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work-related stress and burnout among the Palestinian midwives in the south district

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Declaration

I certify that this thesis submitted for the degree of Master, is the outcome of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

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Christina Michael Farah Khair

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Abstract

Introduction: Although research into stress among health care providers has been extensive, research into stress among midwives has been scarce. (Linda birch,2001), Particularly in Palestine. Midwifery profession is an emotionally challenging profession and stressful job. Workplace stress might have a great influence on the work of the midwives', it might impact their productivity and affect the quality of care provided for mother and also may lead them to burnout.

Aim: To determine sources of workplace stressors and their relationship with burnout among midwives in the obstetric hospitals in south of west bank.

Methodology: The study population is 145 Palestinian midwives working in obstetric departments in largest five hospitals in south of west bank. The researcher used a quantitative descriptive cross- sectional design. Data collection was done through a Self- administered questionnaire to a convenience sample that was about 118 midwives. The researcher used Two reliable and validated tools that were developed and used by the researchers in the previous studies. These tools are: The Expanded Nursing Stress Scale (ENSS) used to measure the job-related stressors among midwives and Maslach Burnout inventory (MBI) used to measure the level of burn out among the midwives.

Result: the study revealed that (40.7%) of midwives had moderate stress, while 30 (25.4%) shown a high level of stress in obstetric hospitals in the south of the west bank. Regarding ENSS patient's death and dying was the main source of workplace stress of the participants with a mean score of 2.78, SD= 0.840, and workload domain with a mean score of 2.53, SD= 0.879, while the problem with colleagues is the less source of stress among midwives with a mean score of 2.02, SD= 0.929.

Regarding the sociodemographic characteristics of the participants as age group, marital status, education level and working shifts, years of experience, kind of job No significant difference was found related to stress and burn out. However, type of Hospital was found as a significant variable, in which the midwives who worked at the non-governmental hospital (M=68.06) were more stressed than those who worked at the governmental hospital (M=39.20), U=742, p= <0.001. The study findings indicate that midwives had a moderate level of burnout in the following domains: Emotional exhaustion with a mean 22.10 SD 12.7181, Depersonalization with a mean score 9.05 SD 7.4085 and Personal accomplishment domain with a mean score 33.09 SD 11.7283. Besides, a statistically significant positive small correlation was found between ENSS and emotional exhaustion (r= 0.265, p= 0.004). In addition to that, a significant positive large correlation was found between ENSS and personal accomplishment (r= 0.602, p= < 0.001).

Conclusion: Workplace stressors and burnout among Palestinian Midwives is a serious issue. it had many influences on midwives' work and their continuity in their profession. Workplace stressors and burnout may be reduced or may be prevented by good management, apply effective strategies by health care planners and policy makers to decrease causes of stress or contributing factors in order to decrease the burnout rate among midwives and improve work environment. Also using preventive program to decrease workplace stress and increase work ability among Palestinian midwives. this program focuses on eliminating, reducing or counteracting stress factors of working environment, development of attitudes and rewarding relationships, development of effective social support, modeling, programming and resource planning, consultation with employee, and involve employee to participate in decisions making.

Keywords: Midwives, workplace stressors, burnout, ENSS, MBI**.**

العنوان: الضغوطات الناجمة عن العمل و الاحتراق الوظيفي بين القابلات الفلسطينيات في جنوب الضفة الغربية

الاعداد: كرستينا ميشيل فرح خير

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الملخص

الخلفيه: تعتبر مهنة القبالة مهنة صعبة عاطفياً ووظيفة مرهقة, قد يكون لضغوط مكان العمل تأثير كبير على عمل القابلات وقد يؤثر على إنتاجيتهن ويؤثر على جودة الرعاية المقدمة للأم وقد يؤدي أيضًا إلى الإرهاق.

الهدف: تحديد مصادر الإجهاد في مكان العمل وعلاقتها بالإرهاق بين القابلات في مستشفيات التوليد في جنوب الضفة الغربية.

منهجية الدراسة: بلغ مجتمع الدراسة 145 قابلة فلسطينية تعمل في أقسام التوليد في أكبر خمس مستشفيات في جنوب الضفة الغربي, استخدم الباحث التصميم المقطعي الوصفي الكمي. تم جمع البيانات من خلال استبيان ذاتي لعينه ملائمة تضمنت حوالي 118 قابلة بمعدل استجابة% 87.4 من المشاركين. استخدم الباحث أداتين موثوقتين تم تطويرهما واستخدامهما من قبل الباحثين في الدراسات السابقة. هذه الأدوات هي: مقياس الإجهاد (ENSS) المستخدم لقياس الضغوطات المرتبطة بالوظيفة بين القابلات و مقياس Maslach (MBI)لقياس مستوى الإرهاق بين القابلات.

النتائج: كشفت الدراسة أن (40.7٪) من القابلات يعانين من إجهاد متوسط ، في حين (25.4٪) يعانين من مستوى عال من التوتر في مستشفيات التوليد في جنوب الضفة الغربية.

كشفت الدراسه ان المصدر الرئيسي لضغوط مكان العمل بالنسبه للمشاركين كان فيما يتعلق بوفاه و موت المريض/ الام بمتوسط درجة 2.78 ، SD = 0.840 ، وعبء العمل بمتوسط درجة 2.53 ، SD = 0.879 ، بينما المشاكل مع الزملاء كانت المصدر الأقل من الإجهاد بين القابلات بمتوسط درجة 2.02 ، SD = 0.929.

لم يتم العثور على فرق ذات دلاله احصائيه بين الخصائص الاجتماعيه و الديموغرافيه للمشاركين كالفئة العمرية والحالة الاجتماعية ومستوى التعليم ودورات العمل وسنوات الخبرة ونوع العمل بالتوتر والإرهاق. ومع ذلك ، تم العثور على نوع المستشفى كمتغير مهم ، حيث كانت القابلات اللواتي عملن في المستشفى غير الحكومي (M = 68.06) أكثر توتراً من أولئك الذين عملوا في المستشفى الحكومي (M = 39.20) ، U = 742 ، ع = <0.001.

تشير نتائج الدراسة إلى أن القابلات كان لديهن مستوى متوسط من الإرهاق في المجالات التالية: الإرهاق العاطفي بمتوسط 12.718122.10 SD، وتبدد الشخصية بمتوسط درجة 9.05 , 7.4085 SD ومجال الإنجاز الشخصي بمتوسط درجة 33.09 ,11.7283 SD إلى جانب ذلك ، تم العثور على ارتباط إيجابي صغير ذو دلالة إحصائية بين مقياس الإجهاد (ENSS) المستخدم لقياس الضغوطات المرتبطة بالوظيفة بين القابلات والإرهاق العاطفي(r = 0.265 ، p = 0.004). بالإضافة إلى ذلك ، تم العثور على ارتباط إيجابي كبير بين بين مقياس الإجهاد (ENSS) المستخدم لقياس الضغوطات المرتبطة بالوظيفة بين القابلات ENSS والإنجاز الشخصي(r = 0.602 , p = <0.001) .

الخلاصة و التوصيات: ضغوط مكان العمل والإرهاق بين القابلات الفلسطينيات قضية خطيرة. كان لها تأثيرات كثيرة على عمل القابلات واستمراريتهن في مهنتهن. قد يتم تقليل ضغوط مكان العمل والإرهاق أو يمكن منعه من خلال الإدارة والقيادة الجيدة ، وتطبيق استراتيجيات فعالة من قبل مخططي الرعاية الصحية وصانعي السياسات لتقليل أسباب الإجهاد أو العوامل المساهمة من أجل تقليل معدل الإرهاق بين القابلات وتحسين بيئة العمل. أيضا استخدام برنامج وقائي لتقليل الإجهاد في مكان العمل وزيادة القدرة على العمل بين القابلات الفلسطينيات. يركز هذا البرنامج على القضاء على عوامل الإجهاد في بيئة العمل أو الحد منها أو التصدي لها ، وتطوير الدعم الاجتماعي الفعال ، والنمذجة ، والبرمجة ، وتخطيط الموارد ، والتشاور مع الموظف ، وإشراك الموظف في المشاركة في اتخاذ القرارات.

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ENSS	Expanded Nursing stress scale
MBI	Maslach Burnout inventory
WRS	Work Related Stress
MOH	Ministry of Health
EE	Emotional Exhaustion
DP	Depersonalization
PA	Personal Accomplishment
SPSS	Statistical Package for the social sciences
SD	Standard deviation
AIS	American Institute of Stress
QNMU	Queensland Nurses and Midwives Union
NSS	Nursing Stress scale

Chapter (1)

Introduction

1.1Research background

Workplace and the Working environment often creates stress, and might impacts adverse consequences among the employees such as fatigue, absenteeism, dissatisfaction and turnover. (Happel et al 2003). These effects are problematic particularly for health professionals who are working at the hospitals, because of the nature of hospital work, the long working hours, and working with shifts as well as working with patients with critical disorders (Han Loo, 2012).

Workplace stress as well might have a great influence on the work of the midwives', it might impact their productivity and decreased their ability to promote safety for mothers in pre, post and during delivery. Working stress among midwives might increase the rate of accidents at work and the number of sick leaves between midwives might increase (Moustaka, 2010). This will adversely affect the quality of care provided for mother (Moustaka, 2010), and might consequently cause burnout among midwives (Cavanag, et al. 2003).

In 2000, the American Institute of Stress (AIS, USA) conducted a survey and estimated that Burnout costs were 300 Billion $ annually, as measured by staff absenteeism, decreased

productivity, employee turnover, direct medical legal and Insurance fees (Moos et al., 2000). AIS also reported that nearly half of all-American workers suffer from symptoms of burnout (Moos et al., 2000). Furthermore, burnout found to affect approximately 25% of all nurses and midwives. Midwives faces many factors of stress in work environment (Cavanag, et al. 2003), such as workload, problems with peers and supervisors, conflict with physician, working with high risk woman's and interact with patient's family all these factors can lead the midwives to burnout.

In addition, the midwives didn't get a full independency in their work, in all hospitals her role is marginalized followed under the doctors and not all the procedures can did it although it is part of its task all these can put the midwives in stress and increase the level of burnout. In Palestine few attempts were made to examine sources of work place stress and burnout among Palestinian midwives. Therefore, this study aims to determine sources of workplace stressors and their relationship with burnout among midwives in the obstetric hospitals in south of west bank.

1.2Problem statement

Midwives often face work related stressors such as high workloads, lack of resources, shortage of midwives, conflict with physician colleagues and supervisor, as well as working with patients with critical disorders. etc, (Han Loo, 2012). In the year 2019, MOH reported that number of deliveries were 78,696 in

west bank and the number of deliveries in the south districts of the west bank Hebron and Bethlehem was 33,237, while the number of the working midwives in the west bank was only 859, (MOH,2019). According to Sandall et al., (2011), and the Queensland Nurses and Midwives Union (QNMU) conference, number of midwives who can be expected to take responsibility for women (and babies) within an acceptable level of safety, are presented as a ratio of one to one care (1:1) in active labor and (1:4 -1:6) in patient units as antenatal and postnatal care units. So this ration might not be applicable in south west bank hospitals related to the previously presented statistics by (MOH,2019). These statistical studies can show the shortage in the Palestinian midwives and the high level of workload and stress that the midwives face in their profession which affect their productivity and quality of mother – child care.

Moreover, conflict with physician, colleagues and other staff members can put the midwives under stress and this may happen because the midwife's role and job in hospital is not clear. From my experience as a Palestinian midwife, I can tell that the role of the midwives is marginalized and they can just follow the doctor order and suggestions. They are not having the full accountability to do all the procedures or to take a decision without referring to the doctor. These situations can put the midwives in stress and increase the level of their burnout.

Also lack of support from supervisor and administration, criticism, and other environmental stressors may deeply affect the midwives and led to burnout (Shivaprasad, 2013). The aim of this study was to determine sources of workplace stressors and their relationship with burnout among midwives in the obstetric hospitals in south of west bank.

1.3 Significance of the study

Although research into stress among health care providers has been extensive, research into stress among midwives has been scarce (Linda birch,2001). Therefore, this study aims to determine sources of workplace stressors and their relationship with burnout among midwives. The importance of this study is to increase knowledge and awareness of the midwives and promote their profession and to strengthen the midwives to reduce it and prevent influence on midwives productivity and quality of patient's health care. Also Understanding the sources of stress and burn out might help in developing and promoting midwifery profession in Palestine and to maintain on midwives profession in health profession, because in Palestine has a scarcity phenomenon for this profession and has a shortage in number of midwives.

The Findings of this study might be benefit for the hospitals management toward improving their policies and rules, in order to obtain high commitment and sustainability of the midwives. In addition, the results of this study might be useful for the colleges and other specialized parties, which can support the change and development of the policies and rules into the workplace of the graduate midwives. Such studies are lacking in Palestine so the results of this research are expected to facilitate the future plans for the Palestinian midwives and might be use as a baseline data for any future studies in the area.

1.4 Aim of the study

To determine sources of workplace stress and their relationship with burnout among midwives in the obstetric hospitals in south of west bank.

1.5Objectives of the study

1- To assess the workplace sources of stress that affect the midwives work in south of west bank district hospitals.

2-To assess the relationship between sociodemographic characteristics and the sources of stress.

3-To assess level of burn out among midwives.

4- To investigate the relationship between work stressors and burnout among midwives.

1.6Research questions

1-What are the sources of stress that affect the midwives in south of west bank district hospitals?

2-what is the level of burnout among midwives?

3- What is the relationship between work stressors and burnout among midwives in south of west bank?

4-What is the relationship between sociodemographic and workplace stressors among midwives in south of west bank?

1.7Hypothesis

- There is a significant statistical association between the demographic characteristics at the level of $\alpha \leq 0.05$, and the sources of work place stress among midwives in South West Bank hospitals.
- There is a significant statistical association between sources of stressors at the level of $\alpha \leq 0.05$, and burnout among midwives in South West Bank hospitals.
- There is a significant statistical difference of the sources of work place stress at the level of $\alpha \leq 0.05$, in the private and government hospitals.

Chapter (2)

Literature Review

2.1 Introduction

This chapter provides a review for the literature concerning the sources of work place stress among midwives and burnout. An analysis pertaining to sources of stress and burnout was conducted. There was an extensive literature that is related to workload stress and burnout and correlation between them.

2.2 Previous studies

A Quantitative study was conducted by Banovcinova and Baskova (2014)in Slovakia to study sources of work related stress and their effect on burnout in midwifery, further to examine sources of occupational stress and their association with burnout among midwives. Participants include 100 midwives working at gynecology and obstetrics clinics. The sample was convenience. The study used the Expanded Nursing Stress Scale (ENSS) and the Maslach Burnout Inventory (MBI) to measures the dimensions of burnout among these midwives. Findings showed that death and dying and conflict with physician were the most stressful events perceived by midwives and that gender discrimination and being sexual harassed were the least

stressful events. The participants reported high levels of depersonalization, moderate level of emotional exhaustion and high levels of personal accomplishment. A strong and positive relationship was found between work overload and emotional exhaustion and between work overload and personal accomplishment. In conclusion the researcher wrote that midwives were generally exposed to stress as a result of physical, psychological and social aspects of the working environment which often result in burnout among midwives and change their attitudes to work and thus can consequently influence their patients care. Implications increased the focus on developing certain methods to control sources of stress in the working environment and to support the work of midwives as well to preserve their performance and health.

An Australian study conducted by Mollart, Skinner, Newing, and Foureur (2013) to explore incidence of work stress and burnout among 152 midwives, and its correlation with their demographic data. Results showed that sixty percent of the midwives were living with moderate to high emotional exhaustion, and thirty percent were having low personal accomplishment and experienced burnout that was related to depersonalization in their profession. Regarding the impact of years of experience and type of shifts (morning, evening or night shifts) upon the work accomplishment as reported by midwives. Results showed a significant impact for the years of experience and time of shift upon work accomplishment. Mixed shift (day and night) shift had the highest impact on low personal accomplishment scores compared with night shift that had the lowest impact. The years spent in the profession had a significant impact on whether the midwives experienced excitement working with mothers and babies. Those who spend more years in the midwifery profession reported much more excitement in working with the mothers than others with less experience.

Furthermore, caring for woman with multiple psychosocial issues might cause an important influence the subscale of emotional exhaustion among midwives. However, different types of shifts worked by the midwives and not being scheduled in one straight shift showed a significant impact their reports to positively influence other peoples' lives through their work. For example: midwives working night shift only has less impact on people's lives than those who preferred to work at different shifts. In the item of doing exercises and its impact on the stress of midwives during the day, result showed that midwives who had never enrolled in an exercise program were reporting more stress and felt less energetic than those who participated in a regular exercise schedule.

Creedy, Sidebotham, Gamble, Pallant, and Fenwick (2017) conducted a study to examine the prevalence of the level of stress, depression and burnout among midwives in an Australian hospital. participants were female Midwives with an average age of 46.43 years and with 16.51 years of experience. Findings of this study showed that sixty five percent of the midwives had personal burnout. Forty-three of them reported burnout related to work conditions and ten percent reported burnout related to the clients. However, majority of the midwife reported moderate or higher burnout and all burnout subscales were significantly correlated with depression, anxiety and stress. It was reported that 20% of midwives have moderate to severe levels of depression, and 20.4% of the midwife's reported anxiety and 22.1% complains of stress symptoms.

In the systematic review study of Martos et.al, (2020) that aimed to identify the prevalence of burnout and its related factors among midwives reported that personal factors and work-related burnout are the highest indicators for developing burnout in the midwifery profession. However, most of the reviewed studies agreed that age, less experience, and living alone constitute the main related factors, as well as, the care model used, less resources and work environment. Therefore, Personal factors and working conditions should be taken into account when assessing burnout risk profiles of midwives. Most of the reviewed studies showed moderate levels in personal and work-related burnout, and low level of client related burnout. Concerning the age of the participants, younger persons and being single reported as higher sources of burnout. This was explained by the protective role of the family and place of resident, as those who were living in northern Europe showed lower level of burnout.

Other studies in the Martos et al (2020) systematic review agreed that being a midwife and working in the postnatal words as well performing education and management functions will increase burnout. Regarding work-related variables and its impact on burnout, years of experience and the autonomy were seen as positive related factors. Lack of the resources, staff, low salary, and poor professional recognition, as well as negative work environment are all considered factors affecting burnout. While increased number of working hours did not show any influences to the increased risk of burnout.

Rouleau, Fournier, Philibert, Mbengue, and Dumont (2012), showed that fifty nine percent of the participated midwives were reporting their intention to leave the work within a year of collecting the data, while turnover and annual leave was found to be about nine percent over the last 2 years. Overall, the midwives were satisfied to a moderate level with the security in their

job and morale issues in their work, but were least satisfied with salary and work environment and most satisfied the study showed that emotional exhaustion among midwives was very high as they fill the Maslach inventory of Burnout. Their level of emotional exhaustion was 80.0% and depersonalization level was 57.8%, while levels of personal accomplishment showed only 12.4%. Experiencing emotional exhaustion was inversely associated with "remuneration" and "task" satisfaction, actively job searching was associated with being dissatisfied with job "security" and voluntary quitting was associated with dissatisfaction with "continuing education" midwives seem to be experiencing burnout with their working conditions, but they have a strong sense of confidence and accomplishment in their work.

Chatzigianni, Tsounis, Markopoulos, and Sarafis (2018), conducted a study about stress experiences by nurses working in a Greek Hospital. They measured the level of stress among nurses through convenience sample of 157 nurses. They used a self-administered questionnaire to collect the data from the participants. It includes sociodemographic characteristics and ENSS scale Respondents reported medium level of stress, the high stressful factors were their ability to deal with a dying patient. Dealing with patients, family demands, uncertainty concerning treatment, discrimination, and conflict with peers took less scores related to stress. The study also showed a significant relationship between the nurses' feelings of stress and their age. The older nurses of age between 30 - 34 years reported a higher stress score in all of the studied factors than the younger nurses. Divorced nurses had also reported high stress in dealing with a dying patient. However, the nursing assistants showed the highest scores of stresses when there is conflicts and workload. The study recommends to evaluate workplace stress risk factors and to find ways to manage specific preventive measures.

A Turkish study conducted by Alpaslan et.al, (2009) to investigate the relationship between level of burnout among midwives and the socio-demographic characteristics including the professional profile. In this study the sample size was 118 midwives, who were able to answer the 28 items included in the MBC questionnaire. Results of this study showed that midwives have moderate level of burnout. However, there was no reported impact of the other demographic characteristics as age, marital status or number of children, area of work and working shifts upon level of burnout. The higher scores for levels of emotional burnout and depersonalization was seen among midwives who did not choose the profession by their own and did not like to be a midwife and only work to get money, this group of midwives also showed a low level of accomplishment. These results were in contrary to those who choose the profession because they love it as they showed low emotional exhaustion score and high personal accomplishment score. Midwives who had an experience of 3 years were having low depersonalization and low emotional exhaustion with a high personal accomplishment score. The midwives who had 9-13 years of service had a lower personal accomplishment score. Also, there is a relationship between the school from which the midwife graduated and personal accomplishment. The midwives who graduated from a health-related occupational high school had a lower mean personal accomplishment score compared to those who graduated from a baccalaureate degree program.

A non-experimental descriptive study conducted by AH Shivaprasad RN (2013), studied the factors contributing to nurse's stress among fifty staff nurses. Results showed that more than half of the nurses were living with severe levels of stress that was mainly related to the patients and their families, then conflicts with peers and supervisors, also in dealing with a died patient.

The study also shows that there was no significant relationship between level of stress and demographic variables. The study concluded that nurses' problems should be taken in consideration and that it is a continuous problem if the hospital will not work in solutions and try to decrease the level of stress as this stress adversely affects the patient care so hospitals should take counter measures to relieve stress among nurses and Midwives.

Study in Mashhad, Iran conducted by Kordi et.al, (2014) to determine the influence of workplace stress upon work ability of midwives, the number of participants was hundred twenty-three midwives working at public hospitals. Multi stage sampling method including convenience and cluster sampling was used while a random method of sampling was used to select the hospitals and health care centers. Results of this study showed no relationship between demographic data and stress related to workplace or work ability level. Moreover, negative correlation was found between workplace stress and work ability. Those midwives who had high stress related to the work were experiencing very poor ability of work.

Bánovčinová (2017) reported that death and dying, conflicts with doctors, and workload were the most stressful factors affecting the midwives in their work area. Negative relationship was found between age and length of practice with conflicts with physicians, and inadequate preparation. Midwives reported their use of coping strategies that were explained as acceptance, and active coping most frequently used coping strategies among midwives.

A cross sectional study conducted by Jordan, Fenwick, Slavin, Sidebotham, and Gamble (2013) in Australia to describe the level of burnout in midwives fifty-eight midwives participate in this study the results showed that thirty percent of the participants were having moderate to high levels of work-related stress and burnout. Midwives whose age was between 25- 35 had less than ten years in experience in the profession of midwifery had highest score of personal stress and burnout related to work situation. Whereas midwives who age over thirty-five years had highest score of clients related burnout. Recommendations of this study as written by the authors include the need for more education and support, to increase confidence for midwives to work to their full scope and to provide mentorship programs in maternity units to increase work satisfaction and support relationship between midwives and their clients.

A quantitative study conducts by Henriksen and Lukasse (2016) to assess levels of burnout among Norwegian midwives and define work and personal factors associated with burnout. The sample consist of 598 midwives, the researchers used a (CBI) scale, the finding of this study show 20.1% had personal burnout, 19.1% had work-related burnout and 4.2% reported client-related burnout. Almost 14% had both work and personal -related burnout, Midwives who had sick leave in the last three months had high level of burnout. Younger and single midwives had a higher work-related burnout. Midwives who work in outpatient care increased the personal and work-related burnout.

A study conducted by Mohammad et al. (2020) in all governmental hospitals that provide obstetric care for women, the study aim to assess prevalence of burnout and to explore socio-demographic and work-related factors that associate burnout ,321 midwives participated in the study , in the study the researcher used a survey as a tool included sociodemographic section, CBI and forms of work related data , the findings show personal 78.1%, work-related (82.2%), and client related 71.3% burnout (scored >50 on CBI). midwives aged between 21 - 30 years, had lower personal burnout compared with other age group, midwives who married had a higher personal burnout compared to single. Midwives with ≥ 10 years' experience had lower personal, work-related, and client-related burnout scores. Midwives who rotated between shifts had higher work-related and client-related burnout scores.

Across sectional study conducted by Grech and Hili (2019) to identify midwives' perceptions toward work related stress among midwives working at public hospital in Malta. The study findings showed a number of stressing factors related to the work of the midwives including the shortage in staff and resources, patient's workload, high level of the hospital use of inducive deliveries and caesarean sections. These factors had a large impact on the provided midwifery care. It was stated by some midwives that the most stressful situations where their rotation between departments which exposed them to high rate of patient turnover and lack of training. Death of neonates and still birth were also considered as sources of stress. Conflicts in interaction with colleagues and tension amongst staff were reported to be high due to stressful issues at work. This has a negative impact on physical and psychosocial conditions of the midwives as they reported physical exhaustion and bodily pains. Recommendations of this study indicate the importance to study the shortage of the midwives in these hospitals as it is a serious

issue and need to be addressed by the hospital administrators. There is a need to control number of caesarean sections and to review the indication for inducive labors. In addition, Midwives in these hospitals are in strong need for teaching certain methods to deal with stress and this can be achieved by conducting workshops.

Hunter, Fenwick, Sidebotham, and Henley (2019), explored the association between the emotional stress and work environment among midwives in UK. It also assessed the level of anxiety burnout, depression, and stress experienced by the midwives. The findings of the study show the UK midwives has a significant level of emotional distress. A high percentage of participants had moderate personal burnout and sixty seven percent had moderate and work-related burnout. Client-related burnout was low. Over one third of participants reported high levels of stress, thirty-eight were having anxiety and thirty-three reported depression. In comparing the results of this study with similar studies done in different countries these results were higher particularly scores of stress, anxiety, burnout, and depression.

Samuel, Zaini, Hassan, Talib, and Ramly (2021) , conducted a cross sectional study to determine the relationship between workload, environment, social support and shortage of manpower with work stress among nurses at a private hospital. The authors used a random sample in this study. The study found that main sources of stress among nurses were related to workload, shortage of nurses and other workers.

Chapter (3)

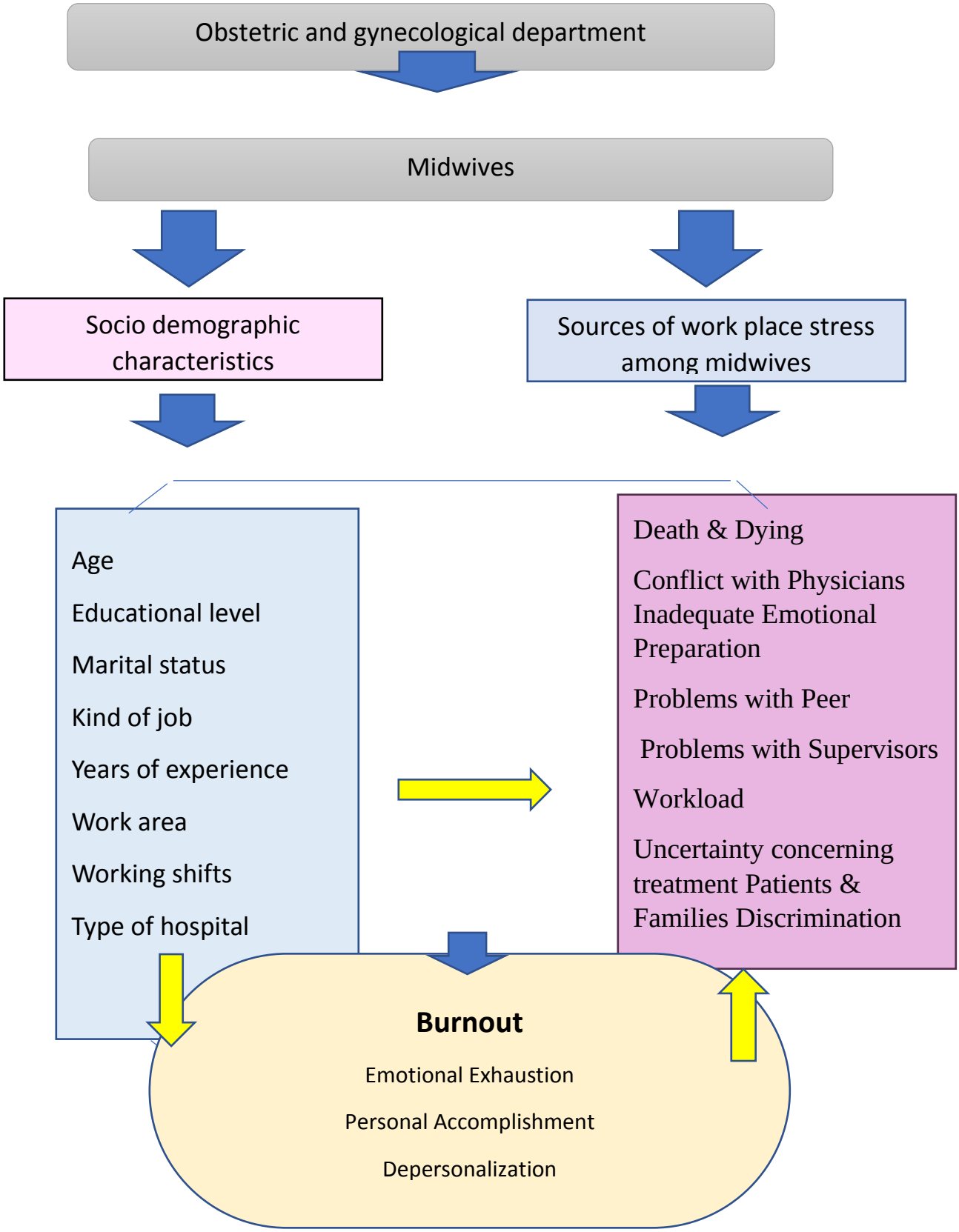
Conceptual Framework

3.1 Introduction

This chapter provides the framework of the study; to determine sources of workplace stress and their relationship with burnout among midwives in the obstetric hospitals in south of west bank, Palestine.

The conceptual framework offers many benefits to research, as it describes the relationship between the main concepts of a study. Camp (2001), a conceptual framework is a structure, which the researcher supposes can best explore the natural progression of the phenomenon to study. In addition, a conceptual framework can arrange in a logical structure to help provide how ideas in a study relate to one another. A framework can add value to the overall research plan; it establishes a map for the study (Lynch, Ramjan, Glew, & Salamonson, 2020).

3.2 Figure Framework



3.3 Conceptual definitions

1) Midwives: "is a person who has successfully completed a midwifery education program that is recognized in the country where it is located and that is based on the ICM essential competencies for basic midwifery practice and the frame work of the ICM global standards for midwifery education, who has acquired the requisite qualification to be registered and / or legally licensed to practice midwifery and use the title "midwife" and who demonstrate competency in the practice of midwifery ". (ICM, 2005)**.**

2) stress: is the harmful physical and emotional responses that can happen when there is a conflict between job demands on the employee and the amount of control an employee has over meeting these demands. In general, the combination of high demands in a job and a low amount of control over the situation can lead to stress. (Canadian Centre for occupational health and safety,2018).

3) sources of stress are:

Death & Dying, Conflict with Physicians, Inadequate Emotional Preparation, Problems with Peer support, Problems with Supervisors, Workload, Uncertainty concerning treatment, Patients & Families and Discrimination.

4) Burnout: "Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO,2019).

5) Emotional exhaustion: is a state of feeling emotionally worn-out and drained as a result of accumulated stress from your personal or work lives, or a combination of both. Emotional exhaustion is one of the signs of burnout. (Cafasso, 2019)

Emotional exhaustion refers to an individual being worn-out of his emotional resources. This construct is regarded as the main stress component of burnout (Maslach et al., 2001).

6)Depersonalization: is a mental health disorder in which the sufferer feels a disconnection from his or her physical body. Often, they may feel like an observer of their own life. (Maslach et al., 2001). Depersonalization refers to negative detached responses to fellow employees. This construct is representative of burnout 's interpersonal component (Maslach et al., 2001).

6) Personal accomplishment: A dimension of burnout associated with feelings of competence, high self-efficacy, and sense of achievement; reduced personal accomplishment often indicates burnout. (petty et al.,2013)

3.4 Operational definition

Questionnaire survey was used as a tool for the research. The questionnaire was based on the educational literature and previous studies that assessed work place stress sources and their effect on burnout among midwives contain of three sections:

1-**Demographic data** (age, educational level, marital status, kind of job, years of experience, work area, working shifts, type of hospital).

2- **Sources of workplace stress** (Death & Dying, Conflict with Physicians, Inadequate Emotional Preparation, Problems with Peer support, Problems with Supervisors, Workload, Uncertainty concerning treatment, Patients & Families and Discrimination) Expanded nursing stress scale (ENSS) was used to measure nurses/ midwives' job-related stressors.

3-**Maslach Burnout inventory (MBI)** for midwives (Maslach and Jackson,1986 to assess levels of burnout.

Chapter (4)

Methodology

4.1 Introduction

This chapter covers the following topics: study design, research setting, study population, study sample and sampling process, inclusion and exclusion criteria, questionnaire design, pilot study, data collection process, validity and reliability ethical consideration.

In order to achieve the objectives of the study, A quantitative study was done by using the descriptive cross-sectional design toward describing the sources of stress among the midwives into the workplace, in addition to investigate the effects of those stress sources on the level of burnout among midwives.

4.2 Study design

Descriptive (cross sectional) design was used in this study, in order gather the data needed toward conducting the study at one point in time. It is appropriate for describing and assessing sources of work place stress and their association on burnout among midwives in obstetric departments in the five largest hospitals in south of west bank hospitals (governmental and

nongovernmental hospitals). the questionnaire was the main instrument toward data collection process.

The advantages of this type of study design are that it is straightforward, relatively inexpensive, and could be conducted quickly. Thus, this type of design facilitated the completion of this study. The disadvantage to this type of design is that it cannot determine causation between sources of stress and burnout only correlation.

4.3 Setting

This study was conducted in the largest five hospitals that provide obstetric and gynecological care in South West Bank district.

4.3.1 Al- Ahli Hospital

Patient friend's association was established in 1976 It is a non-governmental, non-profit, and non-politicized institution , whose strategic goal is to raise the level of health services in the Hebron Governorate in particular and in Palestine in general, after 12 years the association become hospital it is one of the biggest hospital in south of west bank that provide services in many medical fields such as cardiology, neonatal care , obstetric and gynecological, dental care etc.…

The hospital has obstetric and gynecological department , this department is the largest one in the south of the West Bank have (36) beds In Anti natal and postnatal unit and (6) maternity rooms for delivery , each of which is equipped for delivery and equipped to serve as a separate maternity unit in order to preserve the privacy of births. Also, this department is directly adjacent to two operating theaters dedicated to gynecology, obstetrics and cesarean operations. The average number of daily births (18-20) births and average in month (600 -700) delivery and the number of staff midwives who work in this department are 30 midwives.

4.3.2 Holy Family Hospital

Is a non – governmental, non- profit hospital was established in 1885 by The Community of the Daughters of Charity of St. Vincent de Paul as a general hospital, after 100 years The Daughters of Charity entrusts the renovation and the management of the hospital to the Sovereign Order of Malta they turned it to obstetric and gynecological hospital.

The Obstetrics and gynecology department has a total capacity of 47 beds including a 6-bed day care unit. The state-of-the-art labor ward is equipped with 7 delivery rooms, a 2-bed recovery/ICU and an emergency caesarean section operating room. The department has also 2 other elective surgery operating rooms.

Antenatal and post-natal clinics attended by specialists and resident doctors are held daily. More than 20 000 patients consult per year. The clinics are modern and well equipped with ultra sound scanning and full laboratory back up. Also, outpatient educational program has been introduced. These courses embrace education and training for childbirth, hygiene, nutrition and childcare.

The hospital also provides mobile clinic service for the mother who are living in rural area and unable to travel to the hospital and suffering from poverty.

The number of staff working in the hospital is 140 staff, 11 Consultant Doctors ,10 Resident Doctors in addition to 40 Midwives and 24 Nurses ,11 Paramedical Staff ,40 Administration staff and Support Staff. the staff work 43 hours per week and had rotating shifts system (A, B, C). The average number of deliveries per month (300-350) and 4426 delivery in 2019.

4.3.3 Beit Jala governmental Hospital (Al Hussein)

Is a government hospital in the Beit Jala city, West Bank, Palestine Followed by the Palestinian Ministry of Health. It was built in 1955 and has 131 beds , It employs 363 staff, including a doctor, nurse, pharmacist, physiotherapist, laboratory technician, radiologist and others it provides services in many medical field. the obstetric and gynecological department in Beit jala

hospital has capacity of 10 beds In Anti natal and postnatal unit and one maternity room equipped for delivery consist of 3 beds.

15 registered midwives working in a rotating shifts system (morning, evening, night and BC) only in morning shift has 3 midwives work in both labor and post-natal section and in other shifts only 2 midwives working. The average number of deliveries per month (250-300) delivery includes cesarean section.

4.3.4 Alia Hospital

Hebron Governmental Hospital (Alia Hospital) was built in 1957 on an area of 11 KM^2 at the time of King Hussein bin Talal. To provide medical services to the residents of the Hebron district at the time. It is one of the largest health institutions in the south of the West Bank, and the central governmental hospital for it.

Obstetric and gynecological department in Alia Hospital:

Total capacity in the department is 28 beds with 5 rooms equipped for delivery and one room for day care. 30 registered midwives working in this department in a rotating shifts system the average number of deliveries per month (400 – 500) delivery.

4.3.5 Red Crescent Hospital in Hebron

Red Crescent Specialized Hospital for Children and Childbirth was established in 1965. The hospital is located in the city center in Hebron. the hospital goal is to Provide specialized health services that are not available in hospitals in the homeland, so that it is an integrated treatment at the highest levels, and also reduces the need to transfer patients to Israeli hospitals or abroad to reduce the burden and costs on patients.

The hospital consists of (8) floors, with an area of 470 square meters per floor, and contains many departments and units needed to receive and treat women and children such as (NICU, PICU, Obstetrics and Gynecology Department, pediatric general surgery).

Obstetrics and Gynecology Department in Red Crescent Hospital includes (22) beds, three delivery rooms and one operating room and outpatient clinic. The number of midwives that working in this department is 30 midwives working in a rotating shifts system. (morning and BC), 3 midwives working in labor room and 5 midwives in anti-natal and post-natal section on the morning shifts, and 2 midwives working in labor room and 4 midwives in anti-natal and postnatal in BC shift and one midwife in outpatient clinic. The average number of deliveries per month (350-400) delivery.

4.4 Population of the study

The population of this study represented all the midwives working in the largest five hospitals located in the south West Bank.

4.5 Sampling method

The study used a convenience sampling technique when the number of midwives at each hospital is known therefore all the midwives were included in the study and those who were available at time of distributing the questionnaire were asked to participate. A convenience sample is a non-probability sample in which the researcher uses the subjects that are nearest and available to participate in the research study. This technique is also referred to as "accidental sampling," and is commonly used in pilot studies prior to launching a larger research project". (Ashley Crossman ,2019)

- In Holy family hospital there are 40 midwives.
- Beit Jala governmental hospital (Al Hussein) in Bethlehem there are 15 midwives.
- Alia hospital in Hebron there are 30 midwives.
- Al-Ahli Hospital in Hebron there are 30 midwives.
- Red Crescent Hospital in Hebron there are 30 midwives

The total population is 145 midwives.

4.6 Inclusion criteria

- Registered midwives
- Working in the selected hospitals in (labor room, antenatal and postnatal word).
- Were available at the time of data collection process
- Agree to participate in the study.
- The midwives had experience more than 2 years.

4.7 Exclusion criteria

- Newly graduate midwives of less than 2 years.
- Midwives who aren't registered.
- Volunteers midwives**.**

4.8 Study tools

Self-administered Questionnaire was used in this research. The questionnaire was used in the previous studies that assessed work-related stress and burnout among midwives.

The questionnaire consists of three parts:

1.Demographic characteristics included the age, marital status, years of experience, name of hospital where the participant work, working shifts, level of education, type of hospital, kind of job and working area.

2. The Expanded Nursing Stress Scale (ENSS) tool: was used to measure the job-related stressors among midwives. It was measured the sources and frequency of job stress perceived by midwives in the changing health care delivery and work environments. This version of the tool was developed and updated by French et al. 2000), who depended on the basis of the classic Nursing Stress Scale (NSS) developed by (Gray-Toft& Anderson ,1981)

The ENSS consists of a total of 55 items with nine subscales including: death and dying, conflict with physicians, inadequate emotional preparation, problems relating to peers, problems relating to supervisors, workload, uncertainty concerning treatments, patients and families and discrimination.

3. Maslach Burnout inventory (MBI) for midwives: this tool was used to measure the level of burn out among the midwives in the west bank / Palestine (Maslach and Jackson,1986) to assess levels of burnout. This tool consists of 22 items that load into the three-factor structure emotional exhaustion (EE; nine items), depersonalization (DP; five items), and personal accomplishment (PA; eight items).

4.9 Validity and reliability

Reliability

Table 1 showed the reliability coefficients of the Expanded Nursing Stress Scale (ENSS) and Maslach Burnout Inventory (MBI) domains. Overall, the Cronbach's Alpha was 0.977 for ENSS, 0.893 for emotional exhaustion domain, 0.943 for personal accomplishment domain and 0.855 for depersonalization domain.

Correlation coefficients

Variable	No. of item	Cronbach's Alpha
ENSS	55	.977
Emotional Exhaustion Domain	9	.893
Personal Accomplishment Domain	8	.943
Depersonalization Domain	5	.855

Previous internal reliability of the tools were assessed by using Cronbach's coefficient alpha.

The whole ENSS demonstrated the reliability (α = .97) (French et al., 2000). The ENSS is congruent with the current midwifery situation and has been found to have a good validity and high reliability. Moreover, it measures all aspects of job-related stress and it is in line with the current status in the health care system (French et al., 2000).

The ENSS consists of a total of 55 items with nine subscales including

1) death and dying

2) conflict with physicians

3) inadequate emotional preparation

4) problems relating to peers

5) problems relating to supervisors

6) workload

7) uncertainty concerning treatments

8) patients and families and

9) discrimination

Scoring system: The ENSS is ranked on a 4-point Likert scale. The researcher scored the response of the participants as 0 doesn't apply, 1-never, 2-occasionally, 3-frequently, and 4-always. Score transformation: the highest mean score was 4 and lowest mean score was 0.

Dividing the result of highest mean score minus the lowest mean score by 3 gives an interval of 1 (Polit & Hungler, 1999).

Transformation of Expanded Nursing Stress Scale

Maslach Burnout inventory (MBI) for midwives (Maslach and Jackson,1986 to assess levels of burnout. This tool consists of 22 items that load into the three-factor structure mentioned above: emotional exhaustion (EE; nine items), depersonalization (DP; five items), and personal accomplishment (PA; eight items). Participants were responded to these three subscales on a 7-

point Likert scale ranging from 0 never to 6 every day (Maslach, 2001). The emotional exhaustion subscale was used to measure participants‟ feelings of being overly extended by his or her work and their level of emotional exhaustion (Maslach et al., 1996).The depersonalization subscale was used to measure participants‟ feelings of detachment towards recipients in the care, treatment, or services extended toward the recipient (Maslach et al., 1996). Results of this inventory consist of three separate scores, one for each factor. Mean Score Level of job stress was (1.00 - 1.99 Low level, 2.00 - 2.99 Moderate level, 3.00 - 4.00 Highlevel).

Categorization: Emotional Exhaustion, Human Services & Educators Forms

	Frequency
High	27or over
Moderate	17-26
Low	0-16

Categorization: depersonalization human services form

	Frequency
High	13 or over
Moderate	7-12
Low	0-6

Categorization: personal accomplishment

	Frequency
High	39 or over
Moderate	32-38
Low	0-31

A combination of high scores on EE and DP, and a low score on PA, correspond to a high level of burnout. The MBI is the most widely used instrument internationally, as it has been translated into several languages. The MBI which has received verification for its psychometric properties and factor structure across a large sample of US midwives, so the scale has high validity and reliability (Galanakis, et al.,2009). The previous internal consistency of this questionnaire was reported as Cronbach's coefficient alpha of 0.80 (Maslach & Jackson, 1986).

4.10 Sample size

Sample size is the number of completed responses the survey receives. In this study 118 questionnaire was fulfilled by a convenient sample of the midwives working in the selected hospitals.

4.11 Pilot study

A pre-test or pilot study is “a small-scale trial of the data-collection instrument to determine clarity of questions and whether the instrument elicits the desired information” (Polit & Beck 2004).

To ensure reliability and validity, and determine clarity of the items and consistency of responses, a pilot study was conducted with 10 of participants, who were not included in the study. The participants revealed that the questions were satisfactory and no difficulty in completing the questionnaire was reported. Therefore, no changes were done to the questionnaire.

4.12 Data collection

The researcher started the data collection after getting the approval from the Research Ethical committee in Al-Quds university and a letter asking permission for data collection was written by the study supervisor to the MOH and administration of private hospitals.

- The researcher meets the nursing officer in charge and head of midwifery of the included hospitals and explained the research purposes, methods and data collection procedures in order to obtain permission for data collection from the participants in the hospitals.

- the researcher arranged with a person in each hospital and explained the aim of the study and the questionnaire in order to be a reference to the participant if they need any explanation.

- participants were recruited by using convenience sampling.

- The researcher and the reference informed the participants about the objectives and benefits of the study. When they agree to participate in the study, a verbal consent form was obtained from each participant.

-The paper questionnaire was-delivered to subjects by the researcher or by the reference. Participants were allowed to complete questionnaires freely in a private area. If a Participant did not understand any questions, the researcher or the reference would explain it to him/her to be able to answer the and fill the questionnaire by themselves.

- The questionnaire took 20 minutes in average to be completed.

- All data were checked for completeness after participants finished filling out the questionnaires.

- Data Collection process took a period of 2 months.

4.13 Statistical analysis

Data Analysis

The collected data was analyzed by the Statistical Package for Social Sciences (SPSS) Version (26). Data entry was performed by the researcher and double-checked for outliers or errors. Data was tested for normality using the Kolmogorov-Smirnov and Shapiro-Wilk tests. Table 2 presents the Kolmogorov-Smirnov and Shapiro-Wilk tests which shown the data is not normally distributed ($p = < 0.05$).

Data analysis of descriptive and inferential statistics was conducted. Regarding descriptive statistics, frequency, percentages, mean score and Standard Deviation (SD) were used to described the study variables. Regarding inferential statistics, because of the dependent variables were not normally distributed, the non-parametric tests included the Mann-Whitney-U test, Kruskal–Wallis H test and spearman's correlation were used to assess the differences and association between variables.

4.14 Tests of Normality

Table 2

Tests of Normality

Variable	Kolmogorov-Smirnov test			Shapiro-Wilk test		
	Statistic	Df	Sig.	Statistic	df	Sig.
Total Mean Score of ENSS **(55 items)**	.096	118	.010	.975	118	.027
Total Mean Score of Emotional Exhaustion **(9 items)**	.113	118	.001	.946	118	.000
Total Mean Score of Personal Accomplishment **(8 items)**	.103	118	.003	.935	118	.000
Total Mean Score of Depersonalization **(5 items)**	.150	118	.000	.921	118	.000

4.15 Ethical consideration

This proposal submitted to Al Quds University-School of nursing research committee for discussion and approval and to Al Quds University graduate studies committee approval.

Written informed consent obtained according to principles of the ethics committee, a written formal letter from nursing department at Al-Quds university have been sent to the managers of

the target hospitals requesting for their permission to conduct this study .and inform them about the type and purpose of the research and what is the propose of it. I took their permission before beginning of collecting Data.

Participants have been received an explanation about the purpose of the study was written in the cover page. Also, the cover page mentioned that all the given information treated in confidential, and used for the purpose of scientific research only, the participants have the right to terminate their participation, also have the right to ask questions. All information was treated in the strictest confidence, it means that participants' name not identified. The privacy, autonomy and confidentiality of the participants' identities was strictly protected.

Chapter (5)

Results

Table 1 show the demographic characteristics of the midwives. The response rate was 81.3%. Out of 118 midwives, 82 (69.5%) were married, 31 (26.3%) were single and 5 (4.2%) were a widow. More than half of the midwives aged < 30 years old, while 30 (25.4%) of midwives aged between 31 to 40 years old. More than two-thirds of midwives held Bachelor's Degree, 14 (11.9%) held Master Degree and the rest were diplomas. More than half of midwives have <5 years of experience in the gynecological department.

Table 1.

Socio-demographic characteristic of the midwives (n=118)

Demographic characteristics		**n**	**%**
Age Group	< 30 years	72	61.0
	31-40 years	30	25.4
	41-50 years	13	11.0
	>50 years	3	2.6
Marital Status	Single	31	26.3
	Married	82	69.5
	Widow	5	4.2
	Divorce	0	0
1. Education Level	Diploma	11	9.3
	Post Graduate Diploma	9	7.6
	Bachelor Degree in midwifery	84	71.2
	Master Degree	14	11.9
	Other Degree	0	0
	< 5 years	55	46.6

Years of Experience in Gynecological Department	≥ 5 years	63	53.4
Type of Hospital	Governmental	35	29.7
	Non-Governmental	83	70.3
Kind of Job	Part time	6	5.1
	Full time	112	94.9
Working Area*	Antenatal Ward	39	33.1
	Labor Ward	101	85.6
	Postnatal Ward	55	46.6
Working Shifts	Straight Morning	10	8.5
	Rotating (morning, afternoon & night)	108	91.5
	Other	0	0

**Possible more than one answer*

Table 2 presents the level of stress among midwives. Overall, 48 (40.7%) of midwives shown moderate stress, while 30 (25.4%) shown a high level of stress in obstetric hospitals in the south of the west bank. Regarding ENSS domains, 60 (50.8%) of midwives shown the highest level of stress toward patient's death and dying domains. Furthermore, 53 (44.9%) of midwives shown the maximum moderate level of stress toward workload domain. However, 64 (54.3%) of midwives shown the lowest level of stress toward problems with colleague's domains.

Table 2.

Level of stress among midwives (n=118)

ENSS Domains	Level of Stress	n	%
Patients death and dying	Low	18	15.3
	Moderate	40	33.9
	High	60	50.8
Conflict with physicians	Low	43	36.4
	Moderate	43	36.4

	High	32	27.2
Inadequate emotional preparation	Low	37	31.4
	Moderate	48	40.6
	High	33	28.0
Problems with colleagues	Low	64	54.3
	Moderate	30	25.4
	High	24	20.3
Problems with supervisors	Low	42	35.5
	Moderate	39	33.1
	High	37	31.4
Workload	Low	29	24.6
	Moderate	53	44.9
	High	36	30.5
Uncertainty concerning Treatment	Low	39	33.1
	Moderate	38	32.2
	High	41	34.7
Patients and their families	Low	43	36.4
	Moderate	46	39.0
	High	29	24.6
Discrimination	Low	40	33.9
	Moderate	38	32.2
	High	40	33.9
Overall Expanded Nursing Stress Scale (55 items)	**Low**	**40**	**33.9**
	Moderate	**48**	**40.7**
	High	**30**	**25.4**

Table 3 illustrates the mean score for each ENSS item and its domains. Regarding ENSS domains, the highest mean score of ENSS domains was in patient's death and dying with a mean score of 2.78, SD= 0.840, workload domain with a mean score of 2.53, SD= 0.879, uncertainty concerning treatment with a mean score of 2.49, SD= 0.952. However, the lowest mean score domains were a problem with colleagues with a mean score of 2.02, SD= 0.929.

Regarding the patient's death and dying items, the highest stressful item was watching a woman suffering with a mean score of 3.15, SD= 1.122. Regarding the workload domain, the highest stressful item was the shortage of staff in a gynecological ward with a mean score of 2.81, SD= 1.117.

Table 3.

Mean scores for each ENSS items and its domains (n= 118)

Items	Mean	SD
Patients Death and Dying:	2.36	1.051
1. Exposing the women to a Painful Procedure	2.68	1.028
2. Working with a woman with Helpless conditions / with no improvement	2.75	1.117
3. Watching a woman suffering	3.15	1.122
4. Death of a woman who is close relative	2.76	1.272
5. Talking to a dying woman about death	2.97	1.244
6. Physician not present when the woman die	2.36	1.051
Overall Mean Score (6 items)	**2.78**	**.840**
Conflict with physicians		
1. Being exposed to Criticism by a physician	2.20	1.075
2. Experience a Conflict with a physician	2.43	.910
3. Disagreement about treatment	2.41	.954
4. Making a decision without a physician	2.27	1.107
5. Asked to organize doctor's work	2.14	1.116
Overall Mean Score (5 items)	**2.28**	**.825**
Inadequate emotional preparation		
1. Feeling unprepared to help family with emotional need	2.24	1.076
2. Having no answer for the patient	2.28	1.116
3. Unprepared to help patient with emotional needs	2.20	1.090
Overall Mean Score (3 items)	**2.24**	**1.006**
Problems with colleagues		
1. Absence of chance to chat with other faculty	2.14	1.149

2.	Absence of chance to share experience with other	2.05	1.146
3.	Lack of opportunity to express negative feelings about patients	2.21	1.154
4.	Trouble with another medical attendant in prompt work setting	2.07	1.044
5.	Trouble with other medical attendant outside quick work setting	1.94	1.172
6.	Difficulty working with obstetricians of opposite sex	1.75	1.134
Overall Mean Score (6 items)		**2.02**	**.929**
Problems with supervisors			
1.	Experience a Conflict with a supervisor	2.36	1.130
2.	Shortage of support from direct supervisor	2.36	1.305
3.	Being exposed to Criticism by a supervisor	2.42	1.097
4.	Shortage of support from nursing administrator	2.47	1.137
5.	Being Accountable for things beyond control in work	2.36	1.130
6.	Shortage of support from other healthcare administrators	2.51	1.060
7.	Being exposed to Criticism by nursing administrators	2.51	1.138
Overall Mean Score (7 items)		**2.42**	**.969**
Workload			
1.	Unpredictable schedule for staff	2.54	1.224
2.	Inadequate time to give support to the woman	2.46	1.083
3.	Insufficient time to finish midwifery tasks	2.46	1.107
4.	Midwives doing many non-midwifery tasks	2.68	1.161
5.	Shortage of staff in unit	2.81	1.117
6.	Not enough time to respond to needs of woman's families	2.39	1.125
7.	Hard to deal with the classification of work in the system	2.13	1.202
8.	Having to work in breaks	2.60	1.141
9.	Imposed to making a decision under pressure	2.71	1.030
Overall Mean Score (9 items)		**2.53**	**.879**
Uncertainty concerning Treatment			
1.	Physician ordering inappropriate treatment for a woman	2.53	1.252
2.	Physician not present in a medical emergency	2.64	1.188
3.	Feeling inadequately trained	2.35	1.112
4.	Not knowing what woman's or their families should be told about the condition	2.19	1.214
5.	Being exposed to hazards	2.71	1.141
6.	Being in charge with inadequate experience	2.36	1.223
7.	Uncertainty about operation and functioning of equipment	2.45	1.051
8.	Fear of making a mistake	2.72	1.053
Overall Mean Score (8 items)		**2.49**	**.952**
Patients and their families			

1.	Unreasonable demands by a patients	2.17	.972
2.	Unreasonable demands by patients' families	2.29	1.047
3.	Being blamed from patients for things that go wrong	2.11	1.028
4.	Having to handle patients' families	2.14	1.109
5.	Working with violent patients	2.63	1.123
6.	Working with abusive patients	2.49	1.107
7.	Dealing with abuse from patient's families	2.58	1.073
8.	Uncertainty about being reported by patient's families	2.16	1.147
Overall Mean Score (8 items)		**2.31**	**.803**
Discrimination			
1.	Being sexually harassed	2.25	1.403
2.	Exposed to Discrimination related to race	2.15	1.344
3.	Exposed to Discrimination related to sex	2.20	1.369
Overall Mean Score (3 items)		**2.20**	**1.329**

Table 4 shows the Kruskal Wallis test that was used to assess the difference between socio-demographic characteristics in terms of total stress score. The Kruskal Wallis test has shown no significant differences were found between age-group (P= 0.714), marital status (p= 0.305), educational level (p= 0.213) and working shifts (p= 0.260) in term of stress.

Table 4.

Differences between socio-demographic characteristics in terms of total stress score (n= 118)

Demographic characteristics		**n**	**Mean Rank**	**H Value (df)**	**P-value**
Age Group	< 30 years	72	58.73		
	31-40 years	30	64.85	1.363	.714
	41-50 years	13	53.19	(3)	
	>50 years	3	51.83		
Marital Status	Single	31	52.68		
	Married	82	62.69	2.374	.305
	Widow	5	49.50	(2)	
	Divorce	-	-		
2. Education Level	Diploma	11	68.23		
	Post Graduate Diploma	9	40.83		
	Bachelor Degree in midwifery	84	61.68	4.490 (3)	.213
	Master Degree	14	51.57		
	Other Degree	-	-		
Working Shifts	Straight Morning	10	47.85		
	Rotating (morning, afternoon & night)	108	60.58	1.268 (1)	.260
	Other	-	-		

Kruskal Wallis Test

Table 5 shows the Mann-Whitney U test that was used to assess the difference between the dichotomous variable in terms of the total stress score. A significant difference was found between the types of the hospital (p= <0.001). However, no significant differences were found between years of experience (p= 0.113) and kind of job (p= 0.289).

Regarding the types of hospital, a Mann-Whitney U test indicated that the midwives who were worked at the non-governmental hospital (M=68.06) were more stressed than those who worked at the governmental hospital (M=39.20), U=742, p= <0.001.

Table 5.

Differences between dichotomous characteristics in terms of total stress score (n= 118)

Demographic characteristics		**n**	**Mean Rank**	**Sum of Ranks**	**U value (Z)**	**P-value**
Years of Experience in Gynecological Department	< 5 years	55	64.56	3551	1454 (-1.503)	.133
	≥ 5 years	63	55.08	3470		
Type of Hospital	Governmental	35	39.20	1372	742 (-4.187)	.001*
	Non-Governmental	83	68.06	5649		
Kind of Job	Part time	6	45.08	270.50	249.50 (-1.060)	.289
	Full time	112	60.27	6750.50		

Mann-Whitney U test
Significant at the p<0.05.

Table 6 shows the overall total mean score for each burnout domain. Midwives shown moderate level in all burnout domains.

Table 6

Total mean score for each burnout domain (n=118)

Burnout domain	n	Mean	SD	Burnout rating
Emotional exhaustion	118	22.10	12.7181	Moderate
Personal accomplishment	118	33.09	11.7283	Moderate
Depersonalization	118	9.05	7.4085	Moderate

Table 7 shows the mean scores for each domain and its items. The highest mean scores were in personal accomplishment domains with a mean score of 4.13, SD= 1.466. Regarding emotional exhaustion items, midwives were feel used up at the end of the workday with a mean score of 3, SD= 2.055. In addition, midwives were worried that their job is hardening their emotions with a mean score of 2.16, SD= 2.013.

Table 7.

Mean score for each MBI items (n=118)

MBI Domains	Mean	SD
Emotional exhaustion		
1. I feel emotionally drained from my work	2.51	1.925
2. I feel used up at the end of the workday	3.00	2.055
3. I feel fatigued when I get up in the morning and have to face another day on the job	2.92	1.922
4. Working with people all day is really a strain for me	2.25	1.841
5. I feel burned out from my work	2.31	1.938

6.	I feel frustrated by my job	2.24	1.907
7.	I feel I'm working too hard on my job	2.59	1.997
8.	Working with people directly puts too much stress on me	2.25	1.881
9.	I feel like I'm at the end of my rope	2.03	1.837
Overall Mean Score (9 items)		**2.45**	**1.413**
Personal accomplishment			
1.	I can easily understand how my recipients feel about things	3.95	1.965
2.	I deal very effectively with the problems of my recipients	4.08	1.747
3.	I feel I'm positively influencing other people's lives through my work	4.31	1.733
4.	I feel very energetic	4.19	1.704
5.	I can easily create a relaxed atmosphere with my recipients	4.24	1.637
6.	I feel exhilarated after working closely with my recipients	4.07	1.703
7.	I have accomplished many worthwhile things in this job	4.07	1.723
8.	In my work ,I deal with emotional problems very calmly	4.19	1.648
Overall Mean Score (8 items)		**4.13**	**1.466**
Depersonalization			
1.	I feel I treat some recipients as if they were impersonal 'objects'	1.70	1.818
2.	I've become more callous toward people since I took this job	1.94	1.905
3.	I worry that this job is hardening me emotionally	2.16	2.013
4.	I don't really care what happens to some recipients	1.50	1.820
5.	I feel recipients blame me for some of their problems	1.75	1.745
Overall Mean Score (5 items)		**1.81**	**1.481**

Table 8 shows the correlation coefficient between variables. There is a significant positive small correlation between ENSS and emotional exhaustion (r= 0.265, p= 0.004). Results suggested that midwives who have more stress lead to increase emotional exhaustion. In addition to that, a significant positive large correlation was found between ENSS and personal accomplishment (r= 0.602, p= < 0.001). Results suggested that midwives who have more personal accomplishment lead to increase the stress.

Table 8.

Correlation coefficient between variables (n=118)

Age		Age	Years of Experience	Educational Level	ENSS	Emotional exhaustion (MBI domain)	Personal accomplishment (MBI domain)	Depersonalization (MBI domain)
Age	R	1.00	.714*	-.221*	.003	-.165	-.001	-.040
	P-value	.	.000	.016	.972	.074	.989	.667
Years of Experience	R	.714*	1.00	-.224*	-.150	-.245*	-.068	-.062
	P-value	.000	.	.015	.105	.007	.464	.504
Educational Level	R	-.221*	-.224*	1.00	-.028	-.018	.044	.003
	P-value	.016	.015	.	.764	.847	.638	.977
ENSS	R	.003	-.150	-.028	1.00	.265*	.602*	-.150
	P-value	.972	.105	.764	.	**.004**	**.000**	.104
Emotional exhaustion (MBI domain)	R	-.165	-.245*	-.018	.265*	1.00	.195*	.194*
	P-value	.074	**.007**	.847	.004	.	.034	.035
Personal accomplishment (MBI domain)	R	-.001	-.068	.044	.602*	.195*	1.00	.001
	P-value	.989	.464	.638	.000	.034	.	.992
Depersonalization (MBI domain)	R	-.040	-.062	.003	-.150	.194*	.001	1.00
	P-value	.667	.504	.977	.104	.035	.992	.

Spearman correlation
**. Correlation is significant at the 0.05 level*

Chapter (6)

Discussion

6.1 Introduction

In this chapter the main findings of the study will be summarized, discussed and compared with the findings of previous studies. Then, the conclusion and limitations of the study as well as Recommendations will be discussed. The focus of this research project is to determine sources of workplace stress and their relationship with burnout among midwives in the obstetric hospitals in south of west bank.

6.2Specific research outcomes

6.2.1Socio- demoghraphic charactaristics and total stress score:

The researcher findings revealed that the demoghraphic variables age group , marital status, educational level ,working shifts, years o experiance and kind of job did not indicate any significant differances in the total stress score among midwives who work in south of west bank . These results are similar to the study of AH Shivaprasad RN (2013) which reported no significant association between level of stress and demoghraphic characteristics of the midwives including (age, level of education and years of experience). In another study None of the demographic characteristics as age, marital status, socio- economic status ,work experience, and

working shifts had a significant relationship with level of stress related to the work . Masoumeh, Soheila, Mohamad Taghi, Morteza Modares, and Javad Salehi (2014)

Results of this study showed a significant differances between total stress scores related to types of hospital whereas midwives who works at the non-governmental hospital (M=68.06) were more stressed than those who work at the governmental hospital (M=39.20),p= <0.001.

These results were found to be consistnat with other studies in palestine that showed the level of stress to be high among midwives and nurses in non-govermental hospital than those who worked at the governmental hospital. This might be related to the type of patients who are treated in private hospitals as the pay higher expenditure so they expect better care for them. These patient expectations might increase the stress among midwives, specially when the midwives perform actions , and showed attitudes and behaviors that does not meet the patients needs or that annpy the family needs when they concider these actions as a mistake(Dasgupta, 2012) More over, Tankha (2006) identified the major reasons for having high stress among nurses midwives in private hospital that was related to the nurses needs for job security. Working in an environment with job insecurity, will influence competition and work pressure among the midwives which makes them more stressful in carrying out their jobs. It was reported that nurses working in Private hospital need to be more attentive and alert and they work in fearful situation as they may loose job more easily if they do not follow the rules exactly as stated by the hospital , so this might make the difference when compared to government nurses.

6.2.2 Prevalence of stress among midwives:

The study results have shown that the percentage of study participants who had a high level of stress was 25.4% percent, while those midwives who had a moderate level of stress were accounting about 40.7% of the participants this means more than half midwives in south of west bank – Palestine have a moderate to high level of stress and this because the midwives faces many stressors factors such as workload, shortage of staff, conflict with co-workers and physician that influence of midwives and lead to increase level of stress among them.

This result consistent with many studies such as a study that conducted by Birch (2001) that reported 47% of midwives has a moderate level of stress , and another study conducted by Gheshlagh et al. (2017) that reported the prevalence job stress among Iranian nurses and midwives was 69% and this indicated that a high prevalence of job stress among them.

A study of 152 nurses and midwives in Saudi Arabia concluded 34.2% of nurses and midwives suffering from moderate to severe workplace stress This result is not consistent with present study findings This could be because the organizational structure and management system of hospitals in different countries (Al Hosis, Mersal, & Keshk, 2013).

6.2.3 Sources of workplace stress:

Regarding each domain in the ENSS that used in this study, the findings revealed that 50.8% of the midwives have the highest level of stress related to the patient's death and dying, with a mean score of 2.78, SD= 0.840. The highest stressful item in this domain was watching a woman suffering through the dying process with a mean score of 3.15, SD= 1.122. Regarding the workload domain, 44.9% of midwives reported a highest to moderate level of stress with a

mean score of 2.53, SD= 0.879. The highest stressful item in the workload domain was the shortage of staff in a gynecological ward with a mean score of 2.81, SD= 1.117.

These findings are consistent with previous study of Banovcinova and Baskova (2014), AH Shivaprasad RN (2013) , and Bánovčinová (2017), Which reported that death and dying and workload are the most stressful sources that midwives perceived in their workplace. According to Bánovčinová (2017) midwives reported that death and dying of a patient, especially death of a baby or child, is the most stressful experience in the work environment. It was concluded by Bánovčinová (2017) that these issues should be addressed adequately. Furthermore, experiences and emotions of the midwives in relation to death and dying might lead to anxiety, fear of death, among midwives and they may also experience negative emotions, fatigue, and difficulty in concentrating, and these may affect their performance and well-being.

Beh and Loo (2012) reveal that shortage of nursing cause nursing stress because of the perception of having to cope with a heavier workload. Workload that results from role uncertainty when the nurses perform multitasking both nursing and non-nursing this make the role expectation unclear and undefined and raise questions whether those expectations are being met (Long, Kowang, Ping, & Muthuveloo, 2014).

The Palestinian Ministry of health recent report indicate that the number of the midwives in the west bank was only 859 Midwives, while the number of deliveries was 78,696 (MOH,2019). These statistical studies can show the shortage in the Palestinian midwives and the high level of workload that midwives face in their profession which affect their productivity and quality of the provided mother child care. So, this inequity between workload and number of midwives

can create a high level of stress and burnout among the Palestinian midwives working in different obstetric words in the west bank.

Problem with colleagues was stated in present study by midwives as the least stressing factor with a mean score of 2.o2, SD=0.929. these results were in a accordance with the study of Banovcinova and Baskova (2014), which reported that having conflict with coworkers is the least stressful source of work environment that effect midwives. In the contrary , van Dam, Meewis, and van der Heijden (2013)found that problems with colleagues, as well as lack of social support from colleagues and administrators and lack of communication are significantly stressors in the working environment. Social support was considered as a key aspect of a nurse's life and ability to continue in a job. Absence of social support might significantly influence job turnover. However, nurses who have social support at the hospital environment are more likely to stay in their job. Because Nurses tend to seek emotional support from nursing colleagues before taking problems to their home.

6.2.4 Level of burnout among midwives:

Concerning to the burnout domains, study findings have shown that all the domains were at a moderate level. The mean of the domain emotional exhaustion was 22.10 SD 12.7181, depersonalization was 9.05 SD 7.4085 and Personal accomplishment was with a mean score of 33.09 SD 11.7283. this result consistent with many studies results such as a study that has been done among Dutch midwives. the results showed moderate level of burnout among all burnout domains, emotional exhaustion with a mean score and SD 19.9±8.2, depersonalization 6.4±3.7, personal accomplishment 33.4±4.1 (Bakker et al., 1996)

physical, psychological and social aspects of the working environment which often result in burnout among midwives and change their attitudes to work and thus can consequently influence their patients care. Increased the focus on developing certain methods to control sources of stress in the working environment and to support the work of midwives as well to preserve their performance and health (Banovcinova & Baskova, 2014).

Also Organizational support will improve work-life balance and emotional well-being, as well as more continuing education to raise awareness about burnout and how to cope with it, emerged as common strategies to prevent and address burnout. (Sidhu, Su, Shapiro, & Stoll, 2020)

6.2.5 Relationships between work stressors and burnout domains among midwives work in south of west bank hospitals:

In the present study there is a positive correlation between ENSS and emotional exhaustion (r= 0.265, p= 0.004). Results suggested that midwives who have more stress and have more stressors in workplace lead to increase emotional exhaustion. Similar findings reported by many studies that pointed out this relation. For example, Banovcinova and Baskova (2014) showed a positive relationship between workplace stressors including (conflict with physicians , other midwives , supervisor, work overload and emotional exhaustion) and this suggested that midwives who faced any conflict with others or overload in work lead to increase emotional exhaustion.

Other studies reported that overload of the nurses and midwives , and increasing their work demands, shortage of staff; and lack of work autonomy and feedback; as well as decreased possibility of advancement, seem to be the main factors affecting emotional exhaustion of workers (Janssen, DeJonge, Bakker, 1999; Bierman, 1983) which also suggest that midwives can't coping efficiently with the stressors acting in work environment (Mollart et al., 2013).

Cooper (1998) supports reported that difficulties of coping with stress in combination with emotional instability can lead to violence, which is largely affecting health care providers as they reported the risk of violence from patients, or their families. Concerning to the study participants accomplishment in their work, the midwives reported high rate of personal accomplishment which reflects their feeling of competence and successfulness at work. The study findings revealed that midwives who have higher accomplishment rate are more stress and they can face work stressors more than those with low accomplishment rate. Furthermore, Midwives in this study have shown a significant positive association between ENSS domains and personal accomplishment ($r= 0.602$, $p= < 0.001$). These results were consistent with previous studies that reported a positive relationship between personal accomplishment, problems with co-workers and care for mothers and their families. It can be assumed that an efficient coping with conflicts with other midwives, or with patients and their families contribute to a positive evaluation of own competence and professionalism(Banovcinova & Baskova, 2014)

The dimensions of personal accomplishment have a separate role than emotional exhaustion and depersonalization, and therefore represents a perceived professional efficacy. Personal accomplishment might reflect the health care providers perceptions of their work and not their reactions to stressful situations. so, it might not be considered as an effective dimension in the burnout measures but an individual resource that develops largely independently of emotional exhaustion and Depersonalization (Alacorn, Eschleman, & Bowling, 2009; Swider & Zimmerman, 2010) However, few studies have considered the personal accomplishment as essential component and coping with burnout and improving the conceptual framework on work stress and behavioral/health outcomes (Shaufeli, 2004).

Chapter (7)

Conclusion and Recommendation

7.1 Conclusion

This study aims to determine sources of workplace stress and their relationship with burnout among midwives in the obstetric hospitals in south of west bank. The study participants were selected from obstetric departments of the five largest hospitals in south of west bank. The sample was convenient and accounts for 145 midwives. Data collection was done through a Self- administered questionnaire consisted of two reliable and validated tools that were developed and used by the researchers in the previous studies. The Expanded Nursing Stress Scale (ENSS) used to measure the job-related stressors among midwives and Maslach Burnout inventory (MBI) used to measure the level of burn out among the midwives.

Results showed a moderate level of stress and burnout among the participated midwives that was attributed to the work environment. However, midwives who worked in non- governmental hospital showed more stressed than midwives in the governmental hospital. Midwives were exposed to many sources of work places stress that affect their productivity and the care they provided for the mothers and their infants. According to ENSS scale the highest sources of stress that the midwives showed in this study are patient's death and dying domain, and the workload and shortage of staff domain. On the other hands, findings indicated a positive small correlation

between ENSS and emotional exhaustion and a positive large correlation between ENSS and personal accomplishment.

7.2 Recommendations

1. To set strategies that studied causes of stress among midwives in order to decrease burnout rate and improve work environment.
2. Introducing or reinforcing programs related to the provision of psychological support and follow up the stressful situations that may exposed midwives to burnout.
3. It is extremely important to improve the quality of care provided in the antenatal intrapartum, and post-natal care as large portion of midwives stress was related to the work environment and workload among midwives.
4. Exerting more efforts and designing programs aimed to do counselling for the midwives to relieve their stress and prevent burnout among the midwives in view of the shortage of midwives in the Palestinian hospitals.
5. Plan for future research studies using a qualitative method to explore other sources of stress that might not be presented in the quantitative studies.

7.3 Implications for clinical practice

1. Understanding the sources of stress and burn out might help in developing and promoting midwifery profession in Palestine.

2. Results of this study might be useful for the Colleagues and other specialized parties, which can support the change and development of the policies and rules into the workplace of the graduate midwives.

3. Such studies are lacking in Palestine so the results of this research are expected to facilitate the future plans for the Palestinian midwives and might be use as a baseline data for any future studies in the area.

7.4 Strengths, limitations of the Study

The researcher in this study used many articles for the literature review chapter from different studies about sources of workplace stress and burnout among midwives that done in several countries. The use of the two validated and highly reliable tools gives the strength to the study and the number of the participants was enough to reach the results that might be generalized in the Palestinian hospitals. Limitations of the study include the time and cost as well as the corona virus epidemic that hindered the possibility of enlarging the study or to use other districts in Palestine rather than south district.

References

Adom, D., Hussein, E. K., & Agyem, J. A. (2018). Theoretical and conceptual framework: Mandatory ingredients of a quality research. *International journal of scientific research*, *7*(1), 438-441.

Alacorn, G., Eschleman, K., & Bowling, N. (2009). Relationships between personality variables and burnout: A meta-analysis. Work & Stress, 23(3), 244-263.

Al Hosis, K. F., Mersal, F. A., & Keshk, L. I. (2013). Effects of job stress on health of Saudi nurses working in Ministry of Health hospitals in Qassim region in KSA. *Life Sci J*, *10*(1), 1036-1044.

Alparslan, O., & Doganer, G. (2009). Relationship between levels of burnout of midwives who work in Sivas, Turkey province center and identified socio-demographic characteristics. International Journal of Nursing and Midwifery, 1(2), 019-028

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Bakker, R. H., Groenewegen, P. P., Jabaaij, L., Meijer, W., Sixma, H., & de Veer, A. (1996). 'Burnout'among Dutch midwives. *Midwifery*, *12*(4), 174-181.

Bank, H. S. D. (1998). Canadian centre for occupational health and safety.

Bánovčinová, Ľ. (2017). Work-related stress and coping among midwives in Slovakia. Central European Journal of Nursing and Midwifery, 8(3), 667-674.

Banovcinova, L., & Baskova, M. (2014). Sources of work-related stress and their effect on burnout in midwifery. Procedia-Social and Behavioral Sciences, 132, 248-254.

Beh, L.-S., & Loo, L.-H. (2012). Job stress and coping mechanisms among nursing staff in public health services. International Journal of Academic Research in Business and Social Sciences, 2(7), 131.

Bierman S.M. (1983). A possible psychoneuroimmunological basis for recurrent genital herpes simplex. Western Journal of Medicine, 139, 547-552.

Birch, L. (2001). Stress in midwifery practice: an empirical study. *British Journal of Midwifery*, *9*(12), 730-734

Chatzigianni, D., Tsounis, A., Markopoulos, N., & Sarafis, P. (2018). Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. Iranian journal of nursing and midwifery research, 23(6), 450.

Creedy, D., Sidebotham, M., Gamble, J., Pallant, J., & Fenwick, J. (2017). Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey. BMC pregnancy and childbirth, 17(1),1-8.

Cooper CL. Introduction In: C.L. Cooper, Editor, Theories of Organizational Stress, Oxford University Press, Oxford, 1-5.

Crossman, A. (2019). An overview of qualitative research methods: Direct observation, interviews, participation, immersion, focus groups.

Dasgupta, P. (2012). Effect of role ambiguity, conflict and overload in private hospitals' nurses' burnout and mediation through self Efficacy. Journal of Health Management, 14(4), 513-534.

French, S. E., Lenton, R., Walters, V., & Eyles, J. (2000). An empirical evaluation of an expanded nursing stress scale. Journal of nursing measurement, 8(2), 161-178.

Galanakis, Michael & Moraitou, Martha & Garivaldis, Filia & Stalikas, Anastassios. (2009). Factorial Structure and Psychometric Properties of

Garrosa, E., Rainho, C., Moreno-Jimenez, B., & Monteiro, M. J. (2010). The relationship between job stressors, hardy personality, coping resources and burnout in a sample of nurses: A correlational study at two time points. International journal of nursing studies, 47(2), 205-215.

Geraghty, S., Speelman, C., & Bayes, S. (2019). Fighting a losing battle: Midwives experiences of workplace stress. Women and birth, 32(3), e297-e306.

Gheshlagh, R. G., Parizad, N., Dalvand, S., Zarei, M., Farajzadeh, M., Karami, M., & Sayehmiri, K. (2017). The prevalence of job stress among nurses in Iran: A meta-analysis study. *Nursing and Midwifery Studies*, *6*(4), 143.

Gray-Toft P, Anderson J.G. (1981). The nursing stress scale: development of an instrument. Journal of Behavioral Assessment, 3, 11-23.

Grech, L. M., & Hili, C. (2019). Midwives' perceptions of work related stress in midwifery in Malta.

Happel, B., Pinikahana, J., Martin, T. (2003). Stress and burnout in forensic psychiatric nursing. Stress and Health, 19, 63–68

Henriksen, L., & Lukasse, M. (2016). Burnout among Norwegian midwives and the contribution of personal and work-related factors: A cross-sectional study. Sexual & Reproductive Healthcare, 9, 42-47.

Hildingsson, I., Westlund, K., & Wiklund, I. (2013). Burnout in Swedish midwives. Sexual & Reproductive Healthcare, 4(3), 87-91.

Hunter, B., Fenwick, J., Sidebotham, M., & Henley, J. (2019). Midwives in the United Kingdom: Levels of burnout, depression, anxiety and stress and associated predictors. Midwifery, 79, 102526.

janssen P.M, deJonge J, Bakker A.B. (1999). Specific determinants of intrinsic work motivation: a study among nurses. Journal of Advanced Nursing, 29, 1360-1369.

Jordan, K., Fenwick, J., Slavin, V., Sidebotham, M., & Gamble, J. (2013). Level of burnout in a small population of Australian midwives. Women and birth, 26(2), 125-132.

Khamisa, N., Peltzer, K., & Oldenburg, B. (2013). Burnout in relation to specific contributing factors and health outcomes among nurses: a systematic review. International journal of environmental research and public health, 10(6), 2214-2240.

Kordi, M., Mohamadirizi, S., Shakeri, M. T., Modares Gharavi, M., & Salehi Fadardi, J. (2014). The relationship between occupational stress and work ability among midwives in Mashhad, Iran. Journal of Midwifery and Reproductive Health, 2(3), 188-194.

Knezevic, B., Milosevic, M., Golubic, R., Belosevic, L., Russo, A., & Mustajbegovic, J. (2011). Work-related stress and work ability among Croatian university hospital midwives. Midwifery, 27(2), 146-153.

Lipienné, K. I., Dió, M., & Mészáros, J. (2014). Burn-out research among midwives. New Medicine, 28, 146-150.

Long, C. S., Kowang, T. O., Ping, T. A., & Muthuveloo, R. (2014). Investigation on the impact of job stressors on nurses in Malaysia. Asian Social Science, 10(4), 67.

Lynch, J., Ramjan, L. M., Glew, P. J., & Salamonson, Y. (2021). How to embed a conceptual or theoretical framework into a dissertation study design. Nurse researcher, 29(2).

Maslach Bournout Inventory (MBI) in Greek Midwives. Europe's Journal of Psychology. 4. 52-70. 10.5964/ejop.v5i4.240.

Maslach, C., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (1986). Maslach burnout inventory (Vol. 21, pp. 3463-3464). Palo Alto, CA: Consulting psychologists press.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual review of psychology, 52(1), 397-422.

Masoumeh, K., Soheila, M., Mohamad Taghi, S., Morteza Modares, G., & Javad Salehi, F. (2014). < The> Relationship between occupational stress and work ability among midwives in Mashhad, Iran.

Mohammad, K., Al-Reda, A., Aldalaykeh, M., Hayajneh, W., Alafi, K., Creedy, D., & Gamble, J. (2020). Personal, professional and workplace factors associated with burnout in Jordanian midwives: a national study. Midwifery, 89, 102786.

Mollart, L., Skinner, V. M., Newing, C., & Foureur, M. (2013). Factors that may influence midwives work-related stress and burnout. Women and birth, 26(1), 26-32.

Moos, R.H. & Schaefer, J.A. Evaluating health care work setting: A holistic conceptual framework. Psychology &Health, 2000; 1, 97-122.

Moustaka H, Constandinidis T. (2010). Sources and effects of Work-related stress in nursing. Health Science Journal, 4(4), 210-216.

Polit, D. F., & Beck, C. T. (2004). Nursing research: Principles and methods. Lippincott Williams & Wilkins.

Rouleau, D., Fournier, P., Philibert, A., Mbengue, B., & Dumont, A. (2012). The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal. Human resources for health, 10(1), 1-14.

Samuel, R., Zaini, N., Hassan, W., Talib, A., & Ramly, F. (2021). Nurses' perspective of work-related stressors. Paper presented at the IOP Conference Series: Earth and Environmental Science.

Sandall, J., Homer, C., Sadler, E., Rudisill, C., Bourgeault, I. L., Bewley, S., ... & Curry, N. (2011). *Staffing in Maternity Units. Getting the right people in the right place at the right time*. The King's Fund.

Shaufeli, W. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. J Organizational Behav, 25, 293-315.

Shivaprasad RN. Work related stress of nurses. J Psychiatry Nurs 2013; 1:53.

Sidhu, R., Su, B., Shapiro, K. R., & Stoll, K. (2020). Prevalence of and factors associated with burnout in midwifery: a scoping review. *European Journal of Midwifery*, *4*.

Suleiman-Martos, N., Albendín-García, L., Gómez-Urquiza, J. L., Vargas-Román, K., Ramirez-Baena, L., Ortega-Campos, E., ... & Emilia, I. (2020). Prevalence and predictors of burnout in midwives: a systematic review and meta-analysis. *International journal of environmental research and public health*, *17*(2), 641.

Swider, B. W., & Zimmerman, R. D. (2010). Born to burnout: A meta-analytic path model of personality, job burnout, and work outcomes. Journal of Vocational behavior, 76(3), 487-506.

Tankha, G. (2006). A comparative study of role stress in government and private hospital nurses. Journal of Health Management, 8(1), 11-22.

Vahedian-Azimi, A., Hajiesmaeili, M., Kangasniemi, M., Fornés-Vives, J., Hunsucker, R. L., Rahimibashar, F., ... & Miller, A. C. (2019). Effects of stress on critical care nurses: a national cross-sectional study. Journal of intensive care medicine, 34(4), 311-322.

van Dam, K., Meewis, M., & van der Heijden, B. I. (2013). Securing intensive care: towards a better understanding of intensive care nurses' perceived work pressure and turnover intention. Journal of advanced nursing, 69(1), 31-40.

Zarei, E., Ahmadi, F., Sial, M. S., Hwang, J., Thu, P. A., & Usman, S. M. (2019). Prevalence of Burnout among Primary Health Care Staff and Its Predictors: A Study in Iran. International journal of environmental research and public health, 16(12), 2249

https://www.google.com/search?sxsrf=ALeKk002evF0qXhdeZrDJkc3qeQioeT5aQ%3A1593200063174&ei=v032XrWXCstkgX8s4HgBg&q=red+crescent+hospital+in+hebron+&oq=red+crescent+hospital+in+hebron+&gs

https://holyfamilyhospital-bethlehem.org/

https://www.google.com/search?rlz=1C1NHXL_enPS849PS849&sxsrf=ALeKk00EACG9Y8w9s-d3dDfvFc8tezwQHQ%3A1593180095118&ei=v__1XuLgBp-BhbIP4qeYmAI&q=Al+ahli+hospital+hebron&oq=Al+ahli+hospital+hebron.

https://en.wikipedia.org/wiki/Princess_Alia_Governmental_Hospital,_Hebron

http://site.moh.ps/index/Books/BookType/2/Language/ar

APPENDEX

Cover Letter

This questionnaire will be used to study the "**sources of work-related stress and burnout among midwives"**

Dear Participant:

This study is being carried out as a part of the requirements for the master degree of Nursing management at Al-Quds University, college of health professions –Palestine. You are invited to fulfill this questionnaire because you have met the selection criteria for participation.

The aim of this study is to determine sources of workplace stress and their relationship with burnout among midwives in the obstetric hospitals in south of west bank. I appreciate your participation in this research by answering all the indicated questions which will take less than 15 minutes. Confidentiality of the data and Anonymity will be provided and maintained.

Even though I welcome your participation, participation is optional and you can withdraw the study at any time without penalty, and your participation will not have any impact on your employment status in the organization that works in it.

Researcher: Christina khair

Supervisor: Dr Maha Nahal

A. Part One: Demographic data

A.1. Age: □ < 30 □ 31 – 40

□ 41 -50 □ > 51

A.2. Marital status:

□ Single □ Married □ Widow □ Divorce

A.3. Educational level:

□ Diploma
□ post graduate diploma
□ Bachelor degree in midwifery
□ Master
□ Another degree ----------

A.4. Years of experience in gynecological departments: _____ years

A.5. Type of hospital that you worked in:
□ Governmental
□ Non-Governmental

A.6. Kind of Job:
□ Part Time □ Full Time

A.7. work area:
□ Anti natal word
□ labor word
□ postnatal word

A.8.Working Shifts:
□ Straight Morning □ Rotating (morning, afternoon, night) □ other --------

B. Part two: Tools of the study

Tool One: Sources of stress as suggested by the Expanded Nursing Stress Scale (ENSS) for job related stressors. Please put X in the table.

Sources of stress related to patients Death and Dying:					
Scale	Doesn't apply (0)	Never stressful (1)	occasionally stressful (2)	frequently stressful (3)	Extremely stressful (4)
Exposing the women to a Painful Procedure					
Working with a woman with Helpless conditions / with no improvement					
Watching a woman suffering					
Death of a woman who is close relative					
Talking to a dying woman about death					
Physician not present when the woman die					
Sources of stress related to Conflict with physicians					
Being exposed to Criticism by a physician					
Experience a Conflict with a physician					
Disagreement about treatment					
Making a decision without a physician					
Organizing doctor's work					
Inadequate emotional preparation					
Feeling unprepared to help family with emotional need					
Having no answer for the patient					
Unprepared to help patient with emotional needs					
Sources of stress related to Problems With peers					

Absence of chance to chat with other faculty					
Absence of chance to share experience with other					
Lack of opportunity to express negative feelings about patients					
Trouble with another medical attendant in prompt work setting					
Trouble with other medical attendant outside quick work setting					
Difficulty working with nurses with opposite sex					
Sources of stress related to problems with supervisors					
Experience a Conflict with a supervisor					
Shortage of support from direct supervisor					
Being exposed to Criticism by a supervisor					
Shortage of support from nursing administrator					
Being Accountable for things beyond control in work					
Shortage of support from other healthcare administrators					
Being exposed to Criticism by nursing administrators					
Sources of stress related to Workload					
Unpredictable schedule for staff					
Inadequate time to give support to the woman					
Insufficient time to finish midwifery tasks					
Midwives doing many non-midwifery tasks					
Shortage of staff in unit					
Not enough time to respond to needs of woman's families					
Hard to deal with the classification of the system					
Having to work in breaks					
Making a decision under pressure					
Sources of stress related to Uncertainty concerning Treatment					

Physician ordering inappropriate treatment for a woman					
Physician not present in a medical emergency					
Feeling inadequately trained					
Not knowing what woman's or their families should be told					
Being exposed to hazards					
Being in charge with inadequate experience					
Uncertainty about operation and functioning of equipment					
Fear of making a mistake					
Sources of stress related to Patients and their families					
unreasonable demands by a patients					
Unreasonable demands by patients' families					
Being blamed from patients for things that go wrong					
Having to handle patients' families					
Working with violent patients					
Working with abusive patients					
Dealing with abuse from patient's families					
Uncertainty about being reported by patient's families					
Sources of stress related to Discrimination					
Being sexually harassed					
Exposed to Discrimination related to rase					
Exposed to Discrimination related to sex					

Tool Two: Maslach Burnout Inventory (MBI) for midwives will be used to assess level of burnout

Scale	Never (0)	A few times a year (1)	Monthly (2)	A few times a month (3)	Every week (4)	A few times a week (5)	Every day (6)
Emotional exhaustion							
I feel emotionally drained from my work							
I feel used up at the end of the workday							
I feel fatigued when I get up in the morning and have to face another day on the job							
Working with people all day is really a strain for me							
I feel burned out from my work							
I feel frustrated by my job							
I feel I'm working too hard on my job							
Working with people directly puts too much stress on me							
I feel like I'm at the end of my rope							
Personal accomplishment							
I can easily understand how my recipients feel about things							
I deal very effectively with the problems of my recipients							
I feel I'm positively influencing other people's lives through my work							
I feel very energetic							
I can easily create a relaxed atmosphere with my recipients							
I feel exhilarated after working closely with my recipients							
I have accomplished many worthwhile things in this job							
In my work ,I deal with emotional problems very calmly							
Depersonalization							
I feel I treat some recipients as if they were impersonal 'objects'							

I've become more callous toward people since I took this job							
I worry that this job is hardening me emotionally							
I don't really care what happens to some recipients							
I feel recipients blame me for some of their problems							