In support with current result an study conducted in Iran by (Khamseh et al., 2017) Study findings showed that majority of midwives and maternity nurses

suffered depression and anxiety and about (77.6%) had stress and there was significant relationship between depression, anxiety and nurses' marital status ($P < 0.05$).

In this regard, increase in work related stress is associated with psychological wellbeing. Also, the findings of the present study showed that there was a statistically significant relationship between marital status and work stress, anxiety and depression in midwives.

Midwives, as health-care providers, are expected to hold high standards of professionalism, sympathetic, and passionately engaged at all times. However, it may be difficult for midwives to communicate their own negative emotions in stressful conditions.

We found a strong relationship between work stress anxiety and depression with educational program and training sessions about it. Positive reframing is a cope strategy that may improve with more instructional sessions or seminars. As a result, it is essential to develop and implement educational session and training programs to assist midwives to application of constructive strategies of adaptive coping. These would improve midwives' performance and work happiness, and the overall healthcare quality. Findings of current research could help clinics supervisors, hospital managers, as well as policymakers to identify and recognize the issues that midwives and other health care workers face, as well as create ways to enhance midwives' working circumstances.

Part six: Discussion of Correlation between Midwives work-related Depression, Anxiety and Stress with work burnout

The current study showed with the exception of stressor domain, there was strong high significant positive correlations between DASS and CIB ($r = 0.850$ and $p\text{-value} \leq 0.01$). Similar manner had been seen in sub domains of DASS and CIB. The results for sub domain correlation range between moderate and strong significant positive correlation (see the table 4.8).

similar results found in study conducted by (Banovcinova & Baskova, 2014), strong relationship was found between work related subdomain of burnout such as conflict with gynecologist , manager, other college /midwives, prolonged shifts, work overload and psychological and physical fatigue . Also, current study discovered a strong correlation between personal subdomain of burnout inventory such as feeling stressed, and personal accomplishment.

The findings of the present study are found to be compatible with(Stoll & Gallagher, 2019) where stress, anxiety, and depression all shown to be positively and strongly associated to Copenhagen Burnout Inventory rates, having correlation-coefficients ranged from 0.69 to 0.86 (p-value less than 0.01), and the correlation between burnout ad work related stress was the highest.

Midwives must deal with difficult circumstances such as uncertainty about treatment, believing that therapy chosen by doctors is wrong, not understanding precisely what a patient should be informed, or being in control with insufficient expertise. As Milutinovi et al. (2012) stated, being required to offer emotional support to clients and to respond to their complaints is a substantial source of work related stress, which makes client issues a potential source of excessive workloads for midwives, as they must take the time to offer such support.

On the three subscales, midwives and participants with younger age, little experience and practice duration, and unmarried had greater burnout scores, which was likely due to a lack of practical skills and emotional support. The midwives of our study experienced a moderate rate of stress, anxiety and a medium rate of emotional fatigue. Midwives may be better able to handle workplace stress. However, the participant's results on the Work Stressor subscale indicated high levels of stress, anxiety, and depression, indicating the individual's feelings of inadequacy, incompetency and challenges at work. Shown by the established association between

stresses and emotional fatigue, it appears that midwives' suffering is caused by stressors at their place of employment. Other studies have highlighted the importance of workplace relationships as a source of stress. Two primary causes of work-related burnout in this profession are disagreement with other staff and a lack of support from colleagues that led to work stress. Complications in collaborating with colleague and inability to share skills and emotions with other team members create highly stressful environment that make working professionally more difficult and inefficient.

Apart from the response to client physical and psychological needs, increased work demands, competition among hospitals, a shortage of midwifery staff, mixed shifts, lack of work autonomy and a decreased opportunity for advancement appear to be the primary factors affecting midwives emotional stress and burnout.

Midwives in our research described the experience of seeing a maternal death and dying, particularly a neonate, as the most stressful factor of work environment. If the stressful event and feelings that accompany it are not properly handled, midwives may suffer from anxiety, sadness, and depression (Muliira & Bezuidenhout, 2015). Additionally, midwives may feel unpleasant emotions, increased tiredness, and trouble focusing, all of which may have a detrimental impact on their wellbeing and performance.

By contrast in another study the level of education adversely correlated with both age and duration of practice. These associations indicate that more experienced and older and more experienced midwives are, they more reluctant to seek advice, assistance, and knowledge than their younger and less experienced counterparts. As (Khodadadi et al., 2016) explain, this may be in part because elder midwives with lower educational ranks or basic education never obtained enough foundational university training or learned effective coping skills. The result of (Cirrincione et al., 2020) study is in favor of current research where Perceived stress by midwives was positively associated with emotional and physical burnout ($r=0.40$, $p < .01$) whereas

perceived stress was strongly negatively correlated with work relate stress ($r=0.31$, $p < .01$). Consequently, stress (and to a lesser degree, resilience) is correlated to midwifery becomes more emotionally exhausting and midwives' intention to quit their job.

CHAPTER SIX

CONCLUSION & RECOMMENDATIONS

Conclusion and Recommendations

6.1. Conclusion:

1. Stress, anxiety and depression place significant burden and obligations on the efficient management of midwifery. midwives mostly have to use positive and proactive coping strategies. Coping with problems is regarded to be most effective method to deal with stress, anxiety and depression.
2. During the study, there has been noticed a surge in awareness regarding the stress faced by health care providers, particularly midwives. Midwives who work as an employee in urban hospitals, when maternity care is provided to several client simultaneously (client allocation) with long shift hours and constrained profession, midwives were shown to have substantially higher levels of anxiety and burnout. Employed midwives reported feeling less autonomous.
3. This study's findings indicate that the stress, anxiety and depression in midwifery is significantly associated with work related burnout. Although certain stress conditions are unique to a particular kind of hospital and health care workplace. The physiological, psychological, and sociological features of their work environment expose midwives to a higher level of general stress than other professionals. High levels of perceived stress usually lead to staff burnout and a changes in midwives' attitudes about work, which may have a detrimental impact on patient care. Interventions aimed at reducing stress causes in the workplace seem to be essential for supporting healthcare workers and preserving their performance and mental wellbeing.
4. The results of this study emphasize the critical necessity of establishing a professional atmosphere in which midwives feel comfortable sharing their concerns and anxieties and where midwives have scheduled time to concentrate on their own wellbeing, not only on the wellbeing of their clients.
5. A strong work atmosphere and a sense of belonging to a team were

associated with decreased burnout, while interpersonal conflict and exploitation were identified as causes for midwives' stress and burnout and finally to quit the field.

6.2. Recommendations:

1. Enhancing the consulting system's competency, developing and implementing related education programs throughout the work in hospital or during study courses, informing midwives of the necessary skills for positive interaction with client and colleagues, thus increasing assertiveness and reducing stress and anxiety, are all critical issues that must be addressed for better mental health.
2. Since intervention strategies and training programs to assist midwives in using adaptive coping have to be designed and implemented, it is essential to develop and implement intervention methods and training programs that address this issue. This may significantly impact their work satisfaction as well as their performance and care quality.
3. Findings of current research can help hospitals managers, clinics supervisors, and policymakers recognize and comprehend the issues affecting midwifery, then provide the framework for devising solutions to alleviate midwives' difficulties, however, more future research is needed that undertake assessment of "PEMS, PES and WHELM" (work, health, and emotional lives of midwives) scales and the factor related to these questionnaires, with a greater participants of Iraqi midwifery professionals.
4. Providing psychological support to midwives who are experiencing burnout and a high level of work related stressor must be a priority in order to minimize occupational mental and physical health problems, avoid turnover, and guarantee high quality of care.
5. Further studies should concentrate on practical, evidence-based methods so health settings managers and hospitals administrators and

could utilize to enhance communications, team cohesiveness, respectful and descent interactions with midwives, maternity nurses and other care givers and health-professional colleagues.

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APPENDICES

Appendix A

السيد المعاون العلمي المحترم

السيد رئيس الفرع تـمريض صحة الأم والوليد المحترم

اللجنة العلمية والأخلاقيات المحترمون

م اخلاقيات البحث

يرجى التفضل بالموافقة على عرض موضوع (الماجستير الدكتوراه) على اللجنة العلمية والاخلاقيات البحث العلمي عن موضوع رسالتي
اطروحتي الموسومة باللغة العربية

ادراك القابلات فيما يتعلق بالتوتر والقلق والاكتئاب المتعلق بالعمل في محافظة النجف الاشرف.

واللغة الإنكليزية.....

Midwives' Perception of Work Related Stress, Anxiety and Depression in Al-Najaf Ashraf Governorate.

مع التقدير

زينب نعمت جمعة

اسم المشرف وتوقيعه.....
وتوقيعه ..
أ.د. سلمى كاظم جهاد

رئيس الفرع وتوقيعه.....
أ.م.د. نهاد محمد الدوري

اللجنة العلمية والأخلاقيات

توصي اللجنة باكمال إجراءات البحث اعلاه

ا.د.سلمى كاظم

2020-8-15

ا.م.د.ندى خزل

2020-8-15

ا.م.د.عماد هادي

2020-8-15

ا.م.د.عبد المهدي عبد الرضا

2020-8-15

ا.د. حسين جاسم

2020-8-15

رئيس اللجنة

Continue Appendix A

Ministry of Higher Education and Scientific Research

جامعة البصرة / وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض
لجنة الدراسات العليا



Ref. No. :

Date: / /



الى / دائرة صحة النجف الاشرف / مستشفيات التعليميه
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الدكتوراه (زينب نعمت جمعة امين) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :
ادراك القابلات للاجهاد والقلق والاكتئاب المترابط بالعمل في محافظة النجف الاشرف.

Midwife's Perception of Stress, Anxiety and Depression Related to Work in
AL-Najaf AL-Ashraf Governorate

مع الاحترام ...

الدكتور
حسام عباس داود
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٠/٩ / ١

التدبيرية
عبد الهادي



Elaf

- صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
 - لجنة الدراسات العليا مع الاوليات .
 - الصادرة .

E-mail:nursing@uobabylon.edu.iq



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وطني
المكتب

Continue Appendix A



جمهورية العراق
محافظة النجف الاشرف

دائرة التعليم والتدريب
مركز التدريب و التنمية البشرية

العدد:- ٤١٢٨٠
التاريخ: ٢٠٢٠ / ٩ / ٣

إلى / جامعة بابل / كلية التمريض
م / تسهيل مهمة

تحية طيبة ...

كتابكم المرقم ١٣٣٥ في ٢٠٢٠ / ٩ / ١ ، بخصوص تسهيل مهمة الباحثة طالبة الدراسات العليا /
الدكتوراه (زينب نعمت جمعه) لإجراء البحث الموسوم .

**Midwives perception of stress, anxiety and depression related to work in
Najaf AL- Ashraf governorate**

حصلت موافقة اللجنة العلمية للبحوث / مركز الدائرة على إجراء البحث في (مستشفى الحكيم العام ،
مستشفى الزهراء التعليمي ، مستشفى الفرات الاوسط التعليمي ، مستشفى السجاد العام ، مستشفى
الحيدرية العام ، مستشفى المشخاب العام ، مستشفى المناذرة العام على أن لا تتحمل دائرتنا أية تبعات
مادية مع الإحترام .

ملاحظة :-

- تم إستيفاء أجور جباية البحوث والبالغه (١٠٠٠٠) دينار بموجب الوصل
المرقم (٢٦١٥١٣) في ٢٠٢٠ / ٩ / ٣ .

أ.م.م. كامل الكندي

١٥ رضوان كامل الكندي

المدير العام

٢٠٢٠ / ٩ / ٣

نسخة منه الورق

- مكتب المدير العام / للعلم مع الإحترام .
- مركز التدريب و التنمية البشرية / مع الأوليات .

- مستشفى الحكيم العام ، مستشفى الزهراء التعليمي ، مستشفى الفرات الاوسط التعليمي ، مستشفى السجاد العام ، مستشفى الحيدرية العام ،
مستشفى المشخاب العام ، مستشفى المناذرة العام مهمة الباحث اعلاه مع الاحترام .

Continuous Appendix A

10. وقت ومكان اجراء البحث (الاماكن المقترحة لاجراء البحث فيها):

الوقت من 2020/10/1 الى 2021/2/1
 اماكن اجراء البحث

عصام حويدي
 مدير ادارة بحوث
 مستشفى الزهراء التعليمي
 لاماكن لدينا من اجراء البحث في منشآت الفتنه
 لاماكن لدينا بعد صافقك من القدره
 لاماكن من ايراد مستشفى الفرات التعليمي
 لاماكن من ايراد مستشفى السجاد العام
 لاماكن لدينا
 لاماكن لدينا
 لاماكن لدينا من ايراد مستشفى المناذرة العام
 صابر بن حميد
 19/11
 مدير ادارة بحوث
 مستشفى المناذرة العام

اسم الدائرة / اسم المؤسسة الصحية	الموافقة (الاسم الثلاثي وختم المؤسسة)
مستشفى الزهراء التعليمي	لاماكن لدينا من اجراء البحث في منشآت الفتنه
مستشفى الحكيم العام	لاماكن لدينا بعد صافقك من القدره
مستشفى الفرات الأوسط التعليمي	لاماكن من ايراد مستشفى الفرات التعليمي
مستشفى السجاد العام	لاماكن من ايراد مستشفى السجاد العام
مستشفى الحيدرية العام	لاماكن لدينا
مستشفى المشخاب العام	لاماكن لدينا
مستشفى المناذرة العام	لاماكن لدينا من ايراد مستشفى المناذرة العام

11. الموارد المالية: مصدر تمويل البحث ان وجد لا توجد

12. منهجية البحث Methodology : Descriptive cross sectional design study

A. تصميم الدراسة Study design

Descriptive cross sectional design study:

دراسة وصفية مقطعية

B. تعريف العينة البحثية, الحالات المستبعدة والية اختيار العينة

(case definition, exclusion criteria and sampling methods)

Nonprobability purposive sample

ملاحظة: تملى هذه الاستمارة الكترونيا ولاتقبل الاستمارة المملوءة يدويا

Continue Appendix A



الجمهورية العراقية
بمحافظة النجف
مركز التدريب والتنمية البشرية

طائفة النجف

العدد:- ١٨٧٤
التاريخ:- ٣٠ / ٩ / ٢٠٢٠

((إستهداف أي مكون عراقي إستهداف لكل العراقيين))

إلى / مستشفى الحكيم العام ، مستشفى الزهراء التعليمي ، مستشفى الفرات
الايوسط التعليمي ، مستشفى السجاد العام ، م الحيدرية العام، م المشخاب العام، م
المنادرة العام
م/ بحث

تحية طيبة ...

أشاره الى كتاب الجامعة بابل / كلية التمريض المرقم ١٣٣٥ في ٢٠٢٠/٩/١ والمتضمن طلب
الموافقة على تسهيل مهمة إجراء بحث في مؤسستكم والموسوم.

Midwives perception of stress, anxiety and depression related to work
in Al-Najaf Al-Ashraf goremorate .

للباحثة طالبة الدراسات العليا / الدكتوراه (زينب نعمت جمعه) للتفضل بالاطلاع وبيان رأيكم مع
الاحترام.

المرفقات :-

استمارة إجراء بحث توقع وتعاد الينا

الدكتور

حيدر خضير عباس

مدير مركز التدريب والتنمية البشرية

٢٠٢٠ / ٩ / ٢



د. خالد عبيد حمدي شكري
مدير القسم الفني

السيد المدير
لما نحتاج
بموافقكم
طبي
نسخة منه الى

- مكتب المدير العام / للعلم مع الاحترام .
- مركز التدريب والتنمية البشرية / مع الأوليات .

Ministry of Higher Education
and Scientific Research

جمهورية العراق

وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Basic Education



جامعة بابل

كلية التربية الاساسية
شعبة الشؤون العلمية

Ref. No.:

Date: / /

العدد: ٨٤١٠

التاريخ: ١٠ / ١٠ / ٢٠٢١



الى/جامعة بابل/كلية التمريض/شعبة الدراسات العليا
م/تقويم لغوي

تهديكم اطيب التحيات ...

كتابكم ذو العدد ٢٧٩٢ في ٢٢/٩/٢٠٢١ نعيد اليكم اطروحة طالبة الدراسات
العليا /الدكتوراه (زينب نعمت جمعة) الموسومة ب (ادراك القابلات للأجهاد والقلق
والاكتئاب المرتبط بالعمل في محافظة النجف الاشرف) بعد تقويمها لغوياً واسلوبياً من
قبل (م. د. أحمد روضان سلمان)) وهيصالحة للمناقشة بعد الاخذ بالملاحظات المثبتة
على متنها .

... مع الاحترام

المرفقات //

- اطروحة دكتوراه
- اقرار المقوم اللغوي

١. د. أسامة عبد الكاظم مهدي

معاون العميد للشؤون العلمية

١٠ / ١٠ / ٢٠٢١

نسخة منه الى //

- مكتب السيد العميد المحترم ... للتفضل بالاطلاع مع الاحترام.
- الشؤون العلمية.
- م. د. أحمد روضان سلمان ... للعلم لطفاً.
- الصادرة.

نكرى



basic@uobabylon.edu.iq

وطني ٠٧٢٣٠٠٣٥٧٤٤
امتنية ٠٧٦٠١٢٨٨٥٦٦

مكتب العميد ١١٨٤
المعاون العلمي ١١٨٨
المعاون الاداري ١١٨٩

العراق - بابل - جامعة بابل
بذالة الجامعة ٠٠٩٦٤٧٢٣٠٠٣٥٧٤٤

Appendix B

Questionnaire

Research title:

Midwives' Perception of Work Related Psychological Problems in Al-Najaf Governorate.

Part I: Demographical Characteristics

1. Age: years
2. Educational qualification:
 - Nursing & Midwifery Secondary school graduated
 - Midwifery Department/Institute graduated
 - Nursing Department/ Institute graduated /
 - Nursing college
 - Postgraduate degree
3. Duration of working in Labor room /maternity department years
4. Length of shift:
 - Less than 12 hours
 - 12hrs
 - More than 12hrs
5. Type of shift:
 - Day shifts only
 - Day & night shifts
6. Client allocation per each midwife:
 - 1 to 2
 - 3 to 4
 - 5 or more
7. Marital status:
 - Unmarried
 - Married
 - Widowed
 - Divorced
 - Separated
8. Economic Status:
 - Enough
 - Enough to some extent
 - Not Enough
9. Living area/Residency:

- Rural
- Urban

10. Have you participated in any session or other continuing nursing education program related to the work-related stress?

- Yes
- No

Part II: Work related depression, anxiety and stress scale (DASS)

Identity code:

Date:

Please read each statement and chose the scale that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

Never: Did not apply to me at all

Sometimes: Applied to me some part of time or to a considerable degree

Always: Applied to me very much, or most of the time

					Always	Some-times	Never
Depression Domain	Items						
	1	I found myself getting upset by quite trivial things					
	2	I was aware of dryness of my mouth					
	3	I couldn't seem to experience any positive feeling at all					
	4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)					
	5	I just couldn't seem to get going					
	6	I tended to over-react to situations					
	7	I had a feeling of shakiness (e.g., legs going to give way)					
	8	I found it difficult to relax					
	9	I found myself in situations that made me so anxious I was most relieved when they ended					
	10	I felt that I had nothing to look forward to					
	11	I found myself getting upset rather easily					
	12	I felt that I was using a lot of nervous energy					
13	I felt sad and depressed						

	14	I found myself getting impatient when I was delayed in any way (e.g., elevators, traffic lights, being kept waiting)			
Anxiety Domain	15	I had a feeling of faintness			
	16	I felt that I had lost interest in just about everything			
	17	I felt I wasn't worth much as a person			
	18	I felt that I was rather touchy			
	19	I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or physical exertion			
	20	I felt scared without any good reason			
	21	I felt that life wasn't worthwhile			
	22	I found it hard to wind down			
	23	I had difficulty in swallowing			
	24	I couldn't seem to get any enjoyment out of the things I did			
	25	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)			
	26	I felt down-hearted and blue			
	27	I found that I was very irritable			
	28	I felt I was close to panic			
Stress Domain	29	I found it hard to calm down after something upset me			
	30	I feared that I would be "thrown" by some trivial but unfamiliar task			
	31	I was unable to become enthusiastic about anything			
	32	I found it difficult to tolerate interruptions to what I was doing			
	33	I was in a state of nervous tension			

	34	I felt I was pretty worthless			
	35	I was intolerant of anything that kept me from getting on with what I was doing			
	36	I felt terrified			
	37	I could see nothing in the future to be hopeful about			
	38	I felt that life was meaningless			
	39	I found myself getting agitated			
	40	I was worried about situations in which I might panic and make a fool of myself			
	41	I experienced trembling (e.g., in the hands)			
	42	I found it difficult to work up the initiative to do things			
Work related stressors perceived by midwife	43	High Patient Load			
	44	Stillbirth			
	45	Neonatal Emergencies			
	46	Obstetric Emergencies			
	47	Shift Hours			
	48	Lack of Autonomy			
	49	Staff Conflict			
	50	Lack of Resources			
	51	Lack of Staff			
	52	official demands and paper work			
	53	Neonatal death			
	54	Neonatal Resuscitation			
	55	Preterm labour & births			
	56	Instrumental Deliveries			

57	Miscarriages			
58	Ante-natal/Post-natal Haemorrhage			

Part III: Copenhagen Burnout Inventory

	Items	Always	Sometimes	Never
Personal burnout	1 How often do you feel tired?			
	2 How often you are physically exhausted?			
	3 How often you are emotionally exhausted?			
	4 How often do you think: "I can't take it anymore"?			
	5 How often do you feel worn out?			
	6 How often do you feel weak and susceptible to illness?			
Work-related burnout	7 Is your work emotionally exhausting?			
	8 Do you feel burnt out because of your work?			
	9 Does your work frustrate you?			
	10 Do you feel worn out at the end of the working day?			
	11 Are you exhausted in the morning at the thought of another day at work?			
	12 Do you feel that every working hour is tiring for you?			
Client-related burnout	13 Do you have enough energy for family and friends during leisure time?			
	14 Do you find it hard to work with clients?			
	15 Do you find it frustrating to work with clients?			
	16 Does it drain your energy to work with clients?			
	17 Do you feel that you give more than you get back when you work with clients?			
	18 Are you tired of working with clients?			
	19 Do you sometimes wonder how long you will be able to continue working with clients?			

Appendix B

استبـيـان حول:

إدراك القابلات للمشاكل النفسية المتعلقة بالعمل في

محافظة النجف الأشرف

بكل شكر و عرفان أقدر مشاركتك في الإجابة على هذه الاستبانة بصراحة وأمانة، والتي سيعود نفعها وفائدتها بعد الحصول على النتائج الدقيقة إن شاء الله على أقبالات والممرضات في صالة الولادة وكذلك لنساء الحوامل في المحافظة، ونؤكد لكم أن الاستبانة تستخدم لأغراض البحث العلمي فقط. نسأل الله أن يوفقنا وإياكم لخدمة المحافظة والمجتمع.

مع خالص الشكر والامتنان لتعاونكم معنا خدمة لأهداف الدراسة.....

الجزء الأول: الخصائص الديموغرافية

1. العمر:
 2. مستوى التعليم:
 - خريج اعدادية القبالة
 - خريج قسم القبالة / المعهد التقني
 - خريج قسم التمريض / المعهد التقني
 - خريج كلية التمريض
 3. فترة العمل في صالة الولادة / قسم النسائية والتوليد سنوات
 4. الحالة الاجتماعية:
 - غير متزوجة
 - متزوجة
 - ارملة
 - مطلقة
 - منفصلة
 5. الوضع الاقتصادي:
 - الدخل الشهري يكفي
 - الدخل الشهري يكفي إلى حد ما
 - الدخل الشهري لا يكفي
 6. الإقامة:
 - الريف
 - الحضر
- 6: هل شاركت في مقابلة أو دراسة حول الحالات النفسية من قبل؟
- نعم
 - لا

الجزء الثاني: استبانة حول القلق والأكتئاب والتوتر العصبي (النسخة العربية)

الرقم التعريفي:..... التاريخ:.....

اقرأ كل الاسئلة التالية ثم ضع اشارة على مربع الذي يبين درجة انطباق الشعور عليك في الأسبوع الماضي. لا يوجد اجابات صحيحة أو خاطئة. لا تقضي وقتا طويلا في التفكير بالأجابة لأي منها. التقديرات:

ابدا: لا ينطبق علي بتاتا

احيانا: ينطبق علي بعض الشيء أو بعض الأوقات

دائما: ينطبق علي كثيرا جدا أو في كل الأوقات

السؤال	ابدا	احيانا	دائما
1			
2			
3			
4			
5			
6			
7			
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24			
25			

			شعرت بالهلع والرعب	26	مجال التوتر العصبي
			كنت خائفا من مواقف قد افقد فيها السيطرة على اعصابي واسبب احراجا لنفسي	27	
			شعرت برجفة (اليدين مثلا)	28	
			وجدت انني مضطرب و منزعج بسبب أمور تافهة جدا	29	
			كنت أميل الى ردة فعل مفرطة للظروف والأحداث	30	
			أجد صعوبة في الأسترخاء	31	
			وجدت نفسي أميل الى الأضطراب و الأنزعاج بسهولة	32	
			شعرت بأنني استهلك الكثير في الطاقة العصبية (شعرت بأنني استهلك الكثير من قدرتي على التحمل التوتر العصبي)	33	
			وجدت أنني قليل الصبر كلما أخرني شيء (عند انتظار المصعد, اشارات المرور, او كل شيء يتطلب الأنتظار مثلا)	34	
			شعرت بأنني اميل الى الغيظ بسرعة	35	
			وجدت صعوبة في الاسترخاء والراحة	36	
			شعرت بأنني انزعج بسرعة	37	
			أجد صعوبة في استعادة هدوئي بعد انزعاجي من شيء ما	38	
			لم اعد اتحمل مقاطعة الآخرين لأعمالي	39	
			كنت في حالة توتر عصبي	40	مجال التوتر الخاص بالعمل القابلات
			كنت لا أستطيع تحمل اي شيء يحول بيني وبين ما أرغب في القيام به	41	
			شعرت بأنني مضطرب و منزعج	42	
			عدد المرتفع للمرضى	43	
			ولادة ميتة	44	
			حالات طارئة لحديثي الولادة	45	
			طوارئ الولادة	46	
			ساعات الدوام	47	
			نقص الحكم الذاتي (في الاختيار و العمل)	48	
			اختلاف و نزاع ما بين الموظفين	49	
			قلة الموارد	50	
			نقص الموظفين	51	
			المطالب الرسمية والأعمال الورقية (طبلة المريض و...)	52	
			وفاة حديثي الولادة	53	
			إنعاش حديثي الولادة	54	
			الولادة المبكرة	55	
			الولادة المحفزة (العسرة)	56	
			الإجهاض	57	
			النزف قبل الولادة / بعد الولادة	58	

الجزء الثالث: استبانة حول إرهاق العمل (قائمة احتراق كوينهاغن)

دائما	أحيانا	أبدا	السؤال		
			كم مرة تشعر بالتعب؟	1	الإرهاق الشخصي
			كم مرة كنت مرهقا جسديا؟	2	
			كم مرة كنت مرهقا عاطفيا؟	3	
			كم عدد المرات التي تعتقد فيها: "لم أعد أستطيع ذلك"؟	4	
			كيم مرة تشعر بالاهتياج؟	5	
			كم عدد المرات التي تشعر فيها بالضعف والتعرض للأمراض؟	6	
			هو عمك مرهقة عاطفيا؟	7	الإرهاق المتعلق بالعمل
			هل تشعر أنك محترق بسبب عمك؟	8	
			هل عمك يحبطك؟	9	
			هل تشعر بالضجر في نهاية يوم العمل؟	10	
			هل أنت متعب في الصباح في فكر يوم آخر في العمل؟	11	
			هل تشعر أن كل ساعة عمل متعبة بالنسبة لك؟	12	
			هل لديك طاقة كافية للعائلة والأصدقاء خلال وقت الفراغ؟	13	الإرهاق المتعلق بالعمل
			هل تجد صعوبة في العمل مع العملاء؟	14	
			هل تجد أنه من المحبط العمل مع العملاء؟	15	
			هل تستنزف طاقتك للعمل مع العملاء؟	16	
			هل تشعر أنك تعطي أكثر مما تعود عندما تعمل مع العملاء؟	17	
			هل سئمت من العمل مع العملاء؟	18	
			هل تتساءل في بعض الأحيان إلى متى ستستمر في العمل مع العملاء؟	19	الإرهاق المتعلق بالعمل

خبراء تحكيم الاستبانة

ت	اسم الخبير	سنوات الخبرة	اللقب العلمي	مكان العمل	الاختصاص الدقيق
1	د. علي كريم الجبوري	27	أستاذ	جامعة كربلاء / عميد كلية التمريض	تمريض الصحة النفسية
2	د. راجحة عبد الحسن حمزة	36	أستاذ	جامعة الكوفة/ كلية التمريض	تمريض البالغين
3	د عرفات حسين	12	أستاذ	جامعة الكوفة/ كلية الطب	الأمراض النفسية والعصبية
4	د. امين عجيل ياسر	34	استاذ	جامعة بابل /كلية التمريض	دكتوراه صحة الأسرة والمجتمع
5	د.شكرية شدهان جواد	30	استاذ	جامعة الفرات الأوسط التقنية	تمريض صحة الام والوليد
6	د.كافي محمد ناصر	35	استاذ	جامعة الطوسي/ كلية التمريض	تمريض صحة الام والوليد
7	د. عبد المهدي عبد الرضا	40	أستاذ	جامعة بابل /كلية التمريض	تمريض الصحة النفسية
8	د.امال عبدالمهدي كاظم	14	أستاذ مساعد	جامعة الكوفة/ كلية الطب	دكتوراه بورد نسائية و توليد
9	د.نهاده محمد قاسم	34	أستاذ مساعد	جامعة بابل /كلية التمريض	تمريض صحة الام والوليد
10	د معن حميد إبراهيم	38	أستاذ مساعد	جامعة بغداد /كلية التمريض	تمريض الصحة النفسية
11	د. ضياء كريم عبدعلي	14	أستاذ مساعد	جامعة العميد/ كلية التمريض	تمريض البالغين
12	د. كريم رشك	30	أستاذ مساعد	جامعة بغداد /كلية التمريض	تمريض الصحة النفسية
13	د. قحطان قاسم محمد	14	أستاذ مساعد	جامعة بغداد /كلية التمريض	تمريض الصحة النفسية
14	د . حسن علي حسين	17	أستاذ مساعد	جامعة بغداد /كلية التمريض	تمريض الصحة النفسية
15	د. سهاد حكمت خيرى	34	أستاذ مساعد	جامعة بغداد /كلية التمريض	تمريض صحة الأم والوليد
16	د. حيدر حمزة علي	11	أستاذ مساعد	جامعة بابل /كلية التمريض	تمريض الصحة النفسية
17	د. باسمة شمخي جبار	31	أستاذ مساعد	جامعة الكوفة/ كلية الطب	جامعة الكوفة/ كلية الطب

الخلاصة

الهدف الرئيسي للقابلات في جميع أنحاء العالم هو خلق ظروف ومكان آمن للولادة. بينما، هناك العديد من النساء في جميع أنحاء العالم يتعين عليهن تجربة المخاض والولادة ليس كتجربة كاملة، ولكن بصفتها امرأة تلد طفل، مليئة بالأفكار المخيفة والمخاطر المحتملة اثناء الولادة. ونتيجة لذلك، يتم تدريب القابلات للقيام بدور مهم في تأمين الولادة. كل عام، من بين 130 مليون طفل يولد دوليًا، يقدر أن ما يقرب من 8 ملايين جنين يموت أثناء المخاض.

علاوة على ذلك، هناك العديد من الأبحاث حول ضغوط العمل في التمريض ومقدمي الرعاية الصحية، ولكن لم تركز العديد من الدراسات على القابلات ورعاية الأم. من خلال فحص مجموعة واسعة من الضغوطات في بيئة العمل، أظهرت الدراسات وجود علاقة إيجابية بين ضغوط العمل والقلق والإرهاق مع جودة الرعاية في المؤسسات الصحية وقلة او ترك القابلات للمهنة.

الهدف من هذه الاطروحة هو التعرف على الخصائص الاجتماعية والديموغرافية للقابلات والمرضات في مستشفيات النجف وتقييم مستوى التوتر والقلق وأعراض الاكتئاب المرتبطة بالعمل، كذلك كشف العلاقة بين الأعراض الذاتية للمشاركين في البحث وبياناتهم الاجتماعية والديموغرافية. وأخيرًا، تقييم مستوى الإرهاق الناتج عن العمل الذي تدركه القابلة.

تم تنفيذ دراسة مقطعية وصفية خلال الفترة من 20 سبتمبر 2019 إلى 13 ابريل 2021 لفحص مجموعات من 214 قابلة (عينة ملائمة) في مختلف أقسام المستشفيات والمراكز الصحية في محافظة النجف الأشرف فيما يتعلق بادراك القابلات والمرضات العاملات في صالة الولادة عن التوتر والقلق والاكتئاب والإرهاق الخاص بعملهن.

اشارت نتائج الدراسة إلى وجود علاقة ذات دلالة إحصائية بين عمر القابلات، ومستوى التعليم، ومدة العمل في ردهة الولادة والحالة الاجتماعية. بالإضافة إلى وجود ارتباط كبير بين مشاركة القابلة في برنامج تعليم التمريض المستمر المتعلق بالإجهاد المرتبط بالعمل ونسبة القلق والإرهاق المدرك. التقييم العام لمستوى الإرهاق في العمل الذي تدركه القابلات، ظهرت النتائج علاقة طردية قوية بين DASS و CBI.

بناءً على النتائج، توصي الدراسة بتنفيذ برامج تعليمية مستمرة ودورة تدريبية فيما يتعلق بالتعامل مع الإجهاد والإرهاق في العمل وتعزيز كفاءة نظام الاستشارات النفسية، وتطوير وتنفيذ البرامج التعليمية ذات صلة طوال فترة العمل في المستشفى أو أثناء الدورات الدراسية، وتدريب القابلات بمهارات اللازمة للتفاعل الإيجابي مع العميل والزملاء، وبالتالي زيادة الحزم وتقليل التوتر والقلق، كلها قضايا حاسمة يجب معالجتها من أجل صحة نفسية أفضل.



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التمريض

إدراك القابلات للمشاكل النفسية المتعلقة بالعمل في
محافظة النجف الأشرف

أطروحة مقدمة الى
مجلس كلية التمريض/ جامعة بابل - جزء من
متطلبات نيل درجة الدكتوراه - فلسفة في التمريض

من قبل
جامعة بابل
زينب نعمت جمعة الطائي

بإشراف

أ.د سلمى كاظم جهاد الإبراهيمي
و
أ.د قحطان هادي حسين الجبوري