

# STRESS AND BURNOUT AMONGST ITALIAN MIDWIVES DURING THE OMICRON WAVE: A NATIONAL OBSERVATIONAL SURVEY.

## Background

Maintaining healthcare professionals' psychological wellbeing is a fundamental public health goal during and after an emergency period because it is often associated with increased emotional long-term consequences(1–3). Studies conducted during the COVID-19 first pandemic wave showed an increased level of stress, anxiety, burnout, post-traumatic stress disorder and depression experienced by healthcare professional(1,4). Midwives had higher risk of emotional discomfort than other healthcare professionals due to drastic changes in care pathways and policies(2,5–10), with struggles identified when providing high-quality woman-centred care following pandemic restrictions (2,8,11).

During the Omicron phase, Italian midwives had to deal with two main challenges: the highest incidence of COVID-19 positive childbearing women since the start of the pandemic and increased distress caused by the prolonged state of emergency.

## Aim(s)

The primary aim was to evaluate the level of stress and burnout during the COVID-19 Omicron phase among Italian midwives. The secondary aims were to explore the impact of the COVID-19 pandemic on the midwives' personal and professional dimensions, and potential strategies to overcome challenges.

## Methods

An observational study was undertaken, using a national online survey adapted from the 'Coping with COVID-19 for Caregivers Survey' by the American Medical Association (12). Qualified midwives practicing in Italy were recruited via Italian Colleges of Midwives. A Stress Summary Score (SSS) incorporated stress, fear of exposure, anxiety/depression, and workload. Descriptive and inferential analysis was performed to evaluate the impact of the pandemic on personal and professional dimensions. A deductive qualitative approach was used to analyse the final open-ended question.

Data were analysed using Stata/MP 18.0 and NVivo.

## Results

A total of 1,944 midwives participated in the survey and 324 of them (16.67%) answered the free-text question. The SSS mean was 10.34 (SD=2.40) and 562 midwives (28.91%) experienced burnout. The intention to reduce working hours was reported by 202 midwives (10.39%), with 60.40% (n=122) of them experiencing burnout. The intention to leave clinical practice within the next 2 years was reported by 239 (12.29%), with 68.20% (n=163) of them experiencing burnout. Confusion about frequent changes in maternity services (41.7%) and difficulties of wearing PEEs without eating and drinking (35.6%) were two professional activities mostly affected by the pandemic. An increased SSS was recorded when midwives reported a higher negative impact of the pandemic on personal and professional activities ( $p < 0.001$ ). Participants identified women's awareness of the midwives' role (55.14%) and emotional support by family, friends (38.37%), and colleagues (32.25%), as the most important potential supporting strategies. Qualitative data supported and confirmed the quantitative figures.

## Discussion

The COVID-19 Pandemic emergency had a significant impact on midwives' emotional wellbeing. Our findings suggested that prolonged exposure to pandemic in health-work settings could influence both personal and professional dimensions, impacting on stress and burnout. High level of stress and burnout condition have a strong relationship with the intention to reduce working hours and to leave the clinical practice.

## Implications and future perspectives

In the context of a pandemic, optimisation of midwives' physical, emotional and psychological wellbeing should be considered through the implementation of ad-hoc support services. Midwives should receive appropriate support and follow-up, including the opportunity to share and recount experiences, uncertainties and concerns in regard to personal and professional challenges they may face.

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