

Abstract

Burnout is a state of physical and psychological fatigue and exhaustion, which is attributed to personal, work and client related spheres in a person's life. It has major behavioural and health implications. Burnout has a special significance in health care where the workers experience both psychosocial and physical stress. Being a grass root level health care worker, Public Health Midwives (PHMs) are at risk of burnout due to their responsibilities with community and their commitment to maternal and child health care services.

The present study was undertaken to determine the prevalence of burnout, to identify correlates of burnout and describe coping strategies among PHMs of Western Province. Translated and validated Sinhala version of Copenhagen Burnout Inventory (CBI-S) and Brief COPE questionnaire (Brief COPE-S) were used to determine the prevalence of burnout and to identify the coping strategies respectively. Construct validity was established in both instruments using a sample of 142 Hospital midwives. Criterion validity of CBI-S was established against the diagnosis of consultant psychiatrist. The validated cut off point for CBI-S total score was 40.2, with sensitivity and specificity of 94.3% and 91.6% respectively. Reliability measured by Cronbach's alpha was 0.808 for the total scale.

Brief COPE-S operationalized as three composite subscales: emotion focused, problem focused and dysfunctional coping. Reliability measured by Cronbach's alpha was 0.749 for the total scale.

A cross sectional descriptive study was conducted in a sample of 556 PHMs in Western Province of Sri Lanka selected by stratified random sampling. Data was collected using a self administered questionnaire. Response rate was 98.5%. The mean age of study sample was 41.7 years \pm 9.9. Adjusted prevalence of burnout among PHMs was 25.2 % (95% CI, 21.7% -28.9 %).

Bivariate analysis and logistic regression analysis were carried out to identify correlates of burnout.

Out of the correlates of burnout identified in bivariate analysis, age less than 40 years, unmarried, presence of chronic disease and stressful life events, low family income <Rs40000, have to care for a dependent relative, time taken to transport to the office >1 hour, population served >5000, inadequacy of PHMs in the MOH area, PHMs of Midwifery Grade III, less service period, high number of sick and casual leaves taken,

high number of clinics attending per month, high quantitative, cognitive and emotional work demands, low role clarity, high role conflicts, unpredictability, presence of disturbance to work, poor work support, poor quality of supervision, lack of appreciation of good work, job dissatisfaction, poor physical working condition, using dysfunctional coping strategies were significantly associated with burnout($p < 0.05$).

In multivariate analysis having chronic disease (OR = 2.08, 95% CI, 1.13-3.82), house work burden (OR = 1.2; 95% CI, 1.02-1.40), population served by PHM more than 5000 (OR=11.93, 95% CI, 2.58 - 50.65), high quantitative work demand (OR=1.19, 95% CI, 1.04 - 1.37), high role conflict(OR=3.25, 95% CI, 1.21 - 8.75) and lack of appreciation for good work (OR=5.24, 95% CI, 1.10-24.99), using dysfunctional coping strategies(OR=1.42, 95% CI, 1.17- 1.73) had a positive association with burnout.

Family income > Rs 40 000 (OR = 0.06, 95% CI, 0.01-0.50), long period of service as a PHM (OR=0.84, 95% CI, 0.76 - 0.94), perceived high skill score (OR=0.12, 95% CI, 0.03- 0.46) and high job satisfaction (OR=0.89, 95% CI, 0.85 - 0.94), using problem focused coping (OR=0.57, 95% CI, 0.43 - 0.74) were found to be negatively associated with burnout and are therefore protective factors.

It was emerged from the in depth interviews that the coping strategies differ from one problem to the other as well as one person to another person implying that personality factors have a major influence on coping strategies. Emotion focused coping was the widely used coping strategy irrespective of the burnout status. But the way of adopting each coping strategy was remarkably different among burnout and not burnout PHMs.

Burnout among PHMs is a health problem affecting about one fourth of PHMs of the Western Province which emphasized the need of implementing prevention programmes.

Key words: Burnout, PHMs, correlates, coping strategies, CBI-S, Brief COPE-S