

# Midwife's Awareness of Health Culture in the Light of their Profession

PhD theses

**Ibolya Lipien Krémer**

Semmelweis University  
Doctoral School of Pathological Sciences



Director of Studies: Dr Judit Mészáros, professor, CSc

Members of the Supervisory

Committee: Dr Sándor Nagy, university reader, PhD  
Dr Gyula Richárd Nagy, reader, PhD

Chairman of the Selection

Board: Dr Iván Forgács, professor emeritus,  
university professor, DSc

Selection Board: Dr Ildikó Nagy Baj, reader, PhD  
Dr Erika Erdősi, reader, PhD

Budapest  
2016

## **INTRODUCTION**

Midwifery, or with a more modern term, maternity nursing is a ladies' profession subject to state supervision, training and successful examination. Currently a degree can be obtained after four years of education. Within the healthcare system, midwives represent a group of very few professionals with special skills. Similarly to the other healthcare employees, they perform their activities at the sickbed 24 hours a day. Thanks to the rapid development of technology, their competence and powers is on the constant increase. Midwives also have the opportunity to continuously improve their knowledge and skills. Through their work they have a key role during pregnancy and delivery, they monitor the physical and psychological state of mothers-to-be, and prepare them for delivery and the reception of the new-born. However, their social status was not always as favourable as nowadays.

Healthcare professionals, including midwives, are exposed to exceptional physical and psychic load and stress during their daily work.

The considerable physical load and uninterrupted stress entailed in their work, the degree of collective – professional – and social support, and insufficient financial reward influence their daily lives and health. Continuous work at the sickbed and simultaneous engagement at several workplaces overload the body, and may lead to ill physical and mental health. For all these reasons, there may be midwives who wear out and burn out as a result of their daily work, and become incapable of helping others. The most painful phenomenon is to see burn-out in people who wholeheartedly want to do their jobs well.

Midwives attach significance to the maintenance of their health and to the development of an appropriate health-conscious behaviour. They also make efforts at passing this approach on to those who turn to them for help. Their responsible thinking is also reflected by their regular attendance at various screen tests and their avoidance of conducts that destroy health, e.g. smoking and the consumption of alcohol.

Based on the responses received in the course of the research, it cannot be clearly affirmed that midwives are affected by burn-out. No such a comprehensive study of midwives in Hungary has been made so far.

**This thesis relies on the research data collected on two subjects:**

1. Midwives have a significant role in health education. Through their theoretical knowledge and positive attitude, they can give appropriate advice to pregnant mothers, adolescent girls and ladies going through menopause in relation to physical exercise, healthy eating and hygiene. They can call the attention to the dangers of smoking and alcohol consumption, and to the significance of screen tests. Naturally, authentic lifestyle advice can only be given and the significance of lifestyle change can only be emphasized by a healthcare professional who maintains a healthy lifestyle. For this very reason I considered it important to familiarise myself with midwives' practice of maintaining their health and any pattern of behaviour that may pose a potential risk to their health, as those midwives who smoke will certainly not pay as much attention to the harmful effects of smoking as non-smokers.
2. The psychological burn-out and emotional overload of healthcare professionals is of fundamental importance in Hungary, evidenced by numerous research studies. Midwives have not been studied in this respect in Hungary before this study.

## **OBJECTIVES**

In the course of characterising the health condition of midwives and nurses with midwife qualification working in Hungarian hospitals and clinics, analysing their lifestyles and approach to health, revealing correlations between health culture, healthy behaviour and risk factors, and mapping occupational diseases, stress factors and the danger of burn-out, I set the following objectives:

1. In the course of practicing their profession, do midwives are increasingly engaged in maintaining their health and in health culture, and do they consider healthy life important?
2. Do they participate in various screen tests considering that after they have obtained a degree, they are allowed to give health advice to patients seeking their help?
3. Are unhealthy habits, e.g. smoking or excessive coffee consumption, more frequent among midwives working in difficult psychological and social working conditions?
4. As a result of increase in the psychological and physical load at work, does health deteriorate and if yes, to what extent, among midwives?
5. Do the working conditions of midwives employed in healthcare have a significant impact on the evolution of a burn-out syndrome?
6. Does the appreciation of and overload on midwives contribute to the evolution of burn-out?
7. Is there any correlation between the number of years spent in work and burn-out dimensions?
8. Are midwives affected by burn-out, and if yes, to what extent?

## **PATIENTS AND METHODOLOGY**

With the permission of institution leader medical directors, institutional head nurses and department head physicians, I personally or through senior midwives, distributed 500 questionnaires, comprising two different types, at the obstetric and gynecologic departments of healthcare institutions in Budapest and in the countryside. The first, structured questionnaire included 35 questions, divided into two parts, compiled by myself, and had to be completed anonymously. In the first part of the questionnaire relates to general social data, and the other part concerned midwives' health-related habits and behaviour. The questionnaire included both closed and open questions. In the case of closed questions, respondents had to choose the response from among the given options, while in the case of open questions, they were given the opportunity to briefly word their thought. The second questionnaire included 22 items of the Maslach Burn-out Inventory (NBI), specifically developed for the investigation of burnout in the human service provider sector. Respondents were required to mark their responses on the Likert scale of seven. Each dimension is assigned low, medium and high average values with previously specified instructions for evaluation. Eight of the 22 items concerned emotional exhaustion, 5 examined depersonalisation and 9 personal accomplishment.

## **STATISTICAL ANALYSIS**

The findings are absolute numbers, percentage rates, average and standard deviation, and the Spearman correlation coefficient. In addition to visualisation, I also performed a statistical analysis of the data with the help of an IBM SPSS 23 statistical program package. This was used to establish standard correlation parameters and significance levels. It can be considered as characteristic of a population if the significance value (p) is less than 0.05.

## **FINDINGS**

The survey was made between 1 March 2012 and 30 July 2012, with 500 midwives working at the obstetric and gynaecological departments of 4 Budapest and 7 rural hospitals. 26.5% of the (128/500) of the midwives involved in the survey work in the capital city, 24.4% (116/500) of them in the western, and 6.2% in the eastern part of the country.

In the course of the survey, a self-completed questionnaire made by myself and comprising 35 questions about general social and demographic data and midwives' health-related habits and health maintenance, and the easy-to-fill and evaluate MBI questionnaire of 22 items, developed for analysing burn-out among the employees of the human services sector. 56% (280/500) of the distributed questionnaires were returned, and 98% of the latter (275/280) proved to be suitable for evaluation. I excluded deficiently completed questionnaires from the evaluation, because more than 50% of such questionnaires were left unanswered.

In the course of the survey I did not distinguish between the individual fields of obstetrics and gynaecology where qualified midwives worked. 56% of the questionnaires (154/275) were distributed to midwives working at maternity wards, 65.5% (180/275) to those employed at obstetrics and gynaecologic departments, and 13.8% (38/275) to those active at ambulances belonging to obstetrics. Several respondents indicated that they worked in the maternity ward and as department nurses simultaneously. 30% (150/500) of the questionnaires were distributed by myself in person, and 70% (350/500) with the help of institution leader or department head matrons, with permission from the institutional director / department head physician.

280 of the questionnaires distributed to survey social and demographic data and health culture were returned, and 275 of them were suitable for evaluation.

The surveyed midwives have been in the profession for 19.8 years on average. The youngest one has been working as a midwife for 1, and the lady working for the longest time has been a midwife for 42 years. The ratio of midwives working at various fields of obstetrics and gynaecology for 20 to 30 years is around 50%.

All but one of the midwives responded to the question concerning family status. Nearly half of the respondents (49%; 135/274) live in families, almost one third of them (31%;

85/274) are single, 16% (43/274) have divorced after unsuccessful choices of partners, and 4% (11/274) are widows.

The ratio of those with BSc degrees was the lowest (13%) among the surveyed midwives. In terms of qualifications, the ratio of midwives with 10-month (midwifery) qualification (46%) is high, while those have completed two-year vocational training courses (midwife 5.4) represented 18%. The remaining 23% obtained their degree at three-year courses in the framework of national vocational training (Midwife: 5.5).

The respondents' average age was 40.15. The youngest one was 22, the oldest 62 years old.

In this sample representing 7.3% of Hungarian midwives, more than 70% (71.2%) thought that her physical fitness was good or very good. Midwives attach significance to the development of an appropriate life style and to having sufficient time to sleep. The ratio of smokers (regular smokers represented 11%) and alcohol consuming midwives (1%) does not exceed the corresponding ratio in the average population. However, in terms of coffee consumption, there is a significant variation, as the frequency of coffee consumption is exceptionally high. In addition, the ratio of those who drink coffee several times a day is 51%.

During the analysis of burn-out, I concluded that responses pushed the respondent's points into a single direction in the case of the individual parameters, and no outstanding result was obtained.

In the sample I analysed, the internal factors of work (overburden, appreciation, satisfaction) significantly correlate with the burn-out dimensions. The factors of overburdening, appreciation and satisfaction primarily correlate to emotional efficiency from among the burn-out dimensions. A comparison of their satisfaction with their chosen profession, midwifery, and their appreciation yielded nearly the same results. The most important difference was identified in the field of emotional burn-out.

## CONCLUSIONS

1. Midwives attach significance to the maintenance of their health and to the development of an appropriate health-conscious behaviour. More than 70% (71.2%) of the midwives included in my survey thought that their physical fitness was good or very good. In the course of their work, within their competence they place great emphasis on health education, and familiarise those who seek their help with the correct health culture.
2. They regularly attend screen tests. Their responsible approach is reflected by their active participation in screen test, as they attend such tests in outstanding numbers: 84% of the respondents regularly visit gynaecological cancer screening and 75% have their lungs X-rayed. 40% of the respondents attended at least two different screen tests in the surveyed period. They consider it important to call the attention of those who seek help from them to the significance of prevention, including active participation in screen tests.
3. Among midwives working in difficult psychological and social working conditions, the ratio of those with unhealthy habits (108 midwives), e.g. the abuse of alcohol, caffeine and nicotine is no more frequent than in the average population. A minor difference can perhaps be observed in the case of coffee consumption, due to midwives work schedule in uninterrupted 12-hour shifts.
4. Despite increase in the psychological and physical load at work, no deterioration can be observed in midwives' health. 70% of the respondents considered her health as good.
5. The working conditions of midwives active in healthcare do not considerably correlate with burn-out factors. In Hungary maternity wards and obstetric departments have been continuously improved and aesthetically changed during the past few years, and as a result, these are bright, clean, neatly furnished and well equipped premises. The reasons for the lack of burn-out may include several factors:



- In the institutional system of Hungarian healthcare, midwives work for equal 3-6-month intervals in the maternity ward and at the departments.
  - Delivery and birth is seen as a positive psychological experience.
  - In contrast to the relevant directive of the European Union, currently, instead of midwives, obstetricians are responsible for conducting deliveries and they have all civil and criminal liability for any complication that may arise during delivery.
6. The feeling of appreciation and overload of midwives working in healthcare and the various burn-out dimensions show significant correlation.
  7. Despite the fact that among the surveyed midwives the ratio of those who have remained in the profession for a long time (20-30 years) was high among the surveyed midwives, no significant correlation could be proven between the number of years spent in healthcare and burn-out dimensions.
  8. In the Hungarian healthcare system, no such a comprehensive study of midwives has been made so far.

Based on the responses received in the course of the research, it cannot be clearly affirmed that midwives are affected by burn-out, as the responses given almost push the respondent's points into a single direction along the individual dimensions. Based on this survey, the burn-out syndrome is far less frequent than average among midwives.

## **Recommendations for improving conditions for midwives**

We are aware of the fact that healthcare professionals are aging, as the problem that only a few of the young choose the healthcare profession is encountered on a daily basis. Many of those who still decide in favour of healthcare go abroad after obtaining their qualifications. It is important to **make midwifery attractive** by **allowing midwives** perform their work **independently, according to the competence** they have acquired in the course of their training. In healthcare this means that on completion of their training and once they have obtained their qualification, midwives should be allowed to perform more than just general nursing duties, they should have the comprehensive skills that allow them to update the individual tasks like the independent conduct of deliveries, episiotomy and sutura.

**Wage decompression** is a constant problem in the healthcare industry. Although there are ongoing measures, the promised wage hikes are not fully implemented. The ultimate and desirable aim is to achieve Western European wages, as Hungarian midwives' theoretical knowledge and practical skills are on par with those of their colleagues working in Western countries. Until this issue remains unsettled, midwives, similarly to nurses, are compelled to take on part-time jobs in their leisure time to complete their income. As a result, they have less time to have a rest, spend with their families, and their physical and mental health will deteriorate sooner. The only solution to this problem is wage hike, not to mention the significance of fringe benefits. These precautions would make midwifery more attractive for young girls, and leaving the profession or emigration abroad could be prevented to a large extent.

**Postgraduate education** also frequently gives rise to debates in professional circles. There is a high number of midwives who would like to obtain the highest possible qualifications, but either their workplaces do not approve for shortage of labour or finances, or there is no available postgraduate – MSc – training in Hungary for midwives to obtain higher competences. It would be worth to change the approach that this is not necessary, as more knowledgeable midwives could provide safer and more holistic care.

Higher emphasis should be placed on **the improvement of atmosphere at work by the development of a supportive environment**, which will, in turn, also improve mental health, as a lack of the latter jeopardises the process of patient care to a great extent. In

order to bring team spirit to success, I consider it important to regularly enrol midwives in team building training courses, where they can frankly speak of their emotions. Simultaneously, I also think professional appreciation should be introduced at a national level, by **introduction of the “Midwife of the Year” title of honour**. In addition to appreciation at work, this is most likely to also increase social esteem for midwifery.

### **Recommendations for improving midwives’ health**

The survey has revealed that midwives’ physical and mental health has not deteriorated in the past few years. The overwhelming majority of midwives working in the healthcare system regularly attend various screen test in an effort to maintain their health. I think it is important to call the attention of colleagues who argue against screen tests to the fact that it is really important to seek medical help when the symptoms of a disease are noticed. One must be aware of the fact that following appropriate and professional medical therapy they can take up work sooner. Each healthcare professional must be aware of the significance of their own health. In the case of a disease, medical assistance must be sought immediately instead of performing work ill, this way a high number of diseases, even chronic ones, can be prevented. We frequently forget that we spend most of our time at work, and so I consider building the best possible work relations important, even by the organisation of joint programmes on holidays. Moreover, I think it is important to organise health improvement training courses and programmes at work, including assistance in giving up smoking, emphasising the significance of screen tests and even the organisation of leisure-time recreational activities as important elements. In addition to the protection of physical health, I would like to call the attention to the significance of the protection of psychological health. Stress effects cannot be excluded from life, they are constantly present, daily life is full of all kinds of load exposing us to stress, and we have to learn to adjust to them. The same is experienced at work. It is important to learn to manage these factors, if required, with the help of specialists.

## **Publications providing the basis of the thesis**

### ***The original publications published in the topic of the dissertation***

1. **Lipienné K.I.**, Dió M, Mészáros J. (2014) Burn-out Research Among Midwives, *New Medicine*, 28:146-150.
2. **Lipienné K. I.**, Mészáros J. (2014) Midwives' changed preventive role during care for pregnant ladies, in: *Egészségfejlesztés*, 55:5-6
3. Ossik A, **Lipienné K. I.**, Laky M.I, Mészáros. (2015) Most important gynecologic infections among young girls due to insufficient knowledge of hygiene during menstruation, in: *Védőnő*, 25: 26-32.
4. **Lipienné K.I.**, Vincze F, Dió M, Mészáros J. (2015) Survey of health-related behaviour among midwives in respect of smoking, alcohol and coffee consumption: *Egészség – Társadalom IME*, 14:34-38
5. Gurály E, **Lipienné K.I.**, Mészáros J. (2015) *Egészségfejlesztés*, 56:25-33.
6. Járfás V, **Lipienné K. I.**, Hoyer M. (2015) Effects of events before, during and after childbirth on changes in mothers' moods, recommendation on primary prevention, forthcoming, 2015 *Egészségfejlesztés*, 56:10-18
7. **Lipienné K.I.**, Rados, M, Pálvölgyi M, Dió M, Mészáros J, Soósné K. Zs. (2016) A highly demanding profession: midwifery. Do the midwives who provide sensitive support for birthing women feel satisfied and appreciated? *New Medicine*, 20:19-26.

*Other original publications published not in the topic of the dissertation*

1. Szénási R, **Lipienné K.I**, Mészáros J.(2013) Episiotomy in Hungary, *Nővér*, 26:16-26.
2. Böcskei A, **Lipienné K.I**, Dobos A. (2015) Role of midwives in attending to the needs of pregnant ladies with reduced mobility in the maternity ward, *Egészségfejlesztés*, 5:10-18
3. Vincze F, **Lipienné K.I.(2016)** Developments in home birth and the role of midwives in Hungary, *Orvosi Hetilap*, 11:415–423, DOI: 10.1556/650.2016.30364

*Chapters in various books:*

1. Dr Eleonóra Bartus Szabó, **Ibolya Lipien Krémer**: Fundamentals of Nursing, grades 9-10, students of healthcare and social services, Grafika Press, 2004
2. Dr Eleonóra Bartus Szabó, **Ibolya Lipien Krémer**: Fundamentals of Care, grades 9-10, students of healthcare and social services, Grafika Press, 2005
3. Dr Eleonóra Bartus Szabó, **Ibolya Lipien Krémer**: Health Culture and the Theory of Health, grades 9-10, students of healthcare and social services, Grafika Press, 2005
4. **Ibolya Lipien Krémer**, Melinda Marosi Nemes, Ágota Pósch Bróda, Irén Rideg Cseke: Healthcare, Műszaki Kiadó Budapest, 2010
5. **Ibolya Lipien Krémer**, Irén Rideg Cseke: Status Monitoring, Műszaki Kiadó Budapest, 2011
6. Mrs Tamás Halmos, **Ibolya Lipien Krémer**, Irén Rideg Cseke: Health Improvement, Műszaki Kiadó, Budapest, 2011