Burnout among nurses working in a maternity department at a tertiary hospital in the Western Cape

by

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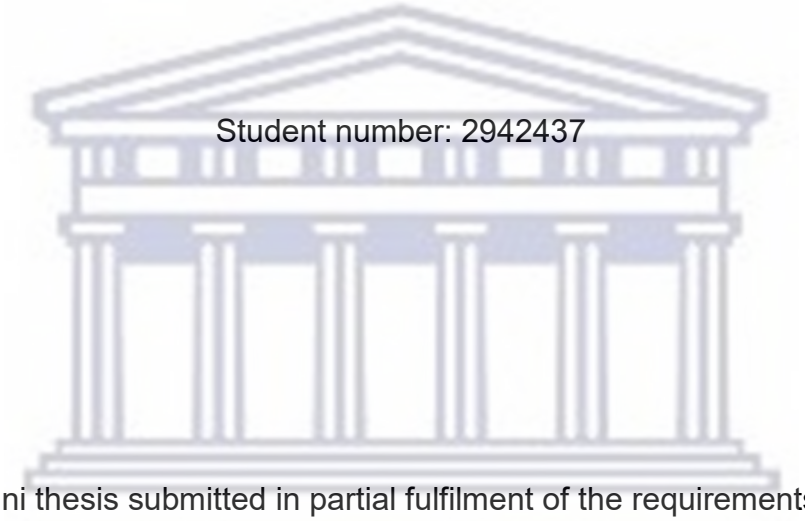

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ABSTRACT

Burnout syndrome is a health concern that affects many people who work in jobs that need them to interact with others. Among the most vulnerable professions, healthcare personnel have been identified as the group most likely to experience burnout. Globally, research has shown that duty-related strain or pressure is increasing in nurses, leading to nursing burnout.

Midwifery can be stressful since it involves working directly with family planning, clients of all ages, expectant moms and fathers, and their families. Nurses working in maternity departments at tertiary hospitals may be more susceptible to burnout due to the amount of work, working hours, and stressful working environment among other.

Aim: The aim of this study was to investigate burnout among nurses who work in a maternity department at a tertiary hospital in the Western Cape, South Africa.

The objectives were to determine emotional exhaustion, depersonalisation, and the lack of personal accomplishment among nurses working in a maternity department at a tertiary hospital in the Western Cape, South Africa.

Method: A quantitative, descriptive survey design was used to achieve the aim of the study. Data was collected by means of Maslach Burnout Inventory-Human Services Survey (MBI-HSS), a 22 itemed, Likert type, structured questionnaire using simple random sampling from 140 nurses yielding a response rate of 88% (n=124). Data was analysed by means of the Statistical Package for Social Sciences (SPSS), version 28.

Findings: The respondents in this study reported high emotional exhaustion, high depersonalisation, but a low personal accomplishment, indicating that they were experiencing burnout.

Recommendations: Qualitative research studies on burnout at tertiary hospitals' maternity departments should be done in order to obtain narratives of the burnout experience.

KEYWORDS

Burnout

Depersonalisation

Emotional exhaustion

Nurses

Lack of personal accomplishment

Maternity department

Tertiary hospital

ABBREVIATIONS

MBI–HSS - Maslach Burnout Inventory – Human Services Survey

PMTCT - Prevention of mother-to-child transmission

SPSS - Statistical Package for Social Sciences

WHO - World Health Organization

DECLARATION

I declare that *Burnout among Nurses Working in a Maternity Department at a Tertiary Hospital in the Western Cape,* is my own work; that it has not been submitted for any degree or examination in any other academic institution, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Name: Dumo Booi

Date: May 2023

Signature: 

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I would also like to acknowledge the administration of the selected hospital for granting permission to conduct research at the maternity department under their leadership.

Lastly, my deepest appreciation and acknowledgement go to the respondents of this study, for their valued time to participate in the study.

DEDICATION

For love of education and progress in life, I would like to dedicate this project to my late maternal grandparents Mr. Sandile Mntomkhulu Booi, Aaa!!! Gqobhoz 'Igqili and Mrs. Phindiwe Nosiphelo Booi, Nobhula!!!.

I would also like to dedicate this project to my lovely wife, Mrs. Nokubonga Sinalo Booi and my daughters Anganathi, Ayodele and Azamahle.

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CHAPTER ONE

ORIENTATION OF THE STUDY

1.1 Introduction

Burnout is one of the most common occupational health issues in a variety of jobs that need one's interaction with others. Among the most vulnerable professions, healthcare personnel have been identified as the group most likely to experience burnout. Nursing practitioners are the most affected or have the highest rates of burnout in the healthcare system (Cañadas-De la Fuente et al., 2015). The areas where they work may predispose them to burnout for example, psychiatric hospitals (Maila, 2019), emergency units (Healy & Tyrrell, 2011) and maternity obstetric wards (Balie et al., 2019).

Burnout has the potential to negatively impact the wellbeing of professional nurses working in maternity wards (McTiernan & McDonald, 2015). There may be an increase in absenteeism of nurses from work, a decline in their energy levels, reduced efficiency (Sahebazzamani et al., 2009) increase staff turnover and low self-confidence (Sherring & Knight, 2009). These negative effects may lead to the provision of poor quality of nursing care for the mother, foetus and neonates that are placed on their care (Breen & Sweeney, 2013; Hamaideh, 2011).

Although the terms "burnout" and "stress" may be interchangeable, they have different meanings (Lambert et al., 2010). Burnout happens because of prolonged exposure to stress; implying that burnout starts first as a result of stress, and then it exacerbates due to the stress experienced. This shows that stress is a risk factor for the development of burnout (Lambert et al., 2010).

A bodily response to burnout includes decreased energy levels and constant tiredness, while an emotional response includes feelings of depression, helplessness, and hopelessness (Hamaideh, 2011). Psychological response includes the loss of attention toward the provision of care to patients in maternity departments, intellectualisation of stressful circumstances, as well as separation from patients and colleagues (Hamaideh, 2011). Nurses suffering from burnout may experience symptoms such as dizziness, insomnia, aggressiveness, touchiness, and hopelessness (Chao et al., 2016). Clients of a healthcare professional experiencing burnout or nurses are similarly affected may experience a deterioration in the quality of service offered by the healthcare professional (Chao et al., 2016).

Nurses working in maternity departments at a tertiary hospital in the Western Cape deal with unforeseen circumstances and patients who may be in danger of dying because of complex or difficult pregnancies or difficult births on a daily basis. This secondary exposure to trauma may result to secondary traumatic stress in nurses (Dominguez-Gomez & Rutledge, 2009). Dealing with unexpected situations, elevated stress levels due to a demanding working environment, and general tension among nursing professionals, all show that nurses are at an increased risk of burnout.

1.2 Background

Work-related burnout, according to the World Health Organisation (WHO, 2019), is a disorder caused by long-term work-related pressure, strain, or stress, manifested by signs such as decreased emotional energy or fatigue, increased psychological detachment from one's occupation, or a state of negativism or cynicism related to the work one does, and decreased professional effectiveness. It occurs as a result of prolonged stress and is accompanied by indicators of emotional and physical exhaustion (Maslach & Leiter, 2017). Researchers have defined burnout as possible

fundamentals of mental tiredness in the individual, consumer, and occupational realms (Kristensen et al., 1999).

A hostile workplace can lead to job-related burnout, a condition characterised by uncontrollable overtiredness, unacceptable arrogance / lack of responsibility with maternal healthcare personnel, and dissatisfaction with work presentation (Smith et al., 2017). Burnout is commonly examined in studies of wellbeing specialists' responses to trauma, with its characteristics linked to increased levels of emotional tiredness, depersonalisation, and little or no personal individual achievement (Maslach & Leiter, 2017)

Some cross-sectional research studies have demonstrated the link between burnout and other health issues, such as increased alcohol consumption (Ahola et al., 2006), musculoskeletal discomfort or pain (Aghilinejad et al., 2014), lack of sleep (Brand et al., 2010), and inactivity and obesity (Ahola et al., 2006).

Many burnout risk factors, such as work experience, job satisfaction, personality and sociodemographic factors, have been debated in recent studies. Dimunová and Nagyová, (2012) conducted a study which aimed to establish whether the length of work experience affects the burnout levels in the sample of nurses and midwives. Nurses and midwives with 1 to 3 years of experience and 5 and more years of experience had significantly higher rates of burnout (Dimunová & Nagyová, 2012).

Heidari et al., (2022) conducted a study with the aim to determine job satisfaction and its relationship with burnout among nurses. The study results alluded to the majority of nurses (75.7%) having a low level of job satisfaction, 40.6% of nurses had a high level of emotional exhaustion (EE), 41.8% had a moderate level of EE, and 50.2% of nurses had a high level of depersonalization (DP). Furthermore, over half of nurses

(55.8%) experienced reduced personal accomplishment (PA), and 27.5% had a moderate level of reduced PA. There was a statistically significant negative correlation between job satisfaction and EE (r=-0.394, p=.053).

De la Fuente-Solana et al., (2021) study determined the prevalence, levels and phases of burnout syndrome in midwives and obstetrics and gynaecology nurses, and evaluated the relationship between burnout and sociodemographic, occupational and psychological factors. These researchers reported that 17% of the respondents presented with high levels of emotional exhaustion, 16.6% high depersonalisation and 55.1% a sense of low personal accomplishment. The sociodemographic and occupational variables related to burnout were gender, marital status and work shift. The three dimensions of the syndrome, emotional exhaustion, depersonalisation and personal accomplishment were predicted by depression, neuroticism, agreeableness and openness (De la Fuente-Solana et al., 2021).

Another important risk factor that has been assessed in recent studies is the hospital unit, or specialty in which nurses work (Gómez-Urquiza et al., 2017). The work of accoucheurs/midwives or maternal nurses is notorious for being emotionally taxing (Hunter & Warren, 2014). Nurses working in maternity facilities have a variety of challenges, including dealing with women who are apprehensive, uncomfortable, anxious, heartbroken, or suffering from trauma symptoms. Working with women experiencing these signs and symptoms may contribute to feelings of being overwhelmed in maternity department nurses (Hunter & Warren, 2014). Furthermore, a variety of workroom and individual pressure, strain, or stress difficulties may impact on the welfare of midwives and nurses working in maternity departments (Mollart et al., 2013).

The occurrence of reasonable to high burnout in midwives fluctuates between 20 and 59% in states such as United Kingdom (UK) (Sandall, 1995); Norway (Henriksen & Lukasse, 2016), Sweden (Hildingsson et al., 2013) and Australia (Mollart et al., 2013).

1.3 Problem statement

High patient volume, long working hours, challenging medical doctors and patients' relatives, a fast-paced environment, and doing one's job in an environment that is emotionally sensitive and physically demanding might cause difficulties for nurses working in the maternity sector. Nurses working in maternity departments around the world are frequently confronted with life-and-death situations on a daily basis, and they are expected to give specialised, skilled, and high-quality care to their patients.

According to Solidarity's research centre, at a nurse-to-patient ratio of 1:18, a nurse has around 180 seconds per 60 minutes to pay attention to individual clients, perform repetitive tasks, and treat a marginally likely emergency (Bateman, 2009). According to the South African Nursing Council (SANC, 2008) population-based estimates, there is currently one registered nurse for every 550 persons, taking into account the 18% of nurses who are registered but not practising.

According to the Critical Care Society of South Africa (CCSA, 2008), nursing professionals working in these understaffed locations are more likely to burnout and make mistakes because of fatigue. Inexperienced healthcare employees frequently perform tasks that are outside their scope of practice, implying that when an error occurs that results in a patient's death or has a negative impact on one's wellbeing,

the healthcare employee or superintendent nursing professional is frequently held unfairly liable for actions taken in good faith.

Although nurses may recognise burnout on their own, its characteristics have a negative impact on the quality of care provided. These include the cost of care for hospitals due to high absenteeism rates and the need to replace absent staff members where these nurses are employed (Regis-Andrew, 2012). Anecdotal findings, such as significant absenteeism due to physical weariness, suggest that the nurse practitioners in the chosen research environment may suffer from burnout.

The aim of this study is to look into burnout among nurses who work in a maternity department at a tertiary hospital in the Western Cape Province of South Africa.

1.4 Aim of the study

The aim of this study was to investigate burnout among nurses who work in a maternity department in a tertiary hospital in the Western Cape.

1.5 Objectives of the study

- To determine emotional exhaustion in nurses working at a selected tertiary hospital in the Western Cape.
- To determine depersonalisation in nurses working at a selected tertiary hospital in the Western Cape.
- To determine possibility of reduced personal accomplishment in nurses working at a selected tertiary hospital in the Western Cape.

1.6 Significance of the study

This study could add to the corpus of knowledge about burnout among maternity nurses. It could raise awareness of burnout in nurses working at a tertiary hospital in the Western Cape Province of South Africa. The management of maternity departments in tertiary hospitals may develop policies to manage burnout if present. This study may help to educate undergraduate students and other people about nurse burnout and how to utilise the MBI-HSS to assess burnout among nurses. The findings of this study could be utilised to inform policymakers about workplace burnout, allowing them to adopt or reinforce existing legislation to promote employee wellbeing.

1.7 Research methodology

To achieve the aim of this study, a quantitative, descriptive, survey study design was used. The MBI-HSS was used to collect data.

Chapter three explains in detail the research methodology employed in the study.

1.8 Definition of key terms

Burnout is a psychological illness characterised by emotional tiredness, depersonalisation, and a lessened sense of personal success that affects a variety of professionals who work with others in a demanding environment (Maslach & Leiter, 2017).

Operational definition: In this study, burnout occurs when a responder receives a score of 27 or more in the emotional exhaustion domain, 13 or more in the depersonalisation domain, and 31 or less in the personal accomplishment domain, as specified in the MBI-HSS scoring key.

Depersonalisation is a callous and indifferent approach to those who receive one's care and assistance (Maslach, 1980).

Operational definition: depersonalisation is identified when a respondent scores 13 or higher in the depersonalisation domain, as specified in the MBI-HSS scoring key.

Emotional exhaustion is a term used to express the feeling of being emotionally overworked and exhausted by one's job (Maslach et al., 2017).

Operational definition: Emotional exhaustion is highlighted when a respondent scores 27 or greater in the emotional exhaustion domain as defined in the MBI-HSS scoring key, according to (Tununu & Martin, 2020).

Lack of personal accomplishment is a term that reflects emotions of incompetence and failure in one's work with others (Maslach et al., 2017).

Operational definition: A respondent's lack of personal accomplishment is highlighted when they score 31 or below in the personal accomplishment domain as defined in the MBI-HSS key

A nurse or midwife is someone who is licensed to practice nursing or midwifery (Republic of South Africa [RSA], 2002).

Operational definition: A nurse is an advanced midwife, a professional nurse midwife, a general professional nurse, an enrolled nurse, and an enrolled assistant who offer nursing care to maternal and neonatal patients in a tertiary hospital's maternity department.

1.9 Summary

This chapter provided an overview of burnout in nurses working in maternity units. The research aim, objectives and significance of the study were alluded to. It includes the operational definitions.

1.10 Outline of chapters

The background, problem statement, aim and objectives, and operational definitions for the research study has been alluded to in the preceding chapter

The rest of the thesis is presented as follows:

Chapter Two provides a literature review, which includes empirical literature on burnout in nurses working in maternity departments.

Chapter Three provides the methodology used in the study to achieve the aim.

Chapter Four alludes to the findings obtained after the data was analysed.

Chapter Five presents a discussion of the findings. The findings of the study are explained and examined in the context of the existing empirical literature on burnout.

Chapter Six presents the conclusion, limitations, and recommendations of the study.

In the next chapter, the literature review on burnout in midwifery will be discussed.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

A literature review is a technique for determining what empirical research has been conducted on the subject at hand and placing findings within this body of knowledge. The literature review concentrated on empirical studies on nurse burnout, the prevalence of burnout among maternity nurses, and burnout domain relationships. Studies for the review of the literature were found using Medline, PubMed, EBSCOhost, open library access, inter-library searches, and Google search engines.

To ensure that the information was relevant to this study, the following search phrases were used: prevalence, burnout, maternity department, midwife, midwifery, nurses or nursing, emotional exhaustion, depersonalisation, and lack of personal accomplishment.

Because there were few studies on burnout among maternity nurses done in the previous five years, the majority of material from this literature review was obtained or extracted from published data between 2012 and 2020. The literature review was organised as follows: burnout defined and described as other researchers have done, the prevalence of burnout in maternity nurses, and the association between dimensions of burnout in nurses.

2.2 Burnout

Burnout is a syndrome that develops as a result of long-term stress in one's job or workplace, and it has several implications for the workers' wellbeing and health (Salvagioni et al., 2017). Psychiatrist Freudenberger (1974) coined the word ‘burnout’ to characterise the state of overworked, unpaid workers in psychiatric hospitals (Kaçmaz, 2005). The author compared the unpaid worker's loss of thoughts to a burned-out structure, which was once a very important structure, and then defined burnout as the advanced loss of ideas, liveliness, and willpower experienced by specialised personnel in human service organisations as a result of their occupation-related circumstances. Kacmaz (2005:29) cited Freudenberger (1974) to assert that burnout as having both physical and behavioural repercussions, and it has been noticed that those who work in excess, for long periods of time, and with little time off are more likely to develop burnout.

Burnout syndrome is not a medical condition, according to the WHO (2019), but rather a spectacle that occurs in the workplace. The term "burnout" should not be used to describe the impacts or feelings of other aspects of life. There are three domains of burnout, according to (Maslach et al., 2001). (Maslach & Leiter, 2017) alluded to burnout from a psychological perspective. These include: a) emotional exhaustion, which is defined as a feeling of personal or professional inadequacy as well as a loss of energy; b) depersonalisation or cynicism, which is defined as dehumanisation, disinterestedness from occupation as well as customers, and emotional toughening; and c) reduced personal accomplishment or inefficacy, which is defined as a feeling of personal or professional inadequacy as well as a loss of productivity.

"Burnout is a syndrome conceptualized as a result of long-term workplace stress that has not been adequately controlled", according to the WHO (WHO, 2019). It has three

dimensions: a sense of tiredness or depletion of energy, a mental detachment from one's employment or thoughts of negativism or scepticism about one's career, and a reduction in professional efficacy. Burnout is prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by three dimensions of exhaustion, cynicism and inefficacy (Maslach, Schaufeli & Leiter, 2001). Burnout is a term that should only be used in the context of work and should not be applied to other aspects of life.

However, Kristensen describes burnout and developed the Copenhagen Burnout Inventory (CBI), which states that "burnout is a state of physical, emotional, and mental exhaustion that results from long-term involvement in emotionally demanding work situations"(Kristensen et al., 2005).

Numerous assessment tools, scales, and surveys are available for measuring burnout, which include but are to limited to the Copenhagen Burnout Inventory (CBI), Maslach Burnout Inventory (MBI), Burnout Clinical Subtype Questionnaire, and Shirom-Melamed Burnout Measure (SMBM), and Oldenburg Burnout Inventory. The CBI and MBI are the most widely used tools in measuring burnout among healthcare professionals' literature to measure and assess burnout. The CBI uses 3 dimensions to assess personal burnout, work-related burnout, and client-related burnout, for use in different domains (Kristensen, Borritz, Villadsen, Christensen, 2005). Based on (Maslach C, Jackson, 1981), (Maslach, Jackson, Leiter, 2017) the MBI uses 3 domains in evaluating emotional exhaustion, depersonalization, and personal achievement. According to (Kesarwani, Husaain, George,2020) the initial and widely used tool in healthcare professional literature to assess and measure burnout is the MBI. it is for this reason that the researcher decided on employing the MBI tool for the purpose of this study.

Burnout is defined by (a) the degree of physical and psychological fatigue and exhaustion experienced by a person, (b) work-related burnout is defined as the degree of physical and psychological fatigue and exhaustion that is perceived by a person as related to his or her work, and (c) client-related burnout is defined as the degree of physical and psychological fatigue and exhaustion that is experienced by a client (Kristensen et al., 2005). Nurses working in the maternity section are more likely to experience burnout.

2.3 Burnout in nurses working in maternity departments

In a systematic review and meta-analysis, (Pradas-Hernández et al., 2018) investigated the prevalence, related factors, and levels of burnout syndrome among nurses working in gynaecology and obstetrics services. In a meta-analysis of 464 nurses working in gynaecology and obstetrics, they discovered that only 29% of the nurses experienced severe levels of emotional tiredness.

According to a study conducted by Cañadas-De la Fuente et al., (2015), the occurrence, levels, and phases of burnout syndrome in obstetrics and gynaecology nurses, as well as the relationship between burnout and sociodemographic factors, these authors revealed that the prevalence of high levels of emotional exhaustion was only 29% in a population of 464 nurses working in the gynaecology and obstetrics area that were included in the meta-analysis.

A total of 150 nurses and midwives from 18 hospitals took part in the study. A high level of emotional weariness was reported by 17 percent (n=26) of participants, as was a high level of depersonalisation by 16.6 percent (n=17), and a poor sense of individual success by 55.1 percent (n=67) of participants. These researchers came to the conclusion that obstetrics and gynaecology nurses suffer from a significant level of burnout (Cañadas-De la Fuente et al., 2015).

In Australia, Creedy et al., (2017) conducted research with 1037 Australian midwives to investigate the prevalence of burnout, depression, anxiety, and stress using an online questionnaire that included the Copenhagen Burnout Inventory (CBI) and the depression, anxiety, and stress scales (DASS). According to the findings, the majority of respondents (98%) were female, with an average age of 46.43 years and 16.51 years of experience. Using CBI subscales with a cut-off score of 50 or above (moderate and high), personal burnout was noted by 64.9 percent (n=643), work-related burnout by 43.8 percent (n=428), and client-related burnout by 10.4 percent (n=102).

With Spearman's correlations ranging from .51 to.63 (p.001), all burnout subscales were substantially linked with depression, anxiety, and stress, particularly personal and work-related burnout. Around 20% of midwives said they had moderate/severe/extreme depression (17.3%), anxiety (20.4%), and stress (22.1%) symptoms (Creedy et al., 2017).

Muriithi et al., (2020) in Kenya, Africa, conducted a descriptive cross-sectional study at a maternity facility. The study's goal was to see if there was a link between three coping techniques (problem-oriented, social support, and avoidance coping strategies) and nursing burnout. The study comprised of 96 nurses out of a total of 128 nurses in the target population. According to the study's findings, the majority of respondents (88.6 percent; n=113) experienced burnout.

Mohamed and Dia, (2019) investigated burnout among healthcare workers in eight African nations. In 2012, the study found a 72 per cent incidence of burnout among maternal health service workers, as well as an 80 per cent prevalence of burnout among Senegalese midwives.

Mashego et al., (2016) undertook a study to look into the prevalence and severity of burnout, compassion fatigue, and compassion satisfaction among nurses who work with mothers and babies who have died. A total of 83 nurses were chosen for the study from six different hospitals in the Limpopo Province of South Africa, with 98 per cent of them being female, ranging in age from 21 to 62 years, and 15 to 18 years of experience in maternity and perinatal care. Respondents completed the professional quality of life scale (ProQOL R-IV), which is a burnout, compassion fatigue, and compassion satisfaction measure. Findings revealed that the majority of respondents (92%) reported mild burnout, and approximately 67 per cent reported moderate to severe compassion fatigue, while only 82 per cent reported compassion satisfaction.

2.4 Summary

Burnout has been described in a variety of ways by many authors; nonetheless, this literature review has determined that burnout is caused by chronic weariness on a mental, emotional, and physical level as a result of an individual's employment.

Burnout prevalence varies from country to country, and socio-demographic factors may have a role in the occurrence of burnout. There is a scarcity of data on burnout among maternity nurses in South Africa and Africa as a whole.

Knowledge of burnout amongst nurses working in maternity departments, the occurrence of burnout in nurses working in maternity departments, and associations between the spheres of burnout as defined by Maslach among nurses working in maternity departments, were all presented in this literature review.

Chapter Three discusses the research methodology and technique used in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 introduction

The research approach and strategy used to attain the study's goal are detailed in this chapter. The research technique is also described. Finally, this chapter lays out a step-by-step organisation of the research process.

3.2 Research approach

Research approach is a procedure that the researcher follows as it encompasses all decisions made, from broad assumptions to meticulous information gathering and scrutiny (Creswell, 2014).

A quantitative research approach was used to achieve the aim of this research study. Quantitative research methods are concerned with acquiring and analysing structured data that may be numerically represented (Görgens-Ekermans & Brand, 2012). In this study, the data collected and numerically analysed was on burnout in nurses working in maternity units at a selected tertiary hospital.

3.3 Research design

A research design is a blueprint for directing a study in order to maximise control over factors that could affect the study's validity (Grove et al., 2012).

To fulfil the research study's goal, a descriptive inquiry design was utilised. Descriptive research designs refer to a number of designs used to gather additional data about the attributes in a specific study topic, as well as to depict events as they occur logically(Grove et al., 2012).

Descriptive study examines a situation in its current state (Selamat et al., 2013). It has no intention of changing or altering the state under investigation, nor of controlling cause-and-effect interactions (Selamat et al., 2013). The primary goal of descriptive research is to obtain evidence about a population by conducting investigations among a sample of the population(Selamat et al., 2013). As a result, the descriptive survey method was used in this study because the researcher intended to learn about the experience of burnout among nurses working in a tertiary hospital's maternity department.

3.4 Study setting

In a research study, a study site refers to the area and environment where data are collected (Polit & Beck, 2012). This investigation was conducted in one of the Western Cape's three tertiary hospitals.

The designated tertiary hospital is the Western Cape's second largest hospital, and it is located in the Observatory area of Cape Town. The hospital itself has a capacity of 869 beds and employs 1600 nurses, 218 of whom work in the maternity department. A total of 170 beds are available in the maternity section in clinical functional units.

Clinical functional business units are areas of care. These include antenatal care, postnatal care, labour care, acute care, and a nursery unit. Patients treated in the maternity section are those with high-risk pregnancies, complications during labour that necessitate specialist care, uncontrolled chronic conditions that necessitate specialist care during pregnancy, and neonates with severe neonatal conditions that necessitate the attention of paediatricians, neonatologists, and neonatal trained midwives.

This research site was chosen since it is contains one of the Western Cape's two largest tertiary maternity institutions. It also serves as a referral hospital for complex maternity cases from the Khayelitsha and Mitchell's Plain district hospitals in the Cape Flats area.

The Cape Flats area is plagued by socioeconomic hardships that can lead to high-risk pregnancies and high mother and new-born mortality rates. Poverty, unemployment, violence, crime, alcoholism, substance misuse, substandard housing, and terrible living conditions are only a few of the societal hardships.

3.5 Population and sample size

This section will describe the population, sampling technique, sample and sample size, as well as the study's eligibility criteria.

3.5.1 Study population

The total set of features that the investigator or researcher is interested in is referred to as the population. The complete group that the investigator or researcher is interested in studying or investigating and drawing generalisations about after obtaining the research or study results is referred to as the target population (Polit & Beck, 2012). A total of 218 nurses who worked in the maternity department of the chosen tertiary hospital were the study's target population. Nurses with an advanced qualification in midwifery, general midwives, general professional nurses, enrolled nurses and enrolled nursing assistants comprised this group of nurses.

3.5.2 Sampling and sample size

Sampling is the process of assigning a fixed number of objects in a population to which population generalisation will be made (Polit & Beck, 2012). Simple random sampling

was chosen for this research project's determination to pick individuals who would participate in the study, with each contributor in the target group having an equal chance of being chosen (Kumar et al., 2011). A sample is a subset of the target population that includes the individuals who have agreed to participate in the study (Polit & Beck, 2012). The facility employs 218 nurses on a permanent basis.

The study's sample size was calculated using the Raosoft online sample size calculator. The sample size was calculated using the following parameters confidence level (95%), confidence interval (5%), and population (218) to arrive at a sample size of 140 (Creative research systems 2012).

3.5.3 Inclusion criteria

Inclusion criteria are defined by the researcher and must be met by prospective subjects in order to be included in the sample(Grove et al., 2012). Because the participants were providing direct nursing care to the patients, all permanently employed nurses working in the selected maternity department of the selected tertiary hospital were included. Nurses who had agreed to participate in the study were also selected for inclusion.

3.5.4 Exclusion criteria

Exclusion criteria are requirements established by the researcher that prevent participants from participating in the study (Grove et al., 2012).

Managers from various departments were excluded since they were not involved in the provision of direct treatment (director, area managers, operational managers, occupational health and safety professional nurse, and clinical coordinator).

Contract workers (community service nurses, nurses employed through a nursing agency) were also excluded because they have a variable length of stay at the chosen hospital and were rotated in different departments throughout the hospital.

3.6 Data collection

The data collection instrument and data collection process that was used to achieve the aim of this study is described below.

3.6.1 Data collection instrument

The Maslach Burnout Inventory (MBI), developed by Maslach and Jackson in the 1980s (Schulz et al., 2009), was used to collect data for the study. The Maslach Burnout Inventory – Human Services Survey (MBI-HSS) was purchased from Mind Garden for use in this study (Appendix F). A total of 140 questionnaires were obtained with permission for use after purchase.

The MBI is a 22-item closed-ended questionnaire with a 7-point, completely anchored Likert scale (0 = never to 6 = everyday). The questionnaire is divided into four sections, each of which determines the level of burnout in the population:

Section A contains demographic data, section B has nine items which measure emotional exhaustion, five items that measure depersonalisation, and contains eight items that measure lack of personal accomplishment (Maslach et al., 1997). Section A: The demographic information comprised the following variables: respondents' age, race, gender, nursing rank, years of experience, and functional business unit in which each respondent worked. The respondents were expected to choose one of the options or fill in the appropriate answer in the space provided.

Section B: Burnout is measured using the MBI-HSS, which is divided into three domains (Maslach et al., 1997). Domain A emotional exhaustion is assessed by 9 items in, Section C: domain B depersonalisation is assessed by 5 items, and Section D: domain C lack of personal accomplishment is assessed by 8 items (Maslach et al., 1997).

On a 7-point, fully anchored scale, 0 represents never, 1 equals a few times per year, 2 equals once a month, and 3 equals a few times per month, 4 denotes once a week, 5 denotes a couple times per week, and 6 denotes daily. The questions of the MB-HSS instrument were answered using the frequency of participants' experience of feelings(Maslach et al., 2017).

The burnout grading or scoring key is shown in Table 3.1. In the domains of emotional exhaustion and depersonalisation, a high mean score indicates a high level of burnout, while a low mean score indicates a low level of burnout. In the domain of personal accomplishment, a high mean score indicates a low level of burnout, while a low mean score indicates a high level of burnout (Maslach et al., 2017). If a respondent scores 27 or more in the emotional exhaustion domain, 13 or more in the depersonalisation domain, and 31 or less in the lack of personal accomplishment domain, they may be diagnosed with burnout syndrome (Maslach et al., 2017).

Table 3.1: Burnout scoring key

Level of burnout	Emotional exhaustion (Domain A)	Depersonalisation (Domain B)	Lack of personal accomplishment (Domain C)
Low	0-16	0-6	0-31
Moderate	17-26	7-12	32-38
High	27 and above	13 and above	39 and above

3.6.2. Validity

Validity, according to (Kumar et al., 2011), is an instrument's capacity to accomplish or measure what it was designed to do or measure. According to Kumar (2011), face validity is the process of confirming the inclusion of an item in a research instrument by associating it with the study objectives and thereby granting it accreditation for inclusion. The instrument's validity was determined using face and content validity in this study. Face validity was ensured by logically relating the sections of the (MBI-HSS) to the study's goals.

3.6. Validity of MBI-HSS

Objectives	Item
• To determine emotional exhaustion in nurses working at a selected tertiary hospital in the Western Cape.	Domain A: emotional exhaustion (item 1-9)
• To determine depersonalisation in nurses working at a selected tertiary hospital in the Western Cape.	Domain: B Depersonalisation (item 10-14)
• To determine possibility of reduced personal accomplishment in nurses working at a selected tertiary hospital in the Western Cape.	Domain C: Personal accomplishment (item 15-22)

3.6.3 Reliability

Reliability refers to an instrument's ability to measure the specific attribute under investigation or research (Grove et al., 2012). Internal consistency reliability is the most extensively utilised dependability technique among nursing scholars (Polit & Beck, 2010). Internal consistency is measured using Cronbach's Alpha coefficient, also known as coefficient alpha (Polit & Beck, 2010). Cronbach's alpha was utilised to determine the instrument's reliability in this study. Cronbach's alpha is a widely used reliability metric that analyses the internal consistency of a multi-section measurement (Polit & Beck, 2010). The coefficient alpha has a standard range of values between 0 and 1 (Polit & Beck, 2010).

The measurement is more accurate if the dependability coefficient is larger (Polit & Beck, 2010). It is preferable to have a coefficient of 0.70 or higher (Polit & Beck, 2010). Several investigations utilising the MBI instrument (Hamaideh, 2011; Hanrahan et al., 2010; Karanikola & Papathanassoglou, 2013; McTiernan & McDonald, 2015; Tununu & Martin, 2020), found reliability Cronbach's alpha values ranging from 0.55 to 0.92 Cronbach's alpha.

Using the same scale, this present study on burnout among nurses working in a maternity department at a tertiary hospital in the Western Cape, reliability of the study showed α=.895 for the emotional exhaustion domain, α=.760 for the Depersonalization domain and α=.923 for the personal accomplishment domain. These values allude to the reliability of the questionnaire.

3.6.4 Process of data collection

The University of the Western Cape Bio Medical Research Ethics Committee and the Hospital Research Committee both approved the project (Appendix A and B respectively). Data were collected after ethics approval was obtained from both the Bio Medical Research Ethics Committee (Appendix A) of the University of the Western Cape (UWC) gave its clearance and the research committee of the designated tertiary hospital authorised permission to conduct the study (Appendix B).

The Western Cape Department of Health (WCDoH) advised the researcher to approach the institution in question for authorisation to perform the study, as it had its own research committee. The research committee of the tertiary hospital in question received the request, accepted and approved it (Appendix B).

The researcher then had to seek authorisation from the hospital's nursing director to conduct the study with the facility's nursing staff. The researcher verbally requested permission from the assistant director of nursing in the maternity department after the director of nursing approved permission and it was granted verbally.

The researcher visited several wards of the maternity department of the selected hospital and sought the nurse in charge (department head) of each ward for permission to collect information from the nursing staff after the deputy director of nursing of the maternity department approved permission.

The researcher had to visit the wards at a time that was convenient for the wards' operation, such as during lunch break, in order to avoid disrupting the wards' repetitive or routine activity, which could jeopardise the treatment of the maternity hospital patients. The researcher then had to approach all of the ward's nursing staff to

schedule a time to explain the study and distribute the surveys, information papers, and consent forms according to the list for simple random sampling.

Depending on which room was acceptable for nursing personnel on individual wards, nurses were contacted at the nurses' station, in the tearoom, or in the ward lecture room.

Following the determination of the date, time, and location, the following study details were provided:

Title; Aim; Potential advantages of the study; Risks connected with involvement in the study; Time commitment to participate; Information gathering procedures; Confidentiality of surveys; Confidentiality of information obtained; Offer to answer/explain survey questions; Consent to engage in the study voluntarily; Decision to drop out of the study without providing an explanation or facing disciplinary consequences.

Nurses were given the option to inquire or ask questions about the study before deciding whether or not to join. Nurses who volunteered were given information sheets (Appendix C), consent forms (Appendix D) to sign, and a questionnaire in an envelope (Appendix E) to complete and return at their next duty time.

The questionnaires were given to nurses who volunteered to participate in the study, and they were allowed to carry them to their next shift.

The researcher handed out 140 questionnaires, and only 124 questionnaires were returned.

Data were collected from 15 November 2020 to 29 November 2020.

3.7 Data Analysis

Data analysis is the systematic organisation and synthesis of research data, as well as the testing of hypotheses in quantitative investigations (Polit & Beck, 2012).

The surveys were numbered after the data were collected so that each one could be identified. The codes were entered into a codebook and used to record the data in SPSS.

Prior to data analysis, the data were double-checked for accuracy and modified or cleansed. Errors were investigated by looking for values that did not fall inside the variable's range of possible values.

The minimum and maximum values for categorical variables (gender, race, rank, and functional business unit) were verified to see if they came within the range of possible values for the variable, and if not, they were rectified. The minimum, maximum, and mean of continuous variables (age and work experience) were examined, and if they went outside the range of values, they were rectified.

The researcher sought to determine how many people scored low, medium, and high on emotional exhaustion, depersonalisation, and lack of personal accomplishment.

The data analysis was done using SPSS version 28. The data was analysed using descriptive statistics and the results of the data analysis were presented in mean and standard deviation. Simple frequencies were used to present part of the demographic variables like; Ethnicity, Sex, nursing rank, functional business and categories of emotional exhaustion, depersonalization and personal accomplishment.

The average summary of the scales; emotional exhaustion, depersonalization and personal accomplishment was 3.0. To determine the level of emotional exhaustion, the category was ranked using 0 to 16 as Low, 17-26 as moderate emotional

exhaustion and 27 to 54 as high emotional exhaustion. To determine the level of depersonalization, the category was ranked using 0 to 6 as low depersonalization, 7 to 12 as moderate depersonalization and 13 to 59 as high depersonalization. To determine the level of personal accomplishment, the category was ranked using 0-31 as low personal accomplishment, 32 to 38 as moderate personal accomplishment and 39 to 48 as high personal accomplishment.

3.8 Ethics

Ethics approval was acquired from the University of the Western Cape's Biomedical Research Ethics Committee (Ethics Reference Number: BM19/10/13) (Appendix A) and the Research Ethics Committee of the selected tertiary hospital (Appendix B).

3.8.1 Principle of Respect for person.

Participants were told that they have the right to self-determination, which means that they can choose whether or not to engage in this study, and that they can withdraw from the study at any moment without giving reason and without facing penalty.

3.8.2 Principle of beneficence

Participants in this study were treated equally and fairly, with no discrimination based on age, colour of the skin, gender, level of care, education level, experience, or any other variable.

3.8.3 Principle of justice

Because all research carries some risks, the study's risk was kept to a minimum. The Independent Counselling and Advisory Service (ICAS), a free service for state employees, was provided to all participants.

Prior to the commencement of the study, the researcher scheduled an appointment with an ICAS counsellor so that respondents who felt traumatised during or after completing the survey might be sent to Independent Counselling and Advisory Service (ICAS).

The study did not mention the name of the chosen tertiary hospital in order to protect the hospital's confidentiality, reputation and image.

3.9 Summary

The following topics were covered in this chapter: research approach, research design, setting, population, inclusion criteria, exclusion criteria, sampling and sampling, data collection instrument, instrument validity, instrument reliability, data collection process, data analysis, and ethics.

The following chapter will report on the research findings.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 Introduction

In this chapter, the researcher presents the research findings from the analysed data received from the respondents. The aim of this study was to determine the phenomena of burnout among nurses working in a maternity department at a Western Cape tertiary hospital.

The following objectives were set in order to reach the aim:

- To determine emotional exhaustion in nurses working at a selected tertiary hospital in the Western Cape.
- To determine depersonalisation in nurses working at a selected tertiary hospital in the Western Cape.
- To determine possibility of reduced personal accomplishment in nurses working at a selected tertiary hospital in the Western Cape.

4.2 Sample realisation and demographics

A total of 140 questionnaires were distributed and 124 were retrieved, giving a response rate of 88.6%. The average age of the respondents was 37.37 (9.05). Over half of the respondents 66 (53.2%) were Africans. Most of the respondents 120 (96.8%) were female with the mean year of experience, 8.18 (6.49). Less than a third of the respondents 37 (29.8%) were professional nurse advocates. Less than half of the respondents 49 (39.5%) had Neonatal unit as their Functional Business Ward (Table 4.1).

Table 4.1: Socio-demographics of respondents

Items	Responses
Age	Mean 37.37 (9.05) Range: 21-60years
Ethnicity African Coloured	 66 (53.2%) 58 (46.8%)
Sex Female Male	 120 (96.8%) 2 (1.6%)
Nursing rank PNB PNA EN ENA	 18 (14.5%) 37 (29.8%) 35 (28.2% 34 (27.4%)
Year of Experience	Mean 8.18 (6.49)
Functional Business Wards Neonatal unit Labour ward Postnatal ward Antenatal ward	 49 (39.5%) 39 (31.5%) 19 (15.3%) 16 (12.9%)

The study assessed burnout among the nurses. The burnout tool was used to investigate the level of burnout among the nurses. The burn-out tool is divided into three subscales which are in line with the three objectives of the study. The scales are as follows; emotional exhaustion scale, depersonalization and personal accomplishment scale.

4.3 Emotional exhaustion among respondents

In assessing emotional exhaustion among respondents, nine statements were used. The most rated statements were '*Working with people requires an effort*' 3.65 (1.78) and '*Feeling tired in the morning before starting shift*' 3.23 (1.68). The least rated statements were; '*I feel like I'm at the end of my rope*' 2.34 (1.86) and '*feeling frustrated*

by my work' 2.36 (1.77). The overall mean of the emotional exhaustion scales was 2.88 (<3.0) (Table 4.2).

Table 4.2: Emotional exhaustion of respondents

Statements	Mean	SD
Working with people requires an effort.	3.65	1.78
Feeling tired in the morning before starting shift.	3.23	1.68
Work too hard.	3.17	1.84
I feel emotionally drained by my work.	2.99	1.68
Feel braked down by my work.	2.85	1.90
Impatience after shift hours.	2.82	1.71
It stresses me too much to work in direct contact with people.	2.47	1.85
Feeling frustrated by my work	2.36	1.77
I feel like I'm at the end of my rope.	2.34	1.86

In assessing the emotional exhaustion category, the results showed that about half of the respondents 63 (50.8%) had a high level of emotional exhaustion, while one-quarter of the respondents 31 (25.0%) had a low level of emotional exhaustion (Table 4.3).

Table 4.3: Prevalence of emotional exhaustion

Emotional exhaustion category	F	(%)
Low	31	25.0
Moderate	30	24.2
High	63	50.8

4.3 Depersonalization in respondents

In assessing depersonalization among nurses, five statements of the depersonalization scale were used. The most rated statement was '*I have the impression that my maternal or neonatal patients make me responsible for some of their problems*' 3.18 (4.07) while the least rated statement was '*I really don't care about*

what happens to some of my clients' 1.85 (1.84). The overall mean of the depersonalization scales was 2.35 (<3.0). (Table 4.4)

Table 4.4: Depersonalization

Statements	Mean	Sd
I have the impression that my maternal or neonatal patients make me responsible for some of their problems	3.18	4.07
I feel I have become more insensitive to people since I've been working.	2.27	1.88
I look after certain maternal or neonatal patients impersonally, as if they are objects.	2.26	1.94
I'm afraid that this job is making me uncaring.	2.18	1.83
I really don't care about what happens to some of my clients	1.85	1.84

4.3.1 Level of depersonalization

In assessing the depersonalization category, the result showed that about half of the respondents 58 (46,8%) had a high depersonalization level, while slightly less than a third of the respondents 37 (29.8%) had a low depersonalization level (Table 4.5).

Table 4.5: Prevalence of depersonalization

Depersonalization category	Frequency (F)	Percentage (%)
Low	37	29.8
Moderate	29	23.4
High	58	46.8

4.4 Personal accomplishment in respondents

In assessing the personal accomplishment among nurses, eight statements were used. The most rated statements were '*In my work, I handle emotional problems very calmly*' 4.34 (1.72) and '*I am easily able to understand what my maternal patients feel*' 4.31 (1.66). The least rated statements were '*I feel full of energy*' 3.89 (1.72) and

'*Through my work, I feel that I have a positive influence on people'* 4.04 (1.84). The overall mean of the personal accomplishment scales was 4.17 (>3.0) (Table 4.6)

Table 4.6: Personal accomplishment

Statements	Mean	SD
In my work, I handle emotional problems very calmly	4.34	1.72
I am easily able to understand what my maternal patients feel.	4.31	1.66
I look after my maternal or neonatal patients' problems very effectively.	4.31	1.64
I am easily able to create a relaxed atmosphere with my maternal or neonatal patients'	4.23	1.68
I feel refreshed when I have been close to my maternal or neonatal patients at work.	4.14	1.63
I accomplish many worthwhile things in this job	4.10	1.79
Through my work, I feel that I have a positive influence on people	4.04	1.84
I feel full of energy.	3.89	1.72

In assessing the personal accomplishment category, the result showed that less than half of the respondents 49 (39.5%) had a low level of personal accomplishment while almost same proportion (38.7%) had a high personal accomplishment, while one-quarter of the respondents 27 (21.8%) had moderate personal accomplishment (Table 4.7).

Table 4.7: Prevalence of personal accomplishment

Personal accomplishment category	Frequency (F)	Percentage (%)
Low	49	39.5
Moderate	27	21.8
High	48	38.7

4.5 Overall burnout in respondents

In assessing burnout, the emotional exhaustion levels results showed that about half of the respondents 63 (50.8%) had a high level of emotional exhaustion. Depersonalization level results showed that almost half of the respondents 58 (46.8%)

had a high depersonalization level while personal accomplishment level results showed that about two-fifths of the respondents 49 (39.5%) had a low level of personal accomplishment (Table 4.8)

Table 4.8: Categories of burnout

Burnout	Category	Mean (SD)
Emotional exhaustion	Low	31 (25.0%)
	Moderate	30 (24.2%)
	High	63 (50.8%)
Depersonalization	Low	37 (29.8%)
	Moderate	29 (23.4%)
	High	58 (46.8%)
Personal accomplishment	Low	49 (39.5%)
	Moderate	27 (21.8%)
	High	48 (38.7%)

4.6. Summary

In this chapter, the investigator presented the results on the prevalence of burnout among nurses working at a selected maternity department at a tertiary hospital in the Western Cape. The results were presented according to the objectives set for the study. The presented results will form the basis for the discussion in the next chapter.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

The demographic data of the respondents, the prevalence of burnout among maternity department staff at a tertiary hospital in the Western Cape are discussed in this chapter. Finally, a discussion of the findings follows, with the findings placed within the context of empirical literature.

5.2 Burnout among nurses

A discussion of the findings related to emotional exhaustion, depersonalisation, and lack of personal accomplishment is alluded to.

5.2.1 Emotional exhaustion

The findings determined that maternity nurses at a tertiary hospital in the Western Cape may be suffering from emotional exhaustion, and their patients may not be receiving quality nursing care as they would normally do if the results were otherwise. The present study showed that 63 (50.8%) of the respondents had a high level of emotional exhaustion.

This is consistent with a study by Balie (2019) who conducted on a study on Burnout among obstetric and gynaecologists in teaching hospitals at the University of the Witwatersrand. Balie (2019) study reported that a greater proportion of the respondents (85.1%) reported a high level of emotional exhaustion. Similarly Mollart et al., 2013) conducted a study to determine the incidence and degree of work-related stress and burnout on a sample of 152 midwives. The results from this study reported

that nearly two-thirds (60.7 percent) of midwives in the sample experienced reasonable to high levels of emotional exhaustion (Mollart et al., 2013).

The present study findings is incongruent with another study carried out in Africa by Opoku et al., (2023) where over half of the respondents 58.8% (n = 230) who were nurses and midwives reported low level of emotional exhaustion. Although in the same study, it was stated that an average of 51% high prevalence rate was published among health professionals in 60 nations (Opoku et al., 2023). In another study, conducted by Baishya & Goswami (2015), among nurses of maternity department in Gauhati Medical College Hospital in India, it was revealed that 80% of the respondents experienced low-level of emotional exhaustion. The results of the study differ from results of the current study. In a study, there is an association between emotional exhaustion level and job task as reduced number of client at the outpatient clinic ($p<0.01$) and attendance to deliveries ($p<0.01$) were linked to lower emotional exhaustion(Thumm et al., 2022). A study link the result of the low level of burnout rate to the respondents age and the close down of the facilities in the hospital during the pandemic period in the study settings (Opoku et al., 2023). The years of experience and age of the midwives were attributed to burnout syndrome.

The present study is not in agreement with a review study of literatures where the same instrument of this present study was used. The literature reviewed pointed to a varying degree of emotional exhaustion among professionals and it stated that teachers had higher emotional exhaustion but health practitioner had lower status in the rating of emotional exhaustion (Moradi et al., 2015). Joubert and Stellenberg (2012), reported that South African nurses working in neonatal critical care units had a common or average stage of emotional exhaustion in a study conducted in Cape Town. The present study is in contrast to a study on predictors of burnout amongst

126 nurses working in paediatric and maternity wards at two district hospitals in Kigali, Rwanda by Sengoma, (2012) where findings showed that 43% of the respondents experiencing a moderate level of burnout.

The present study is consistent with a study on coping strategies and Burnout among nurses in a Maternity Hospital by Muriithi and Kariuki (2020) which reported a high level of burnout (88.5%) among 128 nurses. In another study by Thorsen, Tharp, and Tarek Meguid (2011) which was carried out among maternal health staff in Malawi, it was documented that majority of the respondents 72% of the 101 respondents experienced high emotional exhaustion. Fuente-Solana et al (2019), conducted a systematic review and meta-analysis to determine the prevalence, related factors, and levels of burnout syndrome amongst nurses working in gynaecology and obstetrics offerings. The population of the systematic review were 464 nurses working in gynaecology and obstetrics units. Results alluded to the prevalence of excessive degrees of emotional exhaustion in 29% of respondents. In a study by Rouleau et al., (2012) to investigate effect of midwives' job satisfaction on burnout among 226 midwives in 22 hospitals in Senegal, it was found that 80.0 per cent of respondents reported high levels of emotional exhaustion.

5.2.2 Depersonalisation

The present study shows that more than half of the respondents 58 (46.8%) had a high level of depersonalisation. This is similar with a study where over three-quarter of the respondents (78.7%) had a high level of depersonalization (Balie et al., 2019). However, the study is not in line with a similar study comprising 8,959 midwives using a systematic review approach, where the fourteen articles extracted and found fitted

for analysis revealed a moderate rating in level of personal burn-out among the midwives as the prevalence of burn-out was 50% (95% CI=38-63)(Suleiman-Martos et al., 2020). The study concluded that majority of the midwives had individual and job-associated burnout which is an indicator of a higher predisposition to burnout among the participants. In another similar study where Maslach Burnout Inventory (MBI-HSS) was used as a tool to investigate prevalence of burnout among a sample of 391 nurses and midwives in Ghana, it was found that 38.4% (n=150) of the respondents had low depersonalization experience of burnout (Opoku et al., 2023). This same study stated that shortage of nursing staff is directly related to increase rate of depersonalization in the work place. This implies that there would be a reduction in the level of burnout if there are adequate nursing personnel to cater for the demand at the practice area (Opoku et al., 2023).

In a longitudinal study conducted in Senegal by Rouleau et al., (2012), these authors reported a moderate level of depersonalisation (57.8%) among the midwives. In another study among 100 nurses in the maternity department at Gauhati Medical College Hospital in India conducted by Baishya & Goswami (2015), it was revealed that depersonalisation was high, whereas emotional exhaustion and personal accomplishment were low.

With maternal nurses in Malawi, it was discovered that little more than one third 43% of respondents informed of experiencing depersonalization(Thorsen et al., 2011). These results are not similar to the results of the current study however (Cañadas-De la Fuente et al., 2015; Gómez-Urquiza et al., 2017; Suleiman-Martos et al., 2020) found that 18.5 percent of contributors had high levels of depersonalisation. In a study of midwives' occupational health conducted by Pougnet et al., (2020), 60 (8.9%) respondents cited an excessive score of depersonalisations for burnout. A third of the

respondents (30.3 per cent) rated moderate in a study conducted by Mollart et al., (2013).

5.2.3 Lack of personal accomplishment

In this present study, 49 (39.5%) of the respondents had a low level of personal accomplishment.

This present study is similar to a study among health professionals where there was a reportedly low personal accomplishment among the respondents (48.9%) (Balie et al., 2019). Bailey (2019) further stated that the higher cadre health professionals experienced a lower degree of burn-out with increased level of job satisfaction, which was deduced to be an adjustment to the job situation over time. This is also similar to a study where over half of the respondents 55.5% (n=217) had lower level of personal accomplishments (Opoku et al., 2023). The study stated that the midwives' years of experience was investigated along with personal accomplishment and it was revealed that as the respondents' age increases, there was a decrease in personal accomplishment (Opoku et al., 2023). This same deduced that relaxation over trying to modify the practice area due resistance to change by the nurse leader made the respondents to resign to fate.

According to Thorsen et al., (2011), 74% of respondents had lower personal accomplishment. Rouleau et al., (2012) reported that the prevalence of impaired personal accomplishment was minimal with just 12.4 per cent of respondents experiencing it. In a study amongst nurses of the maternity department in Gauhati Medical College Hospital in India discovered low levels of burnout in personal success among the respondents (Baishya & Goswami, 2016).

Pougnet et. al, (2020), reporting on the occupational health of midwives discovered that pervasiveness of personal accomplishment varied between 5–30.3% of the respondents which indicated a low score in personal accomplishment burnout. These results are diverse to the results of the current study. In a study *on Factors influencing midwives work-related stress and burnout*, the results showed that a third (30.3%) of respondents had low personal accomplishment (Mollart et al., 2013). These results are similar to the results of the current study.

5.3 Overall burnout score

Results of the current study discovered that about half 63 (50.8%) of the respondents have high rating for emotional exhaustion with a mean rating of 27 for emotional exhaustion and in accordance to Maslach et al. (2017) suggested 26 and above to be high emotional exhaustion. The study also discovered that slightly less than half 58 (46.8%) of respondents had a high score for depersonalisation while 49 (39.5%) of the respondents had low personal accomplishment.

The nurses who are working in the maternity department of the selected tertiary hospital do suffer from burnout to a certain extent because they scored high in two of the three dimensions of burnout, namely emotional exhaustion, on depersonalisation and low levels of personal accomplishment.

The deduction from this study is identical to the statement which reported an association between age and burnout among health workers (Thorsen et al., 2011). The nurses working in a maternity department at a selected tertiary hospital might be experiencing burnout due to their age as mean age of 37.25 years are still young age category in practice. Age is the most studied demographic variable in connection with

burnout and burnout stages are pronounced to be higher amongst younger employees(Maslach et al., 2001). Age is confounded with work trip and youthful midwives are less experienced, hence burnout may also be more of a threat earlier in a midwife's role (Henriksen & Lukasse, 2016).

A study by Mollart et al., (2013) found that there is an association between experience and burnout in midwifery practice. The midwives who have spent between 11 to 20 years do have less experience of burnout while working with their patients compare to with other groups. Studies on maternity nurses discovered three subscales; the young, less experienced, and single midwives, presented increased levels of burnout (Mollart et al., 2013; Schluter et al., 2011) this could be as a result or connected to lack of practical experience and absence of emotional provision (Kitson-Reynolds, 2016).

5.4 Summary

In this chapter, the investigator deliberated on the prevalence of burnout among nurses working at the maternity department at a tertiary hospital in the Western Cape.

The subsequent chapter contains the conclusion, recommendations, and limitations of this study.

CHAPTER SIX

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 introduction

The purpose of this research was to investigate burnout among nurses working in a maternity department at a tertiary hospital in the Western Cape. The objectives of this study were:

• To determine emotional exhaustion in nurses working at a maternity department of a selected tertiary hospital in the Western Cape

• To determine depersonalisation in nurses working at a maternity department of a selected tertiary hospital in the Western Cape

• To determine possibility of reduced personal accomplishment in nurses working at a maternity department of a selected tertiary hospital in the Western Cape.

The Maslach Burnout Inventory – Human Services Survey (MBI – HSS) was found to be effective in measuring burnout (emotional weariness, depersonalisation, and a lack of personal accomplishment) in this study.

In summary, the investigator reflected on how the objectives of this study were met in this chapter. Based on the study's findings, this chapter also determined the study's limitations and suggestions.

6.2 Conclusions

The following are the answers to the study's three objectives:

• **Objective 1: To determine emotional exhaustion in nurses working at a selected tertiary hospital in the Western Cape.**

Nurses working in a maternity department at a selected tertiary hospital were reported to be suffering from high burnout in this study, because the mean emotional exhaustion score was 2.88 (< 3), indicating high emotional exhaustion.

• **Objective 2: To determine depersonalisation in nurses working at a selected tertiary hospital in the Western Cape.**

Nurses working in a maternity department at selected a tertiary hospital were reported to be suffering from high burnout in this study. Depersonalisation had a mean score of 2.35 (< 3), indicating high depersonalisation.

• **Objective 3: To determine possibility of reduced personal accomplishment in nurses working at a selected tertiary hospital in the Western Cape.**

In this study, nurses working in a maternity department of a selected tertiary hospital were found to have high burnout and the mean score of lack of personal accomplishment was 4.17 (> 3), indicating a low personal accomplishment.

6.3. Limitations

Because this study was conducted at one of the Western Cape's three tertiary hospitals, the findings cannot be applied to all nurses who work in maternity departments at tertiary hospitals. Furthermore there is no other evidence on the study that suggest the findings of the study cannot be generalised to a similar setting.

There is a paucity of research on the occurrence of burnout among maternity nurses, with new studies being conducted only in Australia, Europe, and Asia, and very little study being conducted in Africa. Furthermore, there is a scarcity of research on the relationship between burnout domains and demographic data among health nurses.

This research was conducted during the initial wave of the Covid-19 epidemic. It is possible that the epidemic had an impact and that staff may have experienced burnout as a result of the pandemic rather than the midwifery environment, according to the findings of this study.

6.4 Recommendations

Recommendations to nursing education, clinical practice and research will be alluded to below.

6.4.1. Education

In-service training programmes for nursing staff should be developed to teach them how to recognise and manage pressure, anxiety, and stress, as well as provide them with the necessary tools to deal with work-related pressure and stress.

In order to be competent healthcare service providers, nursing staff must also attend developmental courses and in-service training to equip them and keep them up to date on the latest knowledge.

Because burnout can be devastating for nurses, burnout management information should be included in nursing education, particularly for nurses who specialise in nursing management or administration.

Nursing personnel should be encouraged to participate in professional training programmes that deal with stress and stress management in order to receive the necessary support in dealing with work-related pressure or stress.

In addition, nursing personnel should seek out new discoveries and in-service training to keep their expertise up to date, so they can be well-informed and experienced healthcare professionals.

6.4.2 Clinical Practice

Burnout can be reduced in clinical practice if the following factors are considered:

• Rotate nursing staff to other wards for professional development, boredom avoidance, and exposure to new situations and challenges.

• Employing a sufficient number of nurses to avoid work overload.

• Maintain a safe working environment to prevent or reduce unfavourable occurrences.

• Maintain a safe working environment and provide support systems to prevent burnout incidents.

• Provide resources to alleviate stress induced by staffing shortage or unavailability.

6.4.3. Research

Foster a better understanding of the phenomenon of burnout, a qualitative research study on burnout in a tertiary hospital's maternity department should be done to provide descriptive or narrative rich descriptions.

It is recommended that this study be replicated in other settings, as this may provide a different perspective on the burnout phenomenon among healthcare workers, and to obtain an overview of the burnout profile of healthcare workers employed in health care organisations across the country or even across the continent.

6.5 Conclusion

The goal of this study was to interrogate the phenomena of burnout among nurses working in a maternity department at a Western Cape tertiary hospital. According to the findings of this study, nurses working in a maternity department in a designated tertiary hospital experience high level of burnout.

The data suggest a high score for emotional exhaustion, a high score for depersonalisation, and a low score for personal accomplishment.

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11 February 2020

Mr D Booi and Dr PD Martin
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: BM19/10/13

Project Title: Burnout among nurses working in a maternity department at a tertiary hospital in the Western Cape.

Approval Period: 29 November 2019 _ 29 November 2020

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Western Cape Government
Health

GROOTE SCHUUR HOSPITAL
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Mr Dumo Booi & Dr P. D. Martin
UWC – SCHOOL OF NURSING

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Dear Mr. Booi & Dr Martin,

RESEARCH PROJECT: Burnout Amongst Nurses Working In A Maternity Department At A Tertiary Hospital in The Western Cape

Your recent letter to the hospital refers.

You are granted permission to proceed with your research, which is valid until **29 November 2020, subject to the Approval of Mr A. Mohamed: Head of Nursing.**

Please note the following:

a) Your research may not interfere with normal patient care.
b) Hospital staff may not be asked to assist with the research.
c) Confidentiality must always be maintained.
d) No additional costs to the hospital should be incurred i.e. Lab, consumables or stationary. **If access to TRACK Care/NHLS is required, kindly attach our letter of approval to the application form.**
e) **No patient folders may be removed from the premises or be inaccessible.**
f) Please provide the research assistant/field worker with a copy of this letter as verification of approval.
g) Should you at any time require photographs of your subjects, please obtain the necessary indemnity forms from our Public Relations Office (E45 OMB or ext. 2187/2188).
h) Should you require additional research time beyond the stipulated expiry date, please apply for an extension.
i) Please discuss the study with the HOD before commencing.
j) Please introduce yourself to the person in charge of an area before commencing.
k) On completion of your research, please forward any recommendations/findings that can be beneficial to use to take further action that may inform redevelopment of future policy / review guidelines.
l) Please contact Michelle Riley (Patient Fees) at ext. 2276 to ascertain if there will be charges for conducting the Research and to obtain a quote or to discuss charges
m) Kindly submit a copy of the publication or report to this office on completion of the research.
n) At no time should any posters encouraging patients to partake in research, be displayed within a clinical area.

I would like to wish you every success with the project.

Yours sincerely

DR BERNADETTE EICK
CHIEF OPERATIONAL OFFICER
Date: 1 September 2020

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INFORMATION SHEET

Project Title: Burnout among nurses working in a maternity department at a tertiary hospital in the Western Cape.

What is this study about?

This is a research project being conducted by Dumo Booi at the University of the Western Cape. We are inviting you to participate in this research project because you meet the inclusion criteria for the study. The person reading is a midwife working directly with patients in a tertiary maternity department. The purpose of this research project is to investigate burnout among Midwives working at a selected maternity department in a tertiary hospital in Western Cape. The investigator is interested in studying burnout at this hospital because literature about burnout shows that it is prevalent among midwives.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire. The investigator will introduce his self, explain what is the study about (burnout), choice to participate or not, the choice to withdraw from the study without giving any reason, gave advice to contact ICAS if a respondent is traumatised and how to complete the questionnaire. Consent forms, questionnaires and information sheets will be handed out and after completion consent forms and questionnaires will be collected.

The study will be conducted at Groote Schuur hospital. The overall duration will be approximately 30 minutes, approximately 10-15 to explain the study and approximately 10-15 minutes to complete the questionnaire. The questionnaire will be about emotional exhaustion, depersonalisation and personal accomplishment

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To
ensure your anonymity, the questionnaires will not have names but codes instead of names.

(1) Your name will not be included on the surveys and other collected data;

(2) A code will be placed on the survey and other collected data;

(3) Through the use of an identification key, the researcher will be able to link your survey to
your identity; and

(4) Only the researcher will have access to the identification key.

To ensure your confidentiality, the questionnaires will be stored in a locked filing cabinet using identification codes only on data forms.

If we write a report or article about this research project, your identity will be protected.

If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. This study might involve questions that might make the respondent uncomfortable. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study.

Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about burnout in midwives working in maternity department at a tertiary hospitals. We hope that, in the future, other people might benefit from this study through improved understanding of burnout among midwives working in maternity department at a tertiary hospitals.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Dumo Booi, department of nursing at the University of the Western Cape. If you have any questions about the research study itself,

please contact Dumo Booi at: contact number: 0614862308, email address: 2942437@myuwc.ac.za

Should you have any questions regarding this study and your rights as a research respondent or if you wish to report any problems you have experienced related to the study, please contact:

Prof J Chipps
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Prof Anthea Rhoda
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Title of Research Project: Prevalence of burnout among Midwives working in a maternity department at a tertiary hospital in the Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name: ……

Participant's signature: ……

Date: ……

Burnout Questionnaire

Section A (Demographic data)

Age (in years): ….

Race: African …. Coloured …. White …. Indian …. Other ….

Gender: Male …. Female ….

Nursing rank: PNB …. PNA ….. EN …. ENA ….

Years of experience in this hospital: ….

Functional Business Unit: Antenatal …. Postnatal …. Labour …. Nursery …. NICU ….

BURNOUT INVENTORY TOOL

Section B (Domain A: emotional exhaustion)

Items	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
Section B: Emotional exhaustion	**0**	**1**	**2**	**3**	**4**	**5**	**6**
1. I feel emotionally drained by my work.							
2. I am at the end of my patience at the end of my work day							
3. I feel tired when I get up in the morning and have to face another day at work							
4. Working with people all day long requires a great deal of effort.							
5. I feel like my work is breaking me down.							
6. I feel frustrated by my work.							
7. I feel I work too hard at my job.							
8. It stresses me too much to work in direct contact with people.							
9. I feel like I'm at the end of my rope							
Total score– SECTION B							

Section C (Domain B: depersonalisation)

Items	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
Section C: depersonalisation	**0**	**1**	**2**	**3**	**4**	**5**	**6**
10. I feel I look after certain clients impersonally, as if they are objects.							
11. I have become more insensitive to people since I've been working.							
12. I'm afraid that this job is making me uncaring.							
13. I really don't care about what happens to some of my clients.							
14. I have the impression that my clients make me responsible for some of their problems							
Total score–SECTION C							

Section D (Domain C: personal accomplishment)

Items	Never	Few times a year	Once a month	Few times a month	Once a week	Few times a week	Every day
Section D: personal accomplishment	**0**	**1**	**2**	**3**	**4**	**5**	**6**
15. I am easily able to understand what my clients feel.							
16. I look after my clients' problems very effectively.							
17. Through my work, I feel that I have a positive influence on people.							
18. I feel full of energy.							
19. I am easily able to create a relaxed atmosphere with my clients.							
20. I feel refreshed when I have been close to my clients at work							

21. I accomplish many worthwhile things in this job.							
22. In my work, I handle emotional problems very calmly.							
Total score – SECTION D							

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TO WHOM IT MAY CONCERN

This letter confirms that the mini thesis with the title for ***Burnout among Nurses Working in a Maternity Department at a Tertiary Hospital in the Western Cape*** by Dumo Booi (Student number: 2942437) for the fulfilment of the requirements for the degree of Magister Curationis in Advanced Maternal and Neonatal Care at the School of Nursing, Faculty of Community and Health Sciences, University of the Western Cape, has been edited for grammatical and structural concerns by the undersigned language professional. Neither the research content nor the author's intentions were altered in any way during the editing process. The responsibility lies with the author to effect changes and to attend to any anomalies indicated during the editing process. Reference checking was not included in the editing process. The editor's professional profile can be viewed on LinkedIn. (https://za.linkedin.com/in/gava-kassiem-a7569b39).

Gava Kassiem
Independent Language Specialist/Academic Editor
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18 June 2022