

QUALITY OF LIFE OF MIDWIVES WORKING IN CLINICS AND MATERNITY HOSPITALS IN NORTHWEST IRAN

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ABSTRACT

BACKGROUND

Quality of Life is a personal interpretation about the life status in the context of culture and value system. The quality of life of midwives working in the health care system requires special attention.

The present study was conducted with an aim to investigate the quality of life of midwives working in clinics and maternity hospitals in northwest of Iran.

MATERIALS AND METHODS

This cross-sectional study was conducted with participation of 70 midwives working in health centers and maternity hospitals in Maragheh. The data collection tool in the present study was Quality of Life Quality Questionnaire of the World Health Organization (WHOQOL-BREF-26). The collected data was analysed using software SPSS version 16 and Kruskal-Wallis, Mann-Whitney and Pearson correlation descriptive tests. The significance level was considered 0.05.

RESULTS

The mean age of the subjects was 31.18 years with a standard deviation of 7.74. The mean and standard deviation of the overall quality of life score was 74.54 ± 17.06 from 100. The highest and lowest scores were related to the domain of the physical health (71.34 ± 14.14) and environmental health (61.77 ± 14.87), respectively. A significant difference was found between the mean scores of the domains of the quality of life and employment type. Spearman correlation test showed that a statistically significant correlation was found between the physical health, mental health and total score of quality of life and age.

CONCLUSION

The results of the present study showed that the average quality of life score of subjects was higher than mean and was moderate. It is suggested that midwives receive training on the factors affecting the quality of life to become empowered to enhance their quality of life and the health of themselves and their clients.

KEY WORDS

Mental Health, Midwife, Quality of Life.

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BACKGROUND

The World Health Organization defines the Quality of Life as the personal interpretation about his life status in the context of the culture and value system in which he lives.⁽¹⁾ These experiences are unique and presented within the scope of the personal life such as marriage, occupation, health etc. The satisfaction or dissatisfaction with the experiences results from the coordination or lack of coordination between current situations and expected and desired situations.⁽²⁾

For the quality of life six domains have been expressed that include the physical health, mental status, levels of autonomy, social communication, environmental communication and spiritual interests. Different aspects affect the quality of life and these aspects include

socioeconomic, psychological and occupational status.⁽³⁾

One of the factors affecting the quality of life is working. Accordingly, the great work effects and the imbalance between work time and personal and family life have put the quality of life of many people and families at high risk.⁽⁴⁾ Although, the work is a very important source for the life and acquiring social positions can at the same time lead to dissatisfaction and reduction of physical and psychological forces.⁽⁵⁾ Some works are associated with many physical and psychological stresses, and this is due to the nature of the work, the type of tasks and responsibilities. The members of the medical team are those who receive a high level of these pressures. Since midwives are also part of this team, stressors can be considered as psychological or psychosocial threats.⁽⁶⁾ Midwives play an important role in the public health at the three levels of the health care system including the hospital and the family and community health center. According to the statistics of Ministry of Health and Treatment, the number of midwives in different centers is about 15,000.⁽⁷⁾ The conducted studies in the country have provided a variety of assessments of the quality of life of nurses and midwives, some reported good quality of life⁽⁸⁾ and some reported undesired quality of life.⁽⁹⁾ Also studies in

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other parts of the world have shown that the quality of life in the South African nursing profession is lower than their American counterparts. The nurses had a high level of self-confidence and self-esteem in nurses was directly and indirectly influenced by their job satisfaction.⁽¹⁰⁾ However, the results of previous studies indicate a positive and significant correlation between the quality of work life and job performance.⁽¹¹⁻¹³⁾ The midwives working in the health care system due to the importance of this profession and their responsibility in protecting the life of the mother and child should be given more attention. One of the important issues in their life is their quality of life. Therefore, the present study has been conducted to evaluate the quality of life of midwives working in clinics and maternity hospitals in northwest of Iran.

MATERIALS AND METHODS

This study was a cross-sectional study. The study population included all midwives working in health centers (a total of 9 centers) and maternity hospitals in Maragheh. A total of 70 midwives working in these centers participated in this study. The inclusion criteria included all employed midwives with at least associate degree and one year of work experience and dissatisfaction with participation in the study were among the exclusion criteria.

The data collection tool in the present study was Quality of Life Quality Questionnaire of the World Health Organization (WHOQOL-BREF-26).⁽¹⁴⁾ This tool examines individual's satisfaction with life and records the positive and negative aspects of the quality of life.⁽¹⁴⁾ The questionnaire consists of two parts: the first part of the questionnaire related to the individual and occupational characteristics of the subjects: age, marital status, educational level, place of employment, type of employment, work experience and the second part of the questionnaire related to the quality of life including four aspects of the physical, psychological, social and environmental. The questionnaire has a total of 26 questions and the scoring scale is based on a 5-point Likert scale, in which 1 indicates the negative and low perception and 5 indicates the positive and high perception. After making the necessary calculations in each field a score of 4-20 is obtained for each field, in which 4 is the worst and 20 is the best status for the quality of life in the given field.⁽¹⁵⁾ This questionnaire has been translated and validated in more than 40 countries, and also in Iran its validity and reliability have been verified.⁽¹⁵⁾ The questionnaires were provided to the subjects at least for 24 hours in order to be able to respond to

the questions in a relaxed and appropriate environment with no occupational and environmental stresses. In the present study we met the ethical issues such as explaining the purpose of research and ensuring women from the confidentiality of information. Also, written informed consent form was obtained from participants. The collected data were analysed using software SPSS version 16 and Kruskal-Wallis, Mann-Whitney and Pearson correlation descriptive tests. The significance level was considered 0.05.

RESULTS

The results of the data analysis showed that the mean age of the subjects was 31.18 years with a standard deviation of 7.74; 26 (31.7%) participants were single and 56 (68.3%) were married; 10 (12.2%) participants had a diploma degree; 68 (82.9%) had a bachelor's degree and 4 (4.9%) had a master's degree. 34 (41.5%) participants worked in the maternity hospital, 24 (29.3%) worked in clinics, 20 (24.4%) were office staff and 4 (4.8%) participants were faculty members. For the type of employment 20 (24.4%) participants were seasonal, 47 (57.3%) were semi-contractual, 5 (6.1%) were contractual and 10 (12.2%) were formal. 20 (24.4%) participants in the study had an office. The average work experience of the participants in the study was 6.32 and the standard deviation was 6.61.

The mean and standard deviation of the overall quality of life score was 74.54±17.06 from 100. The highest and lowest scores were related to the domain of the physical health (71.34±14.14) and environmental health (61.77±14.87), respectively (Table 1).

In examining the relationship between different domains of the quality of life and workplace variables, level of education, marital status and having a personal office, the results showed that no statistically significant difference was found (p > 0.05), but a significant difference was found between the mean scores of the domains of the quality of life and employment type. So that the quality of life score in all domains for those with seasonal type of employment was more than others (p= 0.01). The more detailed information are given in (Table 2).

Also, Spearman correlation test showed that statistically a significant correlation was found between the physical health, mental health and total score of quality of life and age. Also, statistically a significant correlation was found between all domains of the quality of life except the social health and work experience (Table 3).

Variables		Quality of Life Domains					p
		Physical	Mental	Social	Environmental	Total	
Workplace	Maternity	71.32±14.85	67.52±15.06	68.62±17.17	62.59±13.40	78.67±16.43	NS
	Clinic	72.17±14.20	64.75±11.52	70.46±14.32	63.93±16.86	71.35±17.08	
	Office staff	69.64±12.77	63.75±10.90	63.75±16.94	58.90±13.38	72.50±13.81	
	Faculty member	76.78±18.09	68.75±13.81	47.91±18.47	56.25±23.24	68.75±33.07	
Education	Associate	69.64±14.50	68.75±11.56	68.33±7.68	64.37±7.68	77.50±14.19	NS
	Bachelor	71.79±14.42	65.31±13.43	68.01±16.88	62.04±15.22	74.63±16.58	
	Master	67.85±9.67	67.70±13.76	45.83±15.95	78.50±20.78	65.62±31.25	
Marital status	Single	72.93±13.06	67.46±13.07	65.38±16.61	65.26±13.61	75.96±16.55	NS
	Married	70.59±14.67	65.10±12.97	67.70±17.04	60.15±15.26	73.88±17.39	
Employment	Seasonal	73.39±11.78	71.66±12.72	73.75±12.51	68.87±12.51	84.37±9.82	0.01
	Semi-Contractual	71.96±15.26	64.89±12.84	65.07±18.44	60.10±16.94	70.74±20.19	

	Contractual	73.57±12.52	60.83±14.61	60.00±16.02	64.37±3.56	72.50±16.29	
	Formal	63.21±12.60	61.25±10.76	65.83±12.07	58.12±9.79	73.75±10.75	
Personal office	Yes	73.12±16.85	62.22±16.48	71.92±15.26	64.30±16.21	73.68±22.78	NS
	No	70.80±13.32	65.74±11.86	65.47±17.12	61.01±14.49	74.80±15.14	

Table 1. Relationship between Quality of Life and Socio-Demographic Variables

Quality of life Domain	Age	Job Experience
Physical Health	*-.243	*-.227
Mental Health	**-.285	**-.365
Social Health	-.207	-.181
Environmental Health	.179	*-.259
Total Quality of Life	**-.312	**-.345

Table 2. Relationship between Quality of Life and Age and Job Experience

*p < 0/05, **p < 0/01

Quality of Life Domain	Mean	Standard Deviation
Physical Health	71.34	14.14
Mental Health	65.85	12.97
Social Health	66.97	16.84
Environmental Health	61.77	14.87
Total Quality of Life	74.54	17.06

Table 3. Mean and Standard Deviation of Quality of Life Score

DISCUSSION

The results of the present study showed that the average quality of life score of subjects was higher than mean and was moderate. On the one hand, the highest score was related to the physical health and the lowest score was related to the environmental health. This finding is consistent with the results of other studies.^(16,17) For example, the results of other studies showed that Iranian nurses had the lowest score in the quality of life in the mental health.⁽¹⁸⁾ On the other hand, in explaining why in the present study the lowest score is related to the environmental health, it can be said that there are issues such as the work environment and organizational climate, and conflicts of interest with colleagues and authorities may lead to this. If organizations can increase the quality of work life of employees and create conditions in the workplace so that they feel the justice, equality, growth and opportunity to develop their capabilities, then we can witness the increased organizational commitment and consequently the growth and dynamism of the organisation.⁽¹⁹⁾

The results also showed that no significant difference was found between the mean of different domains of the quality of life and workplace variables, level of education, marital status and having a personal office and a significant difference was observed in terms of the employment type variable. The results of other studies also support these findings.⁽²⁰⁻²²⁾ It is expected that the quality of life is higher for those with formal employment type and high job security as well as higher salaries, but the results were quite the opposite, and in those with seasonal employment type the quality of life score was higher than in all domains. The reason for this inconsistency may be that these are younger, more motivated and more enthusiastic to work and those with more work experience may have somewhat a burnout. Also, those with seasonal employment type are not limited to one sector or organization, they feel more freedom and if they have a better job opportunity they will choose it. Although, previous studies have argued that when employees are formal, they are confident that they will work for a long time

in the organization. This makes them feel more attached and committed to the organization.^(21,23)

Also, the results showed that statistically a significant correlation was found between the physical health, mental health and total quality of life scores with age and the quality of life score reduced with increasing age. This finding can be due to the effect of the health aspect on other aspects, as with increasing age the physical function and agility reduced. This finding is consistent with others' results.⁽²³⁻²⁵⁾ Also, statistically a significant correlation was found between all aspects of the quality of life except social health and work experience. In explaining this finding, we can also say that work experience and age are correlated, and the longer work experience means the older age, and therefore all the reasons mentioned for the increase of age are also true in this case. Also, the increase in work experience is probably related to the formal type of employment that was associated with reduced quality of life.

CONCLUSION

Performing psychosocial and behavioural interventions in the midwifery workplace as well as removing barriers and discrimination between individuals in terms of the type of employment and job description can play a significant role in improving the quality of life of a midwife. Organizational interventions such as creating supportive environments and flexible work shifts will be other factors. And finally, it is suggested that midwives receive necessary training on the factors affecting the quality of life. Because of this training, they can try to enhance their quality of life and the health of themselves and their clients.

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