



Evaluating the Effect of Leadership Style on Burnout among the Midwives Working at Maternity Hospitals of Khuzestan Province

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ABSTRACT

Background and Objective: The dynamic organizations including hospitals, need the leaders that in addition to developing the organizations given the increasing changes, meet their staff's needs, satisfy them, and prevent stress and dissatisfaction caused by these changes. The current research was conducted to evaluate the effect of the leadership style on burnout of the midwives working at maternity hospitals of Khuzestan province. **Methodology:** This cross-sectional research was conducted on 14 supervisors and 140 midwives working at the maternity hospitals of Khuzestan province. A randomized sampling was used in this study. After obtaining the permission from the relevant authorities, the data were collected using the demographic questionnaires, Hersey and Blanchard's Leadership Style questionnaire, and Maslach's Burnout Inventory, and analyzed by SPSS software (version 23). **Results:** The results revealed that the mean age of the subjects was 33.51 ± 7.70 , and 53.6% of them were married. Their mean employment history was 6.89 ± 9.17 months, 82.9% had a bachelor level of education, and 33.6% were officially employed. The directive and supportive leadership styles were dominant in the subjects. There were no significant relationships between the components of leadership style and job burnout. **Discussion and Conclusion:** The results showed that leadership style affected job burnout in the midwives at the examined maternity hospitals, but this effect was not significant affecting only one dimension of the burnout. Thus, further and wider studies are required in order to reduce job burnout and improve the effectiveness of the leadership style. Moreover, training managers, and reviewing the process of training the management skills and the methods of reducing job burnout are recommended.

Key Words: Job Burnout, Leadership Style, Midwives.

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INTRODUCTION

The dynamic organizations including hospitals, need the leaders that in addition to developing the organizations given the increasing changes, meet their staff's needs, satisfy them, and prevent stress and dissatisfaction caused by these changes [1]. Job burnout is a psychological

syndrome mostly observed in the jobs where one spends long hours in close contact with other people. Therefore, burnout in the staff of an organization is important regarding two aspects. First, it affects the mental health of the person, and causes physical and psychological symptoms, absenteeism, and job change. Second, it reduces the quality of the services provided to the community, and leads to dissatisfaction with the services.

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In a research conducted on Australian midwives by Mollart et al. (2013), most of the midwives (60.7%) had severe burnout in the dimension of emotional exhaustion [2]. Akizuki et al. (2007) studied Japanese midwives and found that 16% of them suffered from emotional exhaustion, 12% had depersonalization, and 21% experienced lack of success with a high frequency [3]. Behboodimoghadam et al. (2014) concluded that the level of lack of individual success was high in the midwives, and that there was a significant relationship between such factors as age, education level, number of children, housing status, workplace, work shift, overtime, and interest in the job with burnout and its dimensions [4]. The psychological stress and anxiety have been frequently reported in the midwifery profession; therefore, midwives have been prone to burnout as well.

Laschinger and Fida (2014) investigated job burnout in 205 newly-employed nurses and workplace health with an emphasis on the effect of proper leadership in London, and concluded that the supporting role of the leadership process in burnout was still significant ($p < 0.01$) [5]. Hosseinzadeh (2013) conducted an analytical-applied study with the aim of explaining the relationship between management styles and burnout with the organizational health of the nurses in Tehran Taleghani Hospital [6]. The research population included all 256 nurses of the Taleghani Hospital, of which 150 nurses were selected as the sample size using stratified random sampling method (male and female), Krejcie and Morgan table [7]. The research inclusion criteria included having at least an associate degree, a five-year employment history, and no participation of managers in burnout-reducing classes. Data were collected using Maslach (1982) Burnout Inventory considering job burnout and Likert Leadership Style questionnaire [1]. Then, they were analyzed using SPSS software in two descriptive (frequency, percentage of frequency, mean, standard deviation, and range of variations) and inferential (Pearson correlation coefficient, Shapiro-Wilk test, and simple and multiple linear regression) sections. The results showed that there were positive and significant relationships between benevolent, advisory, and participative management styles and organizational health of Tehran Taleghani Hospital. Moreover, there was a negative and significant relationship between the autocratic management style and organizational management. They concluded that there was a positive and significant relationship between the autocratic style and burnout; therefore, this style was not recommended.

As no study has been conducted in this regard in the midwifery community, this research was conducted to evaluate the effect of leadership style on job burnout of the midwives working at maternity hospitals of Khuzestan province.

METHODOLOGY

This cross-sectional study was conducted after obtaining the permission from Research Deputy at Ahvaz Jundishapur University of Medical Sciences. In order to observe ethical principles in these centers, the researcher holding a letter of introduction, referred to the authorities and explained them the research objectives. Then, the researcher referred to the relevant departments and received written consents from the subjects, followed by determining the study inclusion criteria and the sample size depending on the manager, etc. To begin, the researcher referred periodically to the treatment-related departments.

The research inclusion criteria included the midwives with official, contractual, and project types of employment, having at least six months of employment history at the maternity hospital, and having at least an associate degree in midwifery. The research exclusion criteria included unwillingness to participate in the study and incompletely filled questionnaires. In cases where the subjects were on a leave or were not available, their return dates were asked to conduct the questioning in the next visit.

The Hersey and Blanchard (2006) Leadership Style questionnaire was distributed among the authorities [8] and Spector (1997) Job Satisfaction questionnaire (1997) [9] and Maslach (1982) burnout Inventory were distributed among the subjects [1]. The researcher answered the questions while the samples were completing the questionnaires. The participants were provided adequate opportunity for filling out and returning the papers within the specified time. The questions were directly asked from the managers. After collecting all of the questionnaires, the data were coded and analyzed using SPSS 23 software. Moreover, Pearson correlation coefficient, ANOVA, and t-test were used to examine the correlations between the quantitative variables, and to correlate each of the three variables with demographic variables. Finally, multiple regression was used to determine the multivariate status. The significance level in all cases was considered $P < 0.05$.

RESULTS

This study was conducted on 14 midwifery authorities and 140 midwives in 14 maternity hospitals in Khuzestan province (including the cities of Izeh, Shushtar, Shush, Omidieh, Behbahan, Dezful, Abadan, Ahvaz, Khorramshahr, Ramhormoz, MasjedSoleiman, Mahshahr, Genaveh, and Shadghan) to evaluate the relationship between leadership style and job burnout. Table 1 shows the demographic characteristics of the authorities at the maternity hospitals participating in the study. The mean

age of the authorities was 44.14 ± 4.63 years, and their mean employment history was 20.85 ± 4.21 years (Table 1*). In this study, directive style ($n = 5, 35.7\%$), supportive style ($n = 5, 35.7\%$), participative style ($n = 2, 14.3\%$), and delegative (laissez-faire)-participative style ($n = 2, 14.2\%$) were recorded in the authorities. The mean age of the participating midwives was 33.51 ± 7.70 years with a mean employment history of 6.89 ± 9.17 months. In terms of educational level, 116 (82.9%) of the midwives had a bachelor degree (Table 2*). Table 3 shows the relationship between leadership styles and burnout in the midwives working at the studied maternity hospitals. As observed, leadership style, except for the lack of success component, had no significant relationship with job burnout.

DISCUSSION AND CONCLUSION

This research was conducted to evaluate the relationship between the leadership styles and burnout among the midwives working at maternity hospitals of Khuzestan province. The descriptive statistics, including demographic characteristics, employment history, working conditions, education, and management styles of the authorities showed varying levels of burnout in the midwives of this study, with no significant relationships with leadership styles. This result was inconsistent with those of Zopiatis and Constani (2009), Safi et al. (2015), Hosseinzadeh (2013), and Laschinger and Fida (2014) [5, 6, 10, 11]. Zopiatis and Canstani (2009) investigated the relationship between transformational, transactional, and transient (inhibitory) leadership styles and burnout among 500 hotel managers and their employees, and found a significant relationship between the two variables (leadership style and burnout) [10].

In a cross-sectional study, the leadership style of managers and its relationship with burnout was determined among 16 managers and 191 staff of the health centers in Tehran Northern Health Center using Fiedler Leadership Style Questionnaires and Maslach (1982) Burnout Questionnaire [11]. It was concluded that the leadership style of managers was not significantly associated with burnout; therefore, no management style was recommended ($p < 0.001$). The contradiction in the results of the present and those of the mentioned study could be attributed to the low number of staff and authorities. In a study conducted on burnout of 205 newly-employed nurses and workplace health with an emphasis on the effect of proper leadership in London, Laschinger and Fida (2014) concluded that the supporting role of the leadership process on burnout was still significant ($p < 0.01$) [5]. The consistency might be due to various nursing shifts and leadership styles which were different from those intended in the study. A study was

conducted by Hosseinzadeh (2013) with the aim of explaining the relationship between the benevolent, despotic, advisory, and participative management styles with burnout and organizational health of 150 nurses at Tehran Taleghani Hospital [6]. The research inclusion criteria included having at least an associate degree of education, a five-year employment history, and non-participation of managers in burnout-reducing classes. Likert (1961) Leadership Style questionnaire and Maslach (1982) Burnout Inventory were used as the tools in the mentioned study [1, 12]. Their results showed that there was a significant and positive relationship between the autocratic leadership style and burnout; therefore, this style was not recommended. This result might be due to the nature of this job since midwifery is a job associated with a high burnout due to work stress and long working hours in different shifts. Moreover, the rotating nature of this job causes a midwife not to have a high communication with the ward supervisor, and may not sometimes visit the supervisor for a long time. Finally, the population size and different leadership styles investigated in this study might be involved in these contradictions.

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Table 1. Demographic characteristics of the authorities studied

Variable		Mean \pm SD	
Age		44.14 \pm 4.63	
Employment history		20.85 \pm 24.4	
Level of education		Bachelor	
		n	%
Employment status	Official	13	92.9
	Project	1	7.1
	Contractual	0	0
	Other	0	0
Shift type	Fixed	14	100
	Rotating	0	0
Marital status	Single	1	7.1
	Married	13	92.9

Table 2. Demographic characteristics of midwives

Variable		Mean \pm SD	
Age		33.51 \pm 7.70	
Employment history		6.89 \pm 9.17	
Number of children		0.94 \pm 1.26	
		n	%
Education	Associate	5	3.6
	Bachelor	116	82.9

level	Master	19	13.6
Employment status	Official	47	33.6
	Project	30	21.4
	Contractual	22	15.7
	Other	41	29.
Work shift	Fixed	12	8.6

type	Rotating	128	91.4
Marital status	Single	65	46.4
	Married	75	53.6

Table 3: Two components of leadership style and burnout in midwives working at maternity hospitals of Khuzestan province

Burnout	Leadership style	Low	Moderate	High	Total	P Value
Emotional exhaustion	Directive	27 (%54)	17 (%34)	6 (%12)	50 (%100)	0.15
	Supportive	15 (%30)	20 (%40)	15 (%30)	50 (%100)	
	Participative	10 (%50)	7 (%35)	3 (%15)	20 (%100)	
	Delegative	5 (%50)	5 (%50)	0 (%0)	10 (%100)	
	Delegative-participative	3 (%30)	4 (%40)	3 (%30)	10 (%100)	
	Total	60 (42.%9)	53 (37.%9)	27 (19.%3)	140 (%100)	
Depersonalization	Directive	14 (%28)	24 (%48)	12 (%24)	50 (%100)	0.47
	Supportive	20 (%40)	18 (%36)	12 (%24)	50 (%100)	
	Participative	6 (%30)	10 (%50)	4 (%20)	20 (%100)	
	Delegative	4 (%40)	6 (%60)	0 (%0)	10 (%100)	
	Delegative-participative	5 (%50)	2 (%20)	3 (%30)	10 (%100)	
	Total	49 (%35)	60 (42.%9)	31 (22.%1)	140 (%100)	
Lack of success	Directive	43 (%86)	5 (%10)	2 (%4)	50 (%100)	0.93
	Supportive	46 (%92)	3 (%6)	1 (%2)	50 (%100)	
	Participative	17 (%85)	2 (%10)	1 (%5)	20 (%100)	
	Delegative	9 (%90)	1 (%10)	0 (%0)	10 (%100)	
	Delegative-participative	10 (%100)	0 (%0)	0 (%0)	10 (%100)	
	Total	125 (89.%3)	11 (7.%9)	4 (2.%9)	140 (%100)	

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