

# The study of the intention to leave work and its relationship with job burnout among midwives: the long-lasting impacts of COVID-19

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## Research Article

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# Abstract

## Background:

It is important to evaluate the long-term effects of the Covid 19 epidemic on the tendency of midwives to leave their jobs. The study was aimed to examine the intention to leave work and its relationship with job burnout among midwives working at Ayatollah Mousavi hospital of Zanjan one year after the Covid-19 disease. In a descriptive-analytical study, the tendency of 88 midwives to leave their jobs was evaluated one year after the outbreak of Covid disease in 2021. The midwives were selected by convenience sampling methods. Data were collected using the Maslach burnout questionnaire and Attwood and Hinshaw tendency to leave the job. Data analyzed by descriptive statistics, Chi-square test, Pearson correlation coefficient, multiple linear regression model with the stepwise method at 95% confidence level.

## Results:

The mean tendency to leave the job was  $29.71 \pm 6.75$ . Most of the midwives have a moderate level of the tendency to leave the job (47.7%). There was a significant positive correlation between all three components of burnout and the tendency to leave the job. The odds of leaving the job were 0.344 times higher in people with high emotional fatigue and 0.276 times in people with rotational shift work.

## Conclusion:

It can be concluded that the tendency to leave the job was moderate. Given the relationship between emotional fatigue and the tendency to leave the job, planning to increase the mental strength and resilience of midwives during the epidemic of COVID-19 seems necessary.

## Key Messages

Overall, 47.7% of participants had a moderate level of the tendency to leave their job. High emotional fatigue and rotational shift work were predicting factors for the tendency to leave the job.

## Background

Most businesses encounter the problem of employees quitting their jobs, especially professional personnel; which incurs significant costs for them [1]. It should be noted that employees do not leave an organization all at once; rather, they gradually develop a tendency to leave their jobs. While leaving a job is never realistic or practicable, it may present itself as behaviors like procrastination, absenteeism, or deliberately sabotage [2]. The tendency to leave a job refers to a person's perception of abandoning his profession, even though the individual is currently employed [3]. After the Covid-19 outbreak, the medical staff was on the frontline of the fight against the virus outbreak [4, 5]. They work long hours under pressure with inadequate resources and facilities. They are burdened with additional risks associated with close interaction with the Covid-19 patients [6]. At the start of the outbreak, 12.5% of South Korean government employees were intended to leave work, and 8.5% did, while more than 54% considered their positions at high risk of being infected by Covid-19[7]. Burnout, absenteeism, and decreased productivity are consequences of over work-related stress [8]. Burnout is a syndrome characterized by emotional fatigue (a feeling of depleted mental capacity), depersonalization (devoid of emotions and excessively indifference to the service recipients), and feelings of personal accomplishment (a sense of diminished competence and professional success); which is more common among human service providers [9]. The causes of burnouts are complicated and comprise two distinct factors: environmental influences and individual factors. An example of a person-related element is personality qualities, motivation to choose a career, and self-expectations [10]. Burnout is one of the most effective elements in reducing efficiency and manpower loss, which is significant in two ways. To begin with, it harms people's mental health, causing physical symptoms and psychological problems such as headaches, digestive problems, risk of heart disease, marital issues, and even suicide. In addition, it decreases the quality of treatment provided to patients and leads to dissatisfaction with medical services [11-13]. Consequently, burnout is associated with the tendency to quit one's job [14]. Research conducted in Turkey during the Covid-19 period revealed that midwives had a 1.92 times higher risk of depression than nurses. There was also a 1.11 times higher likelihood of feeling depressed among midwives who experienced more emotional exhaustion [15]. Nonetheless, midwives serve as guardians of maternal and infant health at all levels of the health care system, including hospitals and community health centers [11, 16]. During the Covid-19 outbreak in Iran, midwives serve as an auxiliary workforce without adequate training to deal with the crisis in Covid-19 wards, where Covid patients are hospitalized [17]. Assessing midwives' health is critically important in determining whether this epidemic will have a long-term impact on their desire to leave the profession. Therefore, this study was conducted to examine the tendency to leave work and its relationship with job burnout among midwives work at the Ayatollah Mousavi, a teaching hospital in Zanjan one year after the Covid-19 disease.

## Material & Method

A descriptive-analytical study was conducted to study the tendency to leave a job and its relationship with burnout among midwives working at Ayatollah Mousavi Teaching Hospital in Zanjan one year after the Covid-19 disease outbreak in 2021. Ayatollah Mousavi Hospital in Zanjan is a quaternary health service. During the Covid pandemic, patients are also triaged. The current study's statistical population is comprised of midwives who worked at the indicated hospital and were selected using the convenience sampling method. Inclusion criteria were a willingness to engage in the study, a midwifery degree, and a minimum of six months' work experience. A total of 100 midwives who worked at the hospital participated in the study, and after considering the inclusion criteria, 88 individuals qualified for the study. The data collection methods included collecting personal information, the Maslach burnout scale, and the Hinshaw and Atwood expected turnover scales. Several demographic characteristics were evaluated, including age, marital status, job experience, type of ward, type of employment, and shift type.

## **Maslach burnout questionnaire/inventory**

This questionnaire is the most commonly used tool for measuring job burnout. It has 22 items that are assessed in 7 degrees on a Likert scale ranging from never (zero) to very high [6]. Some elements are scored reverse, assessing the severity and frequency of burnout. The questionnaire subscales include emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). In the three lower classes of the burnout subscale, a score of 17 would correspond to a low score in emotional exhaustion, a low score in depersonalization, and a high score in personal accomplishment. In the dimensions of emotional exhaustion, depersonalization, and personal accomplishment, the average level is 29-28, 6-11, and 34-49, respectively. A high level, by comparison, is characterized by a score of more than 30 on emotional exhaustion, more than 12 on depersonalization, and less than 33 on personal accomplishment. In 1992[18], Filian and Rafiei [19] demonstrated the Persian version of the burnout questionnaire had good validity and reliability, in Garrosa's study reliability was approved with a Cronbach's alpha reliability coefficient more than 0.78[20].

## **Anticipated turnover questionnaire by Hinshaw & Atwood**

This questionnaire comprised 12 terms that are scored on a 5-point Likert scale ranging from strongly agree to strongly disagree. Thus, the range of scores for each phrase ranges from 0 to 5. Also, the job turnover forecasting tool has an overall score between 12 and 60. Higher scores indicate a stronger desire to leave the job. Scores of 39 or higher (strongly), 29-39 (averagely), and 29 or less (weakly) predict the likelihood of leaving the job. Hariri (2012) validated the validity of the job leaving prediction scale with a Cronbach's alpha coefficient of 0.80 for the entire tool [21].

## **Data analysis method**

SPSS software version 16 was used for data analysis. The data were described using descriptive statistics indicators. The Kolmogorov-Smirnov test was used to determine the data's normality. The data were normally distributed. Pearson chi-square tests with a 95% level of confidence were used to examine the associations among variables. The Durbin-Watson was used in this study to test for error independence, and the calculated value was 2.04. To assess alignment, VIF and collinearity tolerances were used. Collinearity and VIF were determined to be 0.97 and 1.02, respectively. Considering the aforementioned information, a Step-wise multiple linear regression model with a 95% confidence level was used to identify the predictors for job leave rates.

## **Results**

Our result indicates that the highest percentage of participants were between 26 and 35 years old (70.7%), married (61.4%), employed in a delivery room (45.5%), with less than five years' experience (48.9%), and rotational shift (86.4%) (Table 1).

### **Description of burnout and intention to leave the job**

According to the result, the average intention to leave job was  $29.7 \pm 6.75$ , emotional exhaustion was  $16.81 \pm 5.49$ , depersonalization was  $5.02 \pm 5.64$ , and personal accomplishment was  $7.55 \pm 12.86$ . The frequency distribution of the tendency to leave the job was 45.5% (n = 40) at the low tendency level, 47.7% (n = 42) at the moderate tendency level, and 6.8 percentage (n = 6) at the high tendency level. Regarding the depersonalization subscale, 56.8% (50 people) showed moderate burnout, 20.5 % (18 people) showed moderate burnout, and 22.7 % (20 people) showed higher burnout. Even though 100% (n = 88) of respondents reported high levels of personal accomplishment.

### **The relationship between demographic characteristics, burnout, and the intention to leave the job**

The present study found that midwives' employment status had a statistically significant relationship with burnout ( $p = 0.035$ ) and the type of hospital ward ( $p = 0.020$ ), and shift work ( $p = 0.011$ ) with the possibility of leaving the job. Thus, depersonalization was more prevalent among employed people who worked as part of a manpower plan, as well as among midwives who worked on rotational shifts in the delivery ward, emergency department, and Covid inpatient ward.

There was, however, no statistically significant relationship ( $p > 0.05$ ) between intention to leave job and burnout or other demographic characteristics (Table 1).

There was no correlation between emotional exhaustion and rotational shift work and job abandonment after adjusting the gender, age, marital status, work experience, type of employment, and hospital ward. The odds of intention to leave their jobs were 0.344 times higher in emotionally exhausted individuals, while those who worked rotational shifts had a 0.276 times higher probability of quitting (Table 2).

A substantial positive correlation was observed between burnout subscales and intention to leave work (Table 3).

## **Discussion**

### **Intention to leave the job**

The purpose of the study was to examine the intention to leave work and its association with burnout among midwives who work at Zanjan Teaching Hospital; one year after the Covid-19 outbreak. According to the results of this study, approximately half of the participants showed a moderate tendency to quit their jobs (47% moderate, 6.8% strong). In this context, Randa et al. found that in the first months following the Covid-19 epidemic in Egypt, 24.8% of nurses working in Covid wards were willing to change the type of ward, and 45.2 % were willing to change the type of organization for employment. In non-Covid wards was a rate of 10%, whereas Covid wards had a rate of 34.3 percentage. Also, 51% of nurses in Covid-19 units were dissatisfied, compared to 42.9% in non-Covid units. There was a significant correlation between the tendency to quit a job and the number of working hours per week[22]. According to a study conducted in South Korea, 8.2 percentage of hospital employees were willing to leave their jobs during the early stages of the Covid-19 pandemic, with

nurses being the most willing to leave. The tendency to quit was influenced substantially by the type of ward, perceived disease stress, and reported risk of death due to covid[7]. In a study by Xiaoxin Liu et al., there was a moderate tendency for nurses to abandon their careers at the onset of the Covid-19 outbreak in Wuhan, China. Resilience and perceived job benefits were directly correlated with the tendency to leave a job[23]. Although there were differences in the study population, the tendency to leave the job was higher than reported in the Randa study. Nonetheless, several predictive variables indicate a similar likelihood of leaving the job. The present study thus indicates that midwives who worked rotating shifts on delivery wards, emergency departments, Covid-patient care departments had a higher propensity to leave their jobs. Observations suggest that the continuation of the Covid-19 epidemic poses a serious threat to the increasing tendency to leave work in most countries, including Iran, and health policymakers should therefore pay attention to it.

## **Burnout**

In the study, most participants felt moderate emotional exhaustion, depersonalization, and a low sense of failure up to the point of exhaustion. Employees who worked under a manpower plan were more likely to be depersonalized due to the association between burnout rate and employment status. Based on a meta-analysis of 14 articles, the burnout rate for midwives was moderate (40%), which is consistent with the findings of the current study[24]. Another study of 27 articles from 17 countries showed that midwives in Australia, Canada, and Senegal suffered the highest burnout rates, while those in Finland and Norway suffered the least. Burnout has been connected to factors such as a heavy workload, significant environmental stress, insufficient job experience, and a lack of organizational support[25]. The findings of Sohrabi et al. (2018) revealed that 28% of midwives working in hospitals and comprehensive health facilities in Sanandaj were struggling with emotional exhaustion, 33% were suffering from depersonalization, and 25.5% suffered from severe burnout failure. Job satisfaction, depersonalization, and failure at work were significantly associated with employment status[13]. In contrast to a previous study, findings from the current study revealed a dramatic increase in midwives' sensation of personal accomplishment since before the Covid-19 outbreak. The difference could be attributed to the prevalence of the Covid -19; and the stress and differences in the research environment. Feeling successful at work leads to increased self-confidence and mastery of tasks. On the contrary, a sense of personal accomplishment leads to depersonalization. Depersonalization leads to treating patients as if they are inanimate objects, with no regard or feeling. Experts believe that moderate to severe emotional exhaustion is caused by such personal stressors as role conflict, role ambiguity, overwork, interpersonal conflicts, lack of independence, support, and reward, all of which contribute to mental exhaustion[26].

Rahmani et al. discovered that during the Covid-19, the components of emotional weariness, depersonalization, and hospital staff personal accomplishment in Zahedan were 23.2%, 7.4%, and 57.5%, respectively. Covid-19 anxiety and burnout were also found to have a strong link. Young and single people with little work experience were more prone to burnout than their colleagues[27]. In terms of feelings of personal accomplishment, the present study's findings differed from those of the previous study, revealing that during the Covid-19 epidemic, 19 midwives working in the hospital felt more unsuccessful than nurses working in other wards. The mismatch between employment status and salary earned with hard labor in the maternity wards, particularly the double stress caused by Covid-19 infection, appears to cause a sense of personal accomplishment in midwifery staff. As a result, it appears that planning to improve the job satisfaction of medical professionals, particularly midwives, during the Covid -19 outbreak is important. There was a significant positive correlation between the burnout subscales and the propensity to quit in the present study.

Rotational shift work and emotional exhaustion also emerged as important factors in leaving a job. Thus, the likelihood of leaving the job was 0.344 times higher in emotionally exhausted people and 0.276 times higher in those who worked rotating shifts. In 2014, Nikbakht Nasrabadi reported a similar result. According to their study, dismissals in emergency departments occurred at a moderate rate, and there was a significant relationship between dismissal and burnout[28]. Selda et al. (2020) in Turkey found a significant relationship between midwives' resilience and burnout during the Covid-19 epidemic[15]. Another study by Haji et al. in 2020 showed that during the period of the Covid-19 epidemic, there was a positive relationship between job stress and the tendency of Mahabadi nurses to leave the service and a significant negative relationship with resilience[29]. Burnout is the opposite of resilience. Through resilience, people can overcome, transform, and even enjoy negative experiences. The study by Ghaderi et al. in 2018 showed that the tendency of Sanandaji nurses to leave their jobs was unrelated to burnout [30]. Observed differences could be due to differences in the statistical population or the prevalence of Covid-19. Amid the Covid 19 epidemic, midwives played a crucial role in fighting the virus and protecting mothers and children. Midwives quitting during this period can impose additional burdens on organizations and increase burnout, resulting in lower quality maternal and child health care. Midwives quitting during this period can place additional burdens on organizations and increase burnout, resulting in lower quality maternal and child health care. Thus, improving the occupational health of midwives is recommended.

The study did not measure the perceived stress or other organizational support of midwives' jobs. Therefore, it is suggested that the generalizability of the results be considered in light of this limitation.

## **Conclusion**

According to the study, we can conclude that there is a moderate tendency to quit a job and a high level of burnout associated with personal accomplishment. Because of the connection between the tendency to leave the job and the emotional exhaustion, it is necessary to build mental strength and resilience in midwives during the Covid-19 epidemic, especially in those who work in delivery rooms and work rotating shifts.

## **Abbreviations**

Covid-19  
Coronavirus disease 2019

## **Declarations**

## Acknowledgments

The reported results are based on a study that has been approved by the Student Research Committee of Zanjan University of Medical Sciences with the code A-11-344-22. Researchers hereby wish to express their sincere gratitude to the midwives who participated in the study.

## Authors' contributions

This study was one part of the student project of S.A. The conception, design of the study, and data collection process were undertaken by S.A and A.M was the supervisor who also contributed to the design of the study and reporting of the results. Analysis, interpretation, and reporting were supervised by A.M. All authors contributed to the drafting and revising of the article and are in agreement with final version of the manuscript to be submitted to the journal.

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## Availability of data and materials:

Data is available upon request.

## Ethical considerations

The present study has been registered with the ethics code (IR.ZUMS.REC.1399.376) in the ethics committee of Zanjan University of Medical Sciences. Additionally, following the Covid -19 health protocols, the participants attended the workplace personally and completed the questionnaire as a self-report. All participants signed a written informed consent form.

## Competing interests

No potential conflict of interest relevant to this article was reported.

## Consent for publication

None

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## Tables

Table 1 Frequency distribution of demographic characteristics, burnout and tendency to leave the job (number = 88)

Variables		Participants(%)	Emotional exhaustion (%)			P value	Depersonalization (%)			P value	Personal/accomplishment (%)	Intention to leave (%)
			LOW	MOD	HIGH		LOW	MOD	HIGH			
Marital status	Single	(38.6)	(33.3)	(58.8)	(40)	NS	(36)	(38.9)	(45)	NS	(38.6)	(40)
	Married	(61.4)	(66.7)	(41.7)	(60)		(64)	(61.1)	(55)		(61.4)	(60)
Work experience	1-5	(50.0)	(46.2)	(68.8)	(40)	NS	(42.9)	(66.7)	(52.6)	NS	(50)	(40)
	6-10	(14.0)	(18.5)	0	0		(14.3)	(16.7)	(10.5)		(14)	(40)
	11-20	(25.6)	(24.6)	(25)	(40)		(28.6)	(16.7)	(26.3)		(25.6)	(40)
	≥21	(10.5)	(10.8)	(6.3)	(20)		(14.3)	0	(10.5)		(10.4)	(40)
Age (year)	23-25	(20.5)	(19.7)	(17.6)	(40)	NS	(14)	(44.4)	(15)	NS	(20.5)	(40)
	26-35	(47.7)	(47)	(58.8)	(20)		(22)	(44.4)	(60)		(47.7)	(40)
	36-45	(22.7)	(24.2)	(17.6)	(20)		(30)	(11.1)	(15)		(22.7)	(40)
	≥46	(9.1)	(9.1)	(5.9)	(20)		(12)	0	(10)		(9.1)	(40)
Hospital ward	Emergency	(18.2)	(19.7)	(11.8)	(20)	NS	(18)	(16.7)	(20)	NS	(18.2)	(40)
	Elective	(11.4)	(10.6)	(17.6)	0		(12)	(5.6)	(15)		(11.4)	(40)
	Delivery	(45.5)	(45.5)	(35.3)	(80)		(50)	(44.4)	(35)		(45.4)	(40)
	Postpartum	(19.3)	(21.2)	(17.6)	0		(16)	(33.3)	(15)		(19.3)	(40)
	Covid-19	(5.6)	(3)	(17.6)	0		(4)	0	(15)		(5.7)	(40)
Type of employment	Formal	(28.5)	(30.4)	(17.6)	(40)	NS	(36)	(5.6)	(30)	<b>0.035</b>	(28.4)	(40)
	Contractual	(12.5)	(16.7)	0	0		(16)	(16.7)	0		(12.5)	(40)
	Special contract	(17)	(13.6)	(19.4)	(20)		(14)	(11.1)	(30)		(17)	(40)
	Commitment	(42)	(39.4)	(52.9)	(40)		(34)	(66.7)	(40)		(42)	(40)
Type of shift working	Fixed	(13.6)	(16.7)	(5.9)	0	NS	(20)	(5.9)	(5)	NS	(13.6)	(40)
	Rotational	(86.4)	(83.3)	(94.1)	(100)		(80)	(94.4)	(95)		(86.4)	(40)

Table 2: A linear regression model of the tendency to leave a job based on the stepwise method

Model	Unstandardized Coefficients		Standardized Coefficients	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	R Square	Beta		Lower Bound	Upper Bound	Tolerance	VIF
Emotional exhaustion	4.028	0.224	0.344	0.001	1.751	6.305	0.976	1.024
Type of shift working	2.668		0.276	0.006	0.788	4.547	0.976	1.024

Table 3: Correlation of tendency to leave the job with the subscale of burnout (n= 88)

	Intention to leave job	Emotional exhaustion	Depersonalization	Personal/accomplishment
Intention to leave job	1			
Emotional exhaustion	r=0.570 p=0.001	1		
Depersonalization	r=0.337 p=0.001	r=0.630 p=0.001	1	
Personal/accomplishment	r=0.319 p=0.002	r=0.434 p=0.001	r=0.468 p=0.001	1