

CHAPTER 1

INTRODUCTION

1.1. Background

Midwives are also an integral part of healthcare workers and play a crucial role in the healthcare system, particularly in maternal and child health. Midwives not only assist in the birthing process but also provide prenatal and postnatal care, reproductive health counseling, and education for pregnant women and their families. However, the midwifery profession often comes with significant challenges that can lead to burnout. Burnout develops in response to persistent job-related emotional and interpersonal stressors. It manifests as a combination of three main symptoms: exhaustion, cynicism, and inefficacy. Exhaustion refers to the feeling of being overextended and depleted of emotional and physical resources. Cynicism, or depersonalization, involves a negative, callous, or excessively detached response to various aspects of the job. Inefficacy refers to feelings of incompetence and a lack of achievement and productivity at work. These symptoms together create a significant strain on midwives, leading to an increased likelihood of them leaving their profession, taking more frequent sick leave, and experiencing an overall reduced quality of life. The high demands of the job, long working hours, and the expectation to be constantly available for emergencies make midwives susceptible to stress and emotional exhaustion. Burnout among healthcare workers, ranging from 6% to 71.4%, impacts mental health, increases errors, and leads to high turnover, exacerbating staffing issues and stressing the healthcare system (Li et al., 2018; Sanfilippo et al., 2017; Verougstraete & Hachimi-Idrissi, 2019; Zhang et al., 2020). Research indicates that 70% of ICU nurses in Iran and 84.4% in Argentina suffer from high or moderate burnout due to demanding work conditions. Addressing this issue is essential for their well-being, patient care quality, and healthcare system efficiency, necessitating better working conditions and psychological support (Chuang et al., 2016; Torre et al., 2019).

The profession of midwifery is recognized as one of the most stress-laden occupations within the healthcare sector. Study by Afulani et al revealed that 96% of healthcare workers in maternity units across hospitals and health centers in Kenya experienced moderate to high stress levels, with 80% experiencing some degree of

burnout and 20% suffering from clinical levels of burnout. While 85% of healthcare providers reported experiencing moderate stress, while 11.5% reported high stress levels. Additionally, 65% of providers experienced low levels of burnout, whereas 19.6% experienced high burnout levels. Greater sense of satisfaction with life accomplishments was significantly associated with reduced stress ($\beta=-2.83$; CI=-5.47; -0.18). Conversely, a higher motivation to work excessively (overcommitment) was associated with increased stress ($\beta=-0.61$; CI: 0.19, 1.03) and burnout ($\beta=2.05$; CI=0.91, 3.19). Another investigation conducted during the COVID-19 pandemic indicated that approximately two-thirds of healthcare workers in Ghana were facing moderate to high levels of stress and burnout (Afulani et al., 2020, 2021; Fadhila et al., 2020).

Midwives are subjected to a multitude of job-related activities and stressors intrinsic to their profession. Stress, a ubiquitous phenomenon in the workplace, pervades all sectors of economic and social life. Job-related stress arises from a variety of sources including, but not limited to, workload, the pressure to achieve objectives, interpersonal relationships within the workplace, the work environment, and notably, insufficient remuneration. Various forms of stress exist, each potentially contributing to the onset of burnout, a condition particularly prevalent among midwifery practitioners. Mitigation of workplace stress is imperative, as unchecked stress leads to burnout, manifesting in diminished service quality, impaired health of healthcare workers, and escalated healthcare costs due to related health issues. The deployment of social support mechanisms and the cultivation of self-care competencies are recognized for their efficacy in ameliorating the impacts of stress. Social support has importance for mitigating the negative effects of stress on healthcare professionals. Perceived stress was found to be negatively associated with social support ($r = -.350$, $p < .01$) and positively associated with job burnout ($r = -.382$, $p < .01$). Additionally, social support showed a negative correlation with job burnout ($r = -.569$, $p < .01$). The overall impact of perceived stress on job burnout was 0.474 (95% CI: 0.367 ~ 0.596, $p < .01$), with a direct effect of 0.242 (95% CI: 0.142 ~ 0.355, $p < .01$) and an indirect effect of 0.232 (95% CI: 0.160 ~ 0.316, $p < .01$). Therefore, implementing social support programs for midwives is crucial to manage the impact of perceived stress on job burnout. The first rank of civil servant midwives is the Skilled Midwife, which is further categorized into three subtypes. The implementing Skilled Midwife includes the junior implementing midwife, falling under rank II/A with a monthly base salary of Rp1,926,000; the first-level junior implementing midwife, under rank II/B with a monthly base salary of Rp2,103,000; the implementing midwife, under rank II/C with a monthly base salary of Rp2,192,300; and

the first-level implementing midwife, under rank II/D with a monthly base salary of Rp2,285,000. The Proficient Midwife includes the young supervisor, under rank III/A with a monthly base salary of Rp2,456,700, and the first-level young supervisor, under rank III/B with a monthly base salary of Rp2,560,600. The Supervising Midwife includes the supervisor, under rank III/C with a monthly base salary of Rp2,668,900, and the first-level supervisor, under rank III/D with a monthly base salary of Rp2,781,800. The next category is the Expert Midwife, which is divided into three parts. The First Expert Midwife includes the young supervisor, under rank III/A with a monthly base salary of Rp2,456,700, and the first-level young supervisor, under rank III/B with a monthly base salary of Rp2,560,600. The Young Expert Midwife includes the supervisor, under rank III/C with a monthly base salary of Rp2,668,900, and the first-level supervisor, under rank III/D with a monthly base salary of Rp2,781,800. The Intermediate Expert Midwife includes the senior supervisor, under rank IV/A with a monthly base salary of Rp2,899,500; the first-level senior supervisor, under rank IV/B with a monthly base salary of Rp3,022,100; and the principal supervisor, under rank IV/C with a monthly base salary of Rp3,149,900. (DeFreese & Mihalik, 2016; Liu et al., 2023; Mengistie, 2023).

This investigation aims to augment the understanding of stress dynamics and management strategies. Grasping the nature of stress and its management is advantageous not solely for healthcare professionals like midwives but for the broader workforce. Stress management is a pivotal concern within the realms of human resource management and the practice of industrial psychology, among other fields. The fiscal implications of healthcare delivery are a matter of international concern, with stress management playing a crucial role in sustaining high-quality healthcare services. Insufficient compensation stands as a notable stressor for numerous workers, including those in the field of midwifery, potentially intensifying the inherent stress associated with their professional duties. Despite the pivotal role of their work, midwives may not always receive remuneration commensurate with the complexity and significance of their responsibilities. Such disparities can induce financial stress, further compounding the extensive physical, emotional, and psychological pressures inherent to their roles (Sheehy et al., 2021; Vaičienė et al., 2022).

Midwives play a critical role in maternal and child health by providing essential services such as birth assistance, prenatal and postnatal care, and reproductive health counseling. However, the profession faces significant challenges that contribute to high levels of burnout. These challenges include demanding workloads, long hours, and the

expectation to be constantly available for emergencies. Burnout rates among healthcare workers including midwives influenced by factors like workload intensity and insufficient compensation. Burnout not only diminishes the quality of care provided but also increases errors and contributes to high turnover rates, thereby straining healthcare systems globally. Effective strategies such as social support systems and self-care practices are crucial for mitigating stress and preventing burnout among midwives. Addressing these challenges through improved working conditions and psychological support is essential to safeguarding midwives' well-being and maintaining high-quality healthcare services. Based on the problem statements, this study needs to be examined using quantitative analysis, and **this research aims to investigate how workload, work stress levels, insufficient payment compensation, and social support contribute to the experience of burnout among midwives in Indonesia. As an Obstetric-Gynecologist frequently working with midwives, this research addresses a significant phenomenal gap in understanding the midwifery profession. This gap arises from a lack of detailed, empathetic insight into the unique challenges midwives face daily. Collaborating closely with midwives enables the provision of a nuanced perspective on their stressors, allowing for a more accurate identification of these challenges and the development of effective mitigation strategies. Through comprehensive quantitative analysis and longitudinal studies, this research seeks to bridge this phenomenal gap by offering deeper insights into the specific stressors affecting midwives and assessing the effectiveness of various support mechanisms. Ultimately, these efforts aim to enhance the well-being of midwives and contribute to the delivery of high-quality maternal and child healthcare services, addressing critical discrepancies in current understanding and support for midwives.**

1.2. Research Question

Based on the description of the variables that will be used and analyzed in this research model, the following research questions are formed.

- 1) How does the level of work stress influence burnout among midwives?
- 2) How does social support influence burnout among midwives?
- 3) How does workload influence burnout among midwives?
- 4) How does financial satisfaction influence burnout among midwives?
- 5) What is the effect of the interaction between workload and work stress level on burnout among midwives?
- 6) What is the effect of the interaction between social support and work stress level on burnout among midwives?
- 7) What is the effect of the interaction between financial satisfaction and work stress level on burnout among midwives?

1.3. Research Objective

Based on the problem formulation, the objectives of this research are as follows:

- 1) To test and analyze the influence that work stress levels have on burnout among midwives.
- 2) To test and analyze the influence that social support has on burnout among midwives.
- 3) To test and analyze the influence that workload has on burnout among midwives.
- 4) To test and analyze the influence that financial satisfaction has on burnout among midwives.
- 5) To test the effect of the interaction between workload and work stress level on burnout among midwives.
- 6) To test the effect of the interaction between social support and work stress level on burnout among midwives.
- 7) To test the effect of the interaction between financial satisfaction and work stress level on burnout among midwives.

1.4. Benefits of Research

This research is expected to provide benefits that can be categorized into academic aspects, particularly within the field of management studies, and practical management aspects in healthcare settings. From an academic standpoint, the primary objective is to make a contribution to the ongoing body of knowledge concerning the interplay between work stress, social support, workload, financial satisfaction, and burnout among midwives in Indonesian healthcare. The foundation for future research in the healthcare service sector will be established through the empirical testing of this model among midwives. The study's practical objective is to provide Management with insights that can assist in identifying and improving healthcare work process factors that can be sustained or enhanced. By considering the critical elements of support, tension, workload, and midwifery workload, which are pivotal in guaranteeing patient care and contentment, these findings may serve as a resource for enhancing patient loyalty and satisfaction through the utilization of internal capabilities.

1.4.1 Theoretical and Academic Benefits

This study aims to fill the gap in the literature and contribute to the theoretical understanding of burnout among midwives, and to provide empirical evidence to the research on job stress. This research is significant to academia due to the fact that there are very few studies that address the relationship between social support, workload, job satisfaction, job stress, financial satisfaction, and burnout. Therefore, the findings of this research will extend the current knowledge and contribute to fill the gap in the literature, it will provide supplemental information to the previous research on this field. Given that the limited literature available on this topic primarily examines burnout of nurses, this study also aims to address that lack of attention to midwives. The findings of this research will not only contribute to expand the horizons of theoretical reasoning on job burnout and stress management, but it is also expected to contribute empirical findings that can be referenced and implications for the Midwifery practice. Therefore, the presentation of the findings and recommendations will be made available to the decision makers and medical staff were identified as necessary.

1.4.2 Practical Benefits

As well as enhancing the academic dialogue, examining the pragmatic advantages and concrete results of mitigating stress and exhaustion among midwives has substantial

ramifications for Management and healthcare provision. To determine the mechanisms by which interventions may result in a safer and more supportive workplace for midwives, thereby improving the quality of maternal and neonatal care, it is vital to investigate these advantages. A well-documented phenomenon in the occupational health literature is that exhaustion rates can be significantly diminished by implementing targeted interventions to reduce stress levels among midwives. Healthcare staff retention, job performance, and job satisfaction are all significantly impacted by burnout, which is distinguished by depersonalization, diminished personal accomplishment, and emotional exhaustion. Healthcare institutions can enhance the resilience of their personnel and uphold superior levels of patient care by addressing the factors contributing to burnout. In addition, an essential subject of investigation is the dynamic relationship between stress reduction and workload management. A notable stressor in the midwifery profession, excessive workload, has been identified as a factor in increased fatigue and job discontentment. To foster a more harmonious professional atmosphere that upholds the welfare of midwives, Management may employ efficient workload management techniques, including allocating sufficient resources, optimal personnel ratios, and workload distribution.

Organizational outcomes, including patient safety and quality of care, are subject to the repercussions of such interventions, which transcend the individual level. The significance of resolving occupational stress to improve patient safety is highlighted by the correlation between burnout among healthcare workers and medical errors. Healthcare organizations can enhance patient satisfaction and outcomes by mitigating the probability of errors transmitted through the reduction of risk factors linked to fatigue. Thus, by systematically investigating approaches to mitigate stress and exhaustion among midwives, the workplace could be revolutionized, healthcare practitioners' welfare could be improved, and the quality of care delivered to patients could be elevated. By providing a foundation for policy development, managerial practices, and the creation of supportive work environments that promote the health and effectiveness of midwives and other healthcare professionals, this body of research enhances the collective comprehension of occupational health in the healthcare industry.

1.5. Research Systematics

Chapter 1 Introduction

This chapter discusses the fundamental reasons or motivations behind the current research, identifying problems or phenomena that arise, thereby offering benefits for academia and institutions.

Chapter 2 Literature Review

This chapter provides explanations of terms and concepts of constructs or variables or dimensions being researched in this study, namely psychological empowerment, psychological capital, work engagement, affective commitment, and organizational citizenship behavior.

Chapter 3 Research Methodology

This chapter will describe the location of the research, units of analysis, type of research, operational definitions of research variables, research population and sample, sample size determination, sampling methods, research framework, and data collection methods as well as data analysis methods, which include descriptive and inferential statistical methods, analysis of the outer and inner model, and instrument testing.

Chapter 4 Results and Discussion

This chapter will detail the research findings, starting from respondent characteristics, descriptive analysis of each research variable, inferential analysis through outer and inner models, Importance Performance Map Analysis (IPMA), mediation analysis, and discussion.

Chapter 5 Conclusion

This chapter will present a summary of conclusions and managerial implications beneficial for management from this research's findings. It also discusses the limitations of the current research and provides recommendations and suggestions for future researchers.

1.6. Research Gap

Table 1. Research Gap

Area	Current State	Target State	Difference	Action Plan	Priority
Global Burnout Rates and Predictors	50% of midwives experienced personal burnout, 40% work-related burnout, and 10% client-related burnout (Suleiman-Martos et al., 2020)	Comprehensive understanding of global predictors for burnout	Lack of detailed predictors and varying impacts of age, experience, and work environment	Conduct systematic reviews with a focus on global data; identify key burnout predictors	High
US Midwifery Workforce Burnout	40.6% of midwives met criteria for burnout (Thumm, 2022)	Improve practice environment, particularly leadership and support for midwifery model	Limited support for midwifery model and leadership affecting burnout rates	Implement leadership training programs; increase support for midwifery models	High
COVID-19 Impact on Midwifery Burnout	83% of midwives in Surabaya experienced burnout during COVID-19 (Febriyana & Jayanti, 2023)	Mitigate burnout rates during pandemics	High burnout rates influenced by age and length of service	Develop targeted support programs for midwives based on age and service length; pandemic response	Medium
Burnout in German Midwives	High burnout levels with significant links to working hours and employment settings (De Paul et al., 2022)	Reduce burnout by managing working hours and employment settings	High stress levels and negative impacts on attitudes of midwifery due to working conditions	Adjust work schedules; improve employment conditions; provide stress management training	Medium
Intent to Leave Work Due to Burnout in Iranian Midwives	Significant correlations between burnout and intention to leave work (Maleki, 2022)	Reduce emotional exhaustion and improve compensation	Emotional exhaustion and rotational shifts contributing to intent to leave	Improve compensation packages; reduce rotational shifts; enhance	High

				emotional support	
Burnout Levels in Swedish Midwives	Median burnout levels of 2.0 with higher scores in workload and exhaustion (Hadzibajramovic et al., 2022)	Lower burnout scores across all subscales	Higher workload and exhaustion compared to other burnout subscales	Implement workload management strategies; provide emotional and mental support programs	Medium

