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The Effect of Midwife's and Nurse's Working Conditions on Breastfeeding Problems and Quality of Life*

Ebe ve Hemşirelerin Çalışma Koşullarının Emzirme Sorunları ve Yaşam Kalitesine Etkisi

Sare Erarslan, Besey Ören

ABSTRACT

***Aim**: This study was carried out to determine the effect of the working conditions of midwives and nurses on breastfeeding problems and quality of life.*
***Material and Methods**: The study was conducted with 351 midwives and nurses working in a state hospital. Introductory Information Form, Breastfeeding Problems Evaluation Scale and World Health Organization Quality of Life Evaluation Short Form (WHOQOL-BREF-TR) were used for data collection. SPSS 23 program was used in the analysis of the data. Statistical significance level was accepted as p<0.05.*
***Results**: When the relationship between the breastfeeding problems of the participants and their quality of life was examined, it was seen that there was no statistically significant difference (p>0.05). In terms of working methods; There is a statistically significant difference in the evaluation of breastfeeding problems in terms of mechanical anxiety and quality of life scale, physical area, social area and environmental area (p<0,05). There is a statistically significant difference in terms of useing breast-feeding leave, quality of life scale and physical area, social area and environmental area (p<0.05). There is a statistically significant difference between the status of using unpaid leave after breast-feedding leave and social anxiety from the breastfeeding problems assessment scale.*
***Conclusion**: In the study, it was observed that the number of shifts, working style and early return to work had no effect on breastfeeding problems, but early return to work (using maternity leave) negatively affected quality of life. No relationship was found between breastfeeding problems and quality of life.*

***Keywords:** Breastfeeding Problems, Midwife, Nurse, Quality of Life, Working Conditions*

ÖZ

***Amaç**: Çalışma, ebe ve hemşirelerin çalışma koşullarının emzirme sorunları ve yaşam kalitesine etkisini belirlemek amacı ile yapılmıştır.*
***Gereç ve Yöntem**: Kesitsel ve tanımlayıcı olarak planlanan çalışma bir devlet hastanesinde çalışan 351 ebe ve hemşire ile yapılmıştır. Veri toplamada Tanıtıcı Bilgi Formu, Emzirme Sorunları Değerlendirme Ölçeği ve Dünya Sağlık Örgütü Yaşam Kalitesi Değerlendirme Kısa Formu (WHOQOL-BREF-TR) kullanılmıştır. Verilerin analizinde SPSS 23 paket programı kullanılmıştır. Verilerin değerlendirilmesinde, iki bağımsız grup arasındaki farklılık bağımsız örneklem t-testi, üç ve üzeri grup arasındaki farklılık tek yönlü varyans analizi (ANOVA) ile test edilmiştir. Sürekli değişkenler arasındaki ilişki pearson korelasyon analizi ile incelenmiştir. İstatistiksel anlamlılık düzeyi p<0.05 olarak kabul edilmiştir.*
***Bulgular**: Araştırmaya katılanların %50.4'ünün gece-gündüz nöbet usulü çalıştığı, %75.9'unun süt izni kullandığı, %68.6'sının doğum sonrası ücretsiz izin kullanmadığı belirlenmiştir. Katılımcıların emzirme sorunları ile yaşam kaliteleri arasındaki ilişki incelendiğinde istatistiksel olarak anlamlı fark olmadığı görülmüştür (p>0.05). Çalışma şekilleri bakımından; emzirme sorunları değerlendirme boyutlarından mekanik endişe boyutu ve yaşam kalitesi ölçeği, fiziksel alan, sosyal alan, çevresel alan boyutları açısından istatistiksel olarak anlamlı farklılık bulunmaktadır (p<0,05). Süt izni kullanma durumları ile yaşam kalitesi ölçeğinin ve fiziksel alan, sosyal alan, çevresel alan*

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boyutları bakımından istatistiksel olarak anlamlı farklılık bulunmaktadır (p<0,05). Doğum izni sonrası ücretsiz izin kullanma durumları ile emzirme sorunları değerlendirme ölçeğinden sosyal endişe boyutu bakımından istatistiksel olarak anlamlı derecede farklılık bulunmaktadır (p<0,05).

***Sonuç**: Çalışmada nöbet sayısının, çalışma şeklinin ve işe erken dönüşün emzirme sorunlarına etkisinin olmadığı ancak, işe erken dönüşün yaşam kalitesini olumsuz etkilediği görülmüştür. Emzirme sorunları ile yaşam kalitesi arasında bir ilişki bulunmamıştır.*

***Anahtar kelimeler:** Çalışma Koşulları, Ebe, Emzirme Sorunları, Hemşire, Yaşam Kalitesi*

INTRODUCTION

Healthcare professionals work in a busy pace due to the nature of their profession and the effect of individual and environmental factors. Women, who undertake many roles together, may experience various difficulties while trying to continue both motherhood and work life together [1]. In order to minimize the problems experienced for working women, there is a need for legal regulations that support the employee. In this context, the rights regulated by laws have an important role in setting the balance between motherhood and work life. In Türkiye, women are legally allowed to leave work early for three hours for the first six months and an hour and a half for the second six months. After the 24th week of pregnancy, the obligation to keep watch at night until 24 months after the birth was abolished. In addition, women were allowed to take unpaid leave for 24 months after 16 weeks of paid postpartum leave [1-4]. However, most of the women do not use their legal right of 24 months unpaid leave due to financial problems. This situation affects women's breastfeeding and quality of life directly [3,5].

Many researchers have reported that mothers returning work in a short time had problems with breastfeeding [3,6]. Long-term maternity leave makes breastfeeding longer. However, for the women who have to come back to working life in a short time, many factors such as working conditions and working hours are very important to continue breastfeeding [3,5,6].

In addition to the problems of business life, the mother may experience breastfeeding problems after birth. Problems with breastfeeding may often cause the mother to cease or stop breastfeeding [6-8]. The most common breastfeeding problems seen in this period are; painful nipples, breast fullness, feeling tired, exhaustion, locking, cranky baby, baby's inability to grasp the breast well, insufficient breast milk, mother's concern about not being able to feed the baby, and working conditions [5,7,9]. The sense of motherhood of women who have problems with breastfeeding is damaged. The views of mothers feeling mentally bad about their quality of life are negatively affected [10].

Quality of life is a broad concept and is affected by an individual's physical health, psychological state, level of independence, social relationships, and surrounding characteristics. It is important to determine how satisfied people are with their physical, psychological and social functions and how much the presence or absence of these features bothers them, and to know what discomfortable situations are in order to take the necessary precautions. The quality of life can be improved by increasing people's satisfaction with life with the precautions taken regarding disturbing situations [11-14].

The mother's good quality of life in the postpartum period is related to the health of her baby, good nutrition and spending quality time with her baby [6,8]. Therefore, eliminating the mother's work-related problems and breastfeeding problems will positively affect the quality of life [1,6,10]. In order to do this, it is necessary to know the breastfeeding problems of the mother and the problems related to her working life, and to determine to what extent these problems affect the mother's breastfeeding and quality of life. Women who prefer midwifery and nursing professions spend most of their time in the hospital. Mothers in these occupational groups have to work both during the day and at night. Intense and exhausting working hours can cause people to be physically and mentally tired [1,10]. Although there are different studies on this subject, the study aims to determine how the working conditions of this group, which differs due to their jobs and education, affect breastfeeding problems and quality of life, and whether there is a relationship between breastfeeding problems and quality of life, based on to see whether the examination of this subject in nurses and midwives and is enough or not.

MATERIAL AND METHODS

Purpose of the Study: The study was conducted to determine to what extent the working conditions of midwives and nurses affect their breastfeeding and quality of life, and whether there is a relationship between breastfeeding problems and quality of life.

For this purpose, the study seeks answers to the following questions:

- Do the working conditions of midwives and nurses affect their breastfeeding problems?
- Do the working conditions of midwives and nurses affect their quality of life?
- Is there a relationship between the breastfeeding problems of midwives and nurses and their quality of life?

In the study, the dependent variable was the "Breastfeeding Problems Assessment Scale" score averages and the "World Health Organization Short Form of Quality of Life (WHOQOL-BREF-TR)" score averages, independent variables; mother's age, mother's working hours, mother's working style, mother's use of maternity leave, and delivery type of the baby were specified.

Place and time of the research: The research was carried out between April 2021 and September 2021, in a training and research hospital in Türkiye with a total of 1300 beds serving as a third step. There were 258 midwives and 971 nurses in the hospital. Data were collected by the researcher through face-to-face interviews.

The scope and sample of the study: The extent of the study consisted of midwives or nurses working in the hospital where the study was conducted, having at least one child before, having a healthy baby born at term, and not having any disability preventing breastfeeding. The sample of the study was made with G*Power analysis based on similar studies. It was determined that at least 310 participants were needed for the study to reach an effect size of 0.20 and a power level of 95% at the 5% error level. 351 midwives and nurses were included in the study as it was thought that there might be missing data.

Data collection tools: Developed by researchers and based on the literature, "Introductory Information Form", "Breastfeeding Problems Evaluation Scale", and "World Health Organization Quality of Life Short Form (WHOQOL-BREF-TR)" forms were used in the data collection [15-18].

Introductory Information Form
That consists of 27 closed-ended and 1 open-ended questions including the socio demographic characteristics of the study group, the birth characteristics of the participants, their obstetric characteristics, and the working conditions.

Breastfeeding Problems Rating Scale
The Breastfeeding Experience Scale (BES), developed by Karen Wambach in 1990, is used to evaluate the breastfeeding experience of the mother. It is an 18-item scale that measures breastfeeding outcomes in terms of early breastfeeding events/experiences, feeding practices and breastfeeding duration. The validity and reliability of the breastfeeding problems assessment scale was conducted by Uyanık in 2019 and it was found to be valid and reliable in Turkish [9].

The internal consistency level of the Breastfeeding Problems Rating Scale (Cronbach's alpha= 0.776) and its sub-dimensions (Cronbach's alpha=0.712-0.852) was defined as appropriate. Correlation coefficients of the item sub-dimension scores of the scale ranged from 0.50 to 0.98 [9,16]. In this study, the Cranbach alpha value was defined as 0.887.

World Health Organization Quality of Life Short Form (WHOQOL-BREF-TR)
The World Health Organization Quality of Life Scale Short Form is a shortened version of the 100-question World Health Organization Quality of Life Assessment (WHOQOL) scale, which was prepared to assess how people perceive their quality of life, by reducing them to 26 questions. The Turkish validity and reliability study of the scale was performed by Eser et al. [17]. During their studies, a national question was added to the scale and the number of questions increased to 27. The scale, which includes closed-ended questions, consists of four subsections: physical, social, environmental and psychological. Physical area, from questions 3, 4, 10, 15, 16, 17, and 18; psychological domain, from the 5th, 6th, 7th, 11th, 19th and 26th questions; social area, 20th, 21st, 22nd questions; environmental area consists of questions 8, 9, 12, 13, 14, 23, 24, 25. The scale does not have an exact score, and an increase in scores indicates an improvement in quality of life [18].

Data collection: The data were collected by the researcher in a quiet room in a hospital environment, after informing the participants and obtaining their voluntary consent, by face-to-face interview method. It took 5-10 minutes to complete the questionnaires by the researchers.

Analysis of the data: SPSS 23 program was used in the analysis of the data. While evaluating the study data, descriptive statistics (mean, standard deviation) were given for numerical variables and (number, percentage) for categorical variables. Independent sample t-test was used to examine whether there was a difference between the groups or not, and one-way analysis of variance (One Way ANOVA) was used to examine the differences between more than two groups. As a result of the "one-way analysis of variance" (ANOVA), firstly Levene test for variance homogeneity, and then from which group or groups the difference originated was checked with the "multiple comparison test" (Bonferroni or Tamhane's T2). The Bonferroni test was used to examine the difference between the groups in the variables that provided variance homogeneity, and the Tamhane's T2 test was used to examine the difference between the groups in the variables that did not provide the variance homogeneity. Pearson correlation test was used to examine the relationship between numerical variables. Significance was accepted as $p<0.05$.

Ethical Principles: The research was conducted in accordance with the principles of the Helsinki Declaration of Human Rights. Before starting the study, the permission of the Health Science University, Hamidiye Scientific Research Ethics Committee (12.03.2021/No: 9/2), the Provincial Health Directorate of a university hospital, and the written consents of 351 midwives and nurses who agreed to participate in the study were obtained.

RESULTS

37% of the people participating in the study were between the ages of 27-30, 59.8% had a bachelor's degree, 42.5% had 6 or more years of working experience, 50.4% were on day-night duty. It was determined that 40.1% worked 181-210 hours a month, 75.9% used maternity leave, 68.6% did not take unpaid leave after birth, 55.3% had normal spontaneous vaginal delivery (Table 1).

When the relationship between the descriptive characteristics of mothers and breastfeeding

Table 1. Descriptive characteristics of the research sample (n=351)

Demographic features	N	%
Age		
18-22	12	3,4
23-26	43	12,3
27-30	130	37,0
31-35	108	30,8
36 and over	58	16,5
Economical situation		
Bad	6	1,7
Middle	82	23,4
Good	229	65,2
Very good	34	9,7
Educational Status		
High school	56	16,0
Associate Degree	37	10,5
Licence	210	59,8
MSc and PhD	48	13,7
Occupation		
Nurse	205	58,4
Midwife	146	41,6
Unit Worked		
Internal Medicine	5	1,4
General Surgery	6	1,7
Obstetrics Clinics	12	3,4
Delivery Room	12	3,4
Child Service	7	2,0
Orthopedics	8	2,3
Neonatal Intensive Care	7	2,0
Other	294	83,8
Working Year		
0-1 Year	11	3,1
2-3 Years	65	18,5
4-5 Years	126	35,9
6 and more years	149	42,5
Working Hour		
Day Only	157	44,7
Night Only	17	4,8
Day-night watch	177	50,4

problems is examined; No significant relationship was found between working year, number of monthly shifts, postpartum leave use, maternity leave use, report usage status, postpartum support status, first breastfeeding start time, and the mode of conception ($p>0.05$).

When the relationship between descriptive features and quality of life is examined; There was no significant relationship between education status, postpartum leave, postpartum report, unpaid leave, breastfeeding education, first breastfeeding time, and mode of conception ($p>0.05$). On the other hand, social anxiety dimension from age and ESDS dimensions, breast anxiety dimension from education status and ESDS dimensions, worries related to breasts, dimension from economic status and ESDS dimensions, mechanical anxiety dimension from working style and ESDS dimensions, mechanical anxiety dimension from working hours and ESDS dimensions, prenatal anxiety dimension from prenatal dimensions. mechanical anxiety, process anxiety, breast concern dimensions, unpaid leave and social anxiety from ESDS dimensions, providing breastfeeding education and mechanical anxiety from ESDS dimensions, concern about milk shortage, social anxiety dimension and mode of delivery, and ESDS dimensions. Significant differences were found in terms of the anxiety dimension of the process ($p<0.05$). In the sub-dimensions of the quality of life scale, physical area, environmental area dimensions, economic status and quality of life scale sub-dimensions of age and quality of life scale, physical area, environmental area, social area and psychological area dimensions, working years and physical area sub-dimensions of life quality scale. sub-dimensions of area, psychological area, environmental area, working style and quality of life scale physical area, social area, environmental area dimensions, number of shifts and quality of life scale physical area, psychological area, environmental area dimensions, working hours and quality of life physical space from the sub-dimensions of the scale, physical space, environmental space, social space and psychological domain dimensions from the sub-dimensions of the prenatal leave and quality of life scale, physical space, social space, environmental space dimensions, birth sub-dimensions of receiving support and quality of life scale a significant difference was found in terms of social area dimension and sub-dimensions of birth type and quality of life scale ($p<0.05$) (Table 2, Table 3).

In the study, when the statistically significant parameters between the sub-dimensions of the scales and the working conditions were examined; It was seen that those who did not take unpaid leave after giving birth and who used maternity leave had experienced breastfeeding problems ($p<0.05$). It was understood that the quality of life was higher of those who did not take unpaid leave after giving birth and did not use breastfeeding leave. ($p<0.05$). According to the type of work, it was found that the breastfeeding problems of the watchers were higher ($p<0.05$) and their quality of life was higher ($p<0.05$). It was found that as the working hours increased, individuals experienced breastfeeding problems, but their quality of life increased ($p<0.05$) (Table 2, Table 3)

It was seen that the relationship between the Breastfeeding Problems Assessment Scale sub-dimensions and the World Health Organization Quality of Life Short Form sub-dimensions was negative, but not statistically meaningful($p>0.05$) (Table 4).

DISCUSSION

Women who try to maintain their motherhood and work life together may have to deal with many difficulties [19,20]. These drawbacks might affect the mother's quality of life and breastfeeding period. Midwives and nurses may be affected differently by these difficulties due to their education and working conditions. Because of that, the study was conducted to determine to what extent the working conditions of midwives and nurses affect their quality of life and breastfeeding problems and to investigate if there is a relationship between quality of life and breastfeeding matters.

There is a multifaceted and close interaction between working and living conditions [21]. Quality of life which is a broad concept is affected by the physical health, psychological state, level of independence, social relations, work environment and surrounding characteristics of the individual [12-15]. Thus, working conditions have significant impacts on an individual's quality of life. Postpartum breastfeeding process and working conditions of working women play an importantt role in their perception of their quality of life [22].

Although demographic data are not discussed, the relationship between age and breastfeeding

Table 2. Examination of the Descriptive Characteristics of Midwives and Nurses and their Breastfeeding Problems according to Working Conditions

Features related to age and working conditions		Breastfeeding Problems Rating Scale Sub-Dimensions																			
			Mechanical anxiety				Concerns about the process				Concerns about milk shortage				Anxiety about the breast				Social Anxiety			
		N	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p
Age	18-26	55	16.07	14.30	.859	.463	18.64	3.52	1.589	.192	10.93	2.82	.305	.822	9.84	3.81	.868	.458	7.87	1.47	5.183	,002
	27-30	130	15.80	13.45			17.80	3.64			11.15	2.93			9.48	3.33			6.99	1.63		
	31-35	108	15.74	13.62			17.70	3.58			10.80	2.90			8.96	3.30			6.84	1.87		
	36 and over	58	15.26	12.31			17.17	3.70			10.91	2.74			9.38	3.73			7.26	1.45		
Working Condition	Daytime	177	14,94	4,67	3,466	,032	17,76	3,35	2,257	,106	10,71	2,78	1,163	,314	9,62	3,36	1,185	,307	7,04	1,78	0,368	,692
	Night	17	16,18	5,28			16,06	3,75			11,24	2,84			8,47	4,14			7,12	1,76		
	Day and night	157	16,40	5,41			18,00	3,81			11,17	2,94			9,21	3,48			7,20	1,60		
Monthly Working Hours	120-150	29	14,10	3,77	2,412	,049	17,17	2,79	,377	,825	10,79	1,99	,866	,485	9,17	2,79	,421	,794	7,10	1,74	1,942	,103
	151-180	44	15,82	5,29			18,16	3,15			11,25	2,83			9,77	3,06			6,93	1,70		
	181-210	142	15,17	4,91			17,75	3,61			10,68	2,81			9,45	3,46			6,90	1,75		
	211-240	97	16,45	5,48			17,94	3,86			11,32	3,11			9,30	3,69			7,45	1,56		
	241-270	39	17,13	5,23			17,67	4,19			10,95	3,03			8,85	3,85			7,38	1,62		
Number of Watches per Month	1-6	103	16,22	5,37	,090	,914	17,75	3,79	2,576	,079	11,25	2,85	,092	,912	8,86	3,42	2,624	,075	7,30	1,48	0,723	,487
	7-9	70	16,57	5,08			18,41	3,44			11,06	2,87			9,86	3,30			7,14	1,60		
	9 and more	21	16,48	6,56			16,29	4,92			11,19	3,57			8,14	4,55			6,86	2,17		
Using Prenatal Leave	Yes	321	15,48	5,03	-3,055	,002	17,63	3,56	-2,932	,004	10,90	2,84	-1,469	,143	9,21	3,45	-2,623	,009	7,12	1,65	-0,393	,697
	No	30	18,43	5,41			19,63	3,89			11,70	3,05			10,93	3,27			7,27	2,05		
Using Milk Leave	Yes	26	15,68	5,16	-,387	,699	17,84	3,56	,431	,666	10,93	2,92	-,431	,667	9,45	3,42	,889	,375	7,14	1,71	0,337	,736
	No	82	15,93	4,99			17,65	3,86			11,09	2,70			9,06	3,61			7,07	1,62		
Post Maternity Leave	Yes	342	15,74	5,09	,041	,968	17,76	3,61	-1,289	,198	10,96	2,88	-,154	,878	9,34	3,44	-,756	,450	7,13	1,67	0,231	,818
	No	9	15,67	6,32			19,33	4,18			11,11	2,62			10,22	4,58			7,00	2,24		
Using Free Permits	Yes	108	16,27	5,38	1,303	,193	17,91	3,94	,377	,706	11,21	3,09	1,077	,282	9,39	3,61	,108	,914	6,81	1,81	-2,406	,017
	No	243	15,50	4,99			17,75	3,48			10,86	2,76			9,35	3,41			7,27	1,61		
Type of Birth	Normal spontaneous birth	196	15,23	5,01	2,178	,115	17,51	3,49	3,537	,030	10,73	2,87	1,762	,173	9,12	3,41	2,355	,096	7,09	1,62	1,760	,173
	Cesarean delivery	131	16,37	5,15			17,92	3,78			11,34	2,82			9,47	3,53			7,08	1,74		
	Normal birth with intervention	24	16,38	5,59			19,54	3,46			10,83	3,00			10,71	3,39			7,75	1,87		

**One-Way Analysis of Variance (ANOVA), **Independent Sample t-Test Analysis, p<0.05*

Table 3. Examination of the Descriptive Characteristics of Midwives and Nurses and their Quality of Life According to Working Conditions

Individual parameters			Sub-Dimensions of the Quality of Life Assessment Scale (WHOQOL-BREF-TR)															
			Physical Space				Psychological Field				Environmental Area				Social Area			
		N	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p	x̄	Ss	F*/t**	p
Age	18-26	55	20.85	4.67	4.611	.004	18.09	4.53	2.209	.087	9.51	2.83	.565	.638	22.93	4.20	3.259	,022
	27-30	130	20.25	4.91			18.72	5.37			9.61	2.75			24.49	3.85		
	31-35	108	21.71	4.60			19.36	3.86			9.86	2.44			24.06	3.85		
	36 and over	58	22.74	3.63			20.07	3.39			10.03	2.55			25.16	4.28		
Working Condition	Daytime	177	20,52	4,56	4,140	,017	19,15	5,00	1,572	,209	9,48	2,79	5,979	,003	24,08	3,96	5,999	,003
	Night	17	23,29	4,97			20,76	4,83			11,76	2,25			27,47	4,20		
	Day and night	157	21,6	4,63			18,78	4,04			9,78	2,45			24,04	3,94		
Monthly Working Hours	120-150	29	20,45	3,99	3,221	,013	19,72	7,00	,373	,828	10,00	2,74	1,816	,125	23,55	3,73	,883	,474
	151-180	44	19,82	3,62			18,59	3,09			9,27	2,19			23,48	2,66		
	181-210	142	20,80	5,17			18,88	4,56			9,50	2,80			24,25	4,59		
	211-240	97	22,19	4,09			19,16	3,92			9,89	2,15			24,53	3,52		
	241-270	39	22,38	4,93			19,33	5,10			10,59	3,29			24,74	4,42		
Number of Watches per Month	1-6	103	21,90	4,28	3,994	,020	19,08	3,63	4,034	,019	9,85	2,30	2,778	,065	23,84	3,76	8,061	,000
	7-9	70	20,86	4,60			18,16b	4,20			9,74	2,60			24,10	4,05		
	9 and more	21	24,05	5,98			21,00a	5,50			11,14	2,82			27,57	4,31		
Using Prenatal Leave	Yes	321	21,53	4,46	4,424	,000	19,36	4,49	4,368	,000	9,83	2,60	1,980	,048	24,48	3,97	3,914	,000
	No	30	17,70	5,29			15,67	3,72			8,83	2,90			21,53	3,59		
Using Milk Leave	Yes	26	20,81	4,65	-2,906	,004	18,88	4,63	-1,182	,238	9,59	2,67	-1,983	,048	23,99	3,87	-2,035	,043
	No	82	22,50	4,48			19,56	4,22			10,24	2,48			25,01	4,40		
Post Maternity Leave	Yes	342	21,19	4,66	-,301	,764	19,06	4,56	0,549	,583	9,70	2,64	-1,843	,066	24,25	4,03	,674	,501
	No	9	21,67	4,80			18,22	3,99			11,33	1,80			23,33	3,74		
Using Free Permits	Yes	108	21,75	4,94	1,464	,144	19,18	4,57	0,366	,715	9,91	2,36	,789	,430	24,75	4,02	1,636	,103
	No	243	20,96	4,51			18,98	4,53			9,67	2,75			23,9	4,01		
Type of Birth	Normal spontaneous birth	196	21,03	4,54	1,496	,226	18,94	3,97	1,494	,226	9,64	2,77	6,787	,001	24,15	3,74	,802	,449
	Cesarean delivery	131	21,67	4,58			19,43	5,18			10,19	2,26			24,49	4,07		
	Normal birth with intervention	24	20,08	5,82			17,75	5,08			8,13	2,79			23,42	5,69		

**One-Way Analysis of Variance (ANOVA), **Independent Sample t-Test Analysis, p<0.05*

Table 4. Examining the Relationship Between Breastfeeding Problems and Quality of Life

	Sub-Dimensions of the Quality of Life Scale (WHOQOL-BREF-TR)			
Breastfeeding Problems Rating Scale Sub-Dimensions	**Physical Space**	**Psychological Field**	**Social Area**	**Environmental Area**
Mechanical Concerns	-,279	-,331	-,063	-,152
Concerns of the Process	-,307	-,331	-,065	-,154
Concerns About Milk Insufficiency	-,187	-,238	-,047	-,096
Breast Concern	-,371	-,332	-,071	-,152
Social Worries	-,217	-,206	-,011	-,098

** Pearson correlation*

problems was found to be worth examining, since it may have an impact on the mother's time that is spent with the child, physical competence and experience with child care. Furthermore, age may have a positive or negative effect on the perception of quality of life. In this study, it was observed that the 18-24 age group was more anxious in the area of social anxiety and the quality of life increased in accoedance with an increase in age. In a study that was conducted abroad, it was reported that age is not effective in experiencing breastfeeding problems [23]. And also, many studies have reported that age has no effect on quality of life [2,24,25]. It may thus be thought that those between the ages of 18-24 have more social anxiety because they have little life experience and their quality of life increases as the age increases, as the self-confidence due to experience increases.

It has been estimated that approximately 70% of mothers have breastfeeding problems [22]. As to working mothers, continuing to breastfeed after returning to work leads to a difficult process [23,26]. In the working life, as a woman has to spend at least 1/3 of the day at work, it gets very difficult for her to breastfeed the infant. This situation also reduces the quality of women's lives. During this difficult process, mothers experience breastfeeding problems and it was seen that they encountered numerous obstacles such as giving up breastfeeding in the early period and the baby's refusal to suckle [27]. In this study, no significant differences were found in the effect of early return to work (taking maternity break) on breastfeeding problems but it was found that early return to work (taking maternity break) reduced the quality of life. Leaving the child at home in the early period and having to limit breastfeeding negatively affect the quality of an individual's life. It was found that the taking unpaid breaks after the birth had a positive effect on the social anxiety sub-dimension of breastfeeding problems but the effect on the quality of life was not significant. The results of the study conducted by Durmuş and his fellows show parallelis with this study when the quality of life parameter is considered [1]. In studies conducted in 2015 and 2018, it was found that returning mothers to work increases breastfeeding problems [8,28]. In the study conducted in 2012, no statistically significant results were obtained between the time of starting work and breastfeeding [29]. In an earlier study, it was reported that women who returned to work earlier or worked full-time had more breastfeeding problems [30].

There are significant differences on the basis of some sub-dimensions in the effect of midwives and nurses on the number of shifts and working style on breastfeeding problems and quality of life. As the working hours increased, an increase was observed in the area of mechanical anxiety in the breastfeeding problems assessment scale. At the same time, it is seen that the physical space comfort levels of people who work day-night shifts are higher than those who work only during the day. In a study carried out in Türkiye, it was determined that the working style of women had no effect on breastfeeding [31]. According to a study conducted in 2014, the quality of life of those working only during the day was found to be higher. In another study examining quality of life and working styles, it was reported that there was no significant relationship between the two parameters [32].

There are two types of birth that women can choose which are normal spontaneous or cesarean. The effects of both types of birth on women may be different. The type of nirth can positively or negatively affect the way of life in relation to the woman's readiness, adopting the type of birth, and being informed and prepared at the pregnancy school [33]. Also, the possible delay in the first

breastfeeding time after the cesarean section, the late formation of breast milk compared to mothers who gave birth normally, may cause women to adapt to the process later [34]. When the effect of birth method on quality of life and breastfeeding problems was examined, it was seen in this study that women who gave birth by cesarean type were more worried about breastfeeding and experienced more discomfort in their social areas than those who gave birth normally. In some studies conducted in Türkiye, it was reported that the cesarean birth method increases the breastfeeding problem but does not affect the quality of life [33-36]. In some studies, it has been suggested that the mode of birth has a significant ¬impact on breastfeeding problems and quality of life [37-40]. In some studies, it was found that those who gave birth by cesarean method had more breastfeeding problems and had a worse quality of life than those who gave normal birth [41,42].

Although there was a negative relationship between breastfeeding problems and quality of life in the study, this relationship was not found statistically significant (Table 4). It is expected that the quality of life of mothers who have breastfeeding problems is lower [24-26]. However, this unexpected result in the study may be interpreted as the fact that the study group was health professionals and they managed the breastfeeding problems they experienced in a way that did not affect their quality of life.

Limitations of the study: The first limitation of the study is that it contains midwives and the nurses working in a hospital in İstanbul and the second limitation is midwives and nurses working in universities, foundation private hospitals other than the training and research hospital were not included. Working conditions of hospitals may differ from each other. Therefore, the results of the study cannot be generalized to all midwives and nurses.

CONCLUSION AND RECOMMENDATIONS

In the study, it was concluded that while the social anxiety of the young group about breastfeeding problems was higher, those who gave birth by cesarean method were more worried about breastfeeding and experienced more discomfort in their social areas than those who gave normal birth. It was observed that the quality of life increased with age and the early return to work decreased the quality of life. Although the relationship between breastfeeding problems and quality of life was negative, it was not significant.

In accordance with these results, it may be suggested that the postnatal leave of midwives and nurses should be improved throuh legal regulations. It may be ensured that midwives and nurses provide support to eliminate the social concerns of especially young mothers after birth and that normal birth can be encouraged among health professionals to set an example for the society.

Yazar katkısı
Araştırma fikri ve tasarımı: SE, BÖ; veri toplama: SE, BÖ; sonuçların analizi ve yorumlanması: SE, BÖ; araştırma metnini hazırlama: SE, BÖ. Tüm yazarlar araştırma sonuçlarını gözden geçirdi ve araştırmanın son halini onayladı.

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Author contribution
Study conception and design: SE, BÖ; data collection: SE, BÖ; analysis and interpretation of results: SE, BÖ; draft manuscript preparation: SE, BÖ. All authors reviewed the results and approved the final version of the manuscript.

Ethical approval
The study was approved by the Health Sciences University Hamidiye Scientific Research Ethics Committee (Protocol no. 9/2/12.03.2021).

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KAYNAKÇA

1. Durmuş M, Gerçek A, Çiftçi N. A study on the evaluation of nurses' quality of life and burnout levels. Anemon Mus Alparslan University Journal of Social Sciences. 2018; 6(2): 279-86. **[Crossref]**
2. Canbaz S, Sünter AT, Süren C, Pekşen Y. Fertility characteristics of female health workers, working conditions during pregnancy and postpartum period. Kocatepe Medical Journal. 2005; 6: 39-44.
3. Eryılmaz G. Lactation and Breastfeeding. Şirin A, Kavlak O, editors. Women's Health. İstanbul: Bedray Press Publishing; 2008: 11-3.
4. Republic of Türkiye Official Gazette. Regulation. Available at: http://www.resmigazete.gov.tr/eskiler/2013/08/20130816-8.htm (Access date: 20.03.2022).
5. Akkuzu G. Newborn Nutrition. Taşkın L, editor. Obstetrics and women's health nursing. XI. Printing, Ankara: System Offset; 2012: 203-40.
6. Ogbuanu C, Glover S, Probst J, Hussey J, Liu J. Balancing work and family: effect of employment characteristics on breastfeeding. J Hum Lact. 2011; 27(3): 225-38; quiz 293-5. **[Crossref]**
7. Gölbaşı Z, Koç G. The effect of women's breastfeeding behaviors in the first six months postpartum and the breastfeeding attitude in the prenatal period on breastfeeding behaviors. Faculty of Health Sciences Journal of Nursing. 2018; 16-31.
8. Eren T, Kural B, Yetim A, Boran P, Gökçay G. Breastfeeding experiences of female physicians and the impact of the law change on breastfeeding. Turk Pediatri Ars. 2018; 53(4): 238-44. **[Crossref]**
9. Unsal AŞ. Investigation of the effectiveness of different methods in the prevention of nipple problems in primiparous breastfeeding mothers [PhD Thesis]. İzmir: Ege University Institute of Health Sciences; 2008.
10. Gulgun Ekelik F. Quality of life and perception of quality of life in nurses and midwives [Master's thesis]. İstanbul: Beykent University, Institute of Social Sciences; 2014.
11. Özdemir A. Investigation of quality of life and affecting factors of burn patient companions [Master's thesis]. Malatya: İnönü University, Institute of Health Sciences; 2013.
12. Karahan S. The relationship between the quality of life of the burn patient and the caregiver's obligation to provide care and quality of life [Master's thesis]. Ankara: Hacettepe University, Institute of Health Sciences; 2016.
13. Smith K, Downs B, O'Connell M. Maternity leave and emp¬loyment patterns: 1961-1995. In: Current Population Reports. Washington. DC: U.S. Census Bureau; 2001: 70-9.
14. Telatar GT. Determining the quality of life and risky behaviors of men [Specialization thesis]. Ankara: Hacettepe University; 2007: 20-4.
15. Uyanık G. Study on Validity and Reliability of the Turkish Version of Breast-feeding Experience Scale (BES) [Master's thesis]. İzmir: Ege University, Institute of Health Sciences; 2019.
16. Wambach K. Development of an instrument to measure breastfeeding outcomes: The breastfeeding experience scale. Unpublished manuscript, The University of Arizona, Tucson; 1990.
17. Eser E, Fidaner H, Fidaner C, Yalçın E, Elbi H, Göker E. Psychometric properties of WHOQOL-100 and WHOQOL-Bref. 3P Psikiyatri Psikoloji Psikofarmakoloji Dergisi. 1999; 7: 23-40.
18. Oliver M. WHOQOL-Bref. University of Washington Seattle. United States of America, U.S. Version; 1997: 5-31.
19. Zakareviciene J. Institute of clinical medicine, clinic of obstetrics and gynaecology. Faculty of Medicine, Vilnius University; 2020: 25-49.
20. Zitkute V, Snieckuviene V, Zakareviciene J, Pestenyte A, Jakaite V, Ramasauskaite D. Reasons for Breastfeeding Cessation in the First Year after Childbirth in Lithuania: A Prospective Cohort Study. Medicina (Kaunas). 2020; 56(5): 226. **[Crossref]**
21. Kırcı ÇN, Korkmaz O. Bivariate sequential probit model analysis of the relationship between life satisfaction and job satisfaction in Turkey. Niğde University Journal of the Faculty of Economics and Administrative Sciences. 2014; 7(1): 126-45.
22. Brown A, Rance J, Bennett P. Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties. J Adv Nurs. 2016; 72(2): 273-82. **[Crossref]**
23. Thussanasupap B, Lapvongwatana P, Kalampakorn S, Spatz DL. Effects of the community based breastfeeding promotion program for working mothers: A quasi-experimental study. Pacific Rim Int J Nurs Res. 2016; 20(3): 196-209.
24. Ergen A, Tanrıverdi Ö, Kumbasar A, Arslan E, Atmaca D. A cross-sectional study on the quality of life of healthcare professionals. Haseki Medical Bulletin. 2011.
25. Yıldırım A, Hacıhasanoğlu R. Quality of life in healthcare workers and affecting variables. Journal of Psychiatric Nursing. 2011; 2(2): 61-8.
26. Akbar AHS, Karmaliani R. Breastfeeding support for working mothers: global and Pakistani perspectives. Current Pediatric Reviews. 2012; 8(4): 313-21. **[Crossref]**
27. Aytekin A, Sarıkaya P, Kucukoglu S. Investigation of the attitudes of working and nonworking mothers regarding infant feding. The Medical Bulletin of Şişli Etfal Hospital. 2015; 49(1): 68-75. **[Crossref]**
28. Mekuria G, Edris M. Exclusive breastfeeding and associated factors among mothers in Debre Markos, Northwest Ethiopia: a cross-sectional study. Int Breastfeed J. 2015; 10(1): 1. **[Crossref]**
29. Çeçe Ö, Yenal K. Factors affecting breastfeeding duration of working mothers. Cumhuriyet Nursing Journal. 2012; 1: 10-7.

30. Bülbül LG, Özcan AG, Hatipoğlu SS. Factors affecting breastfeeding in children over the age of two followed in the well-child outpatient clinic. Şişli Etfal Training and Research Hospital Medical Bulletin. 2012; 46(3): 101-7.
31. Remover YF, Aslan E. The effect of women's working status on breastfeeding. Istanbul University Florence Nightingale Journal of Nursing. 2012; 20 (1): 62-8.
32. Celebi E. Determination of the quality of life of nurses working in surgical services and affecting variables [Master's thesis]. Istanbul Medipol University; 2015.
33. Şahin H, Yılmaz M, Aykut M, Balcı E, Sağıroğlu M, Öztürk A. Breastfeeding problems and risk factors in mothers who applied to two community health centers in Kayseri. Turk Arch Pediatr. 2013; 48: 145-51. **[Crossref]**
34. Güler ES, Yanıkkerem E. Women's thoughts about delivery methods and vaginal birth after cesarean section. Journal of Continuing Medical Education. 2018; 27(1): 27-36.
35. Petrou S, Kim SW, McParland P, Boyle EM. Mode of Delivery and Long-Term Health-Related Quality-of-Life Outcomes: A Prospective Population-Based Study. Birth. 2017; 44(2): 110-9. **[Crossref]**
36. Altınayak S, Özkan H. Evaluation of mothers' quality of life and support in the postpartum period. International Refereed Journal of Gynecology and Maternal Child Health. 2017; 11.
37. Çalık YK, Çetin CF, Erkaya R. Practices of mothers on breastfeeding and influencing factors. Gumushane University Journal of Health Sciences. 2017; 6(3): 80-91.
38. Kaşisari YH. Bristol Emzirme Değerlendirme Ölçeği ile emzirme başarısının değerlendirilmesi [Master's thesis]. İstanbul: İstanbul Medipol University; 2021.
39. Triviño-Juárez JM, Romero-Ayuso D, Nieto-Pereda B, et al. Health related quality of life of women at the sixth week and sixth month postpartum by mode of birth. Women Birth. 2017; 30(1): 29-39. **[Crossref]**
40. Çolak BM, Akın B, Turfan ÇE. Evaluation of the effect of mode of delivery on postpartum fatigue and quality of life in women giving birth for the first time. Life Sciences (NWSALS). 2019; 14(2): 30-40. **[Crossref]**
41. Erbaş N. Determining the health problems experienced by women in the postpartum period according to the type of birth: An example from Sivas in 2012. Journal of Continuing Medical Education. 2017; 26(4): 133-8.
42. Sis Çelik A, Türkoğlu N, Pasinlioğlu T. Examination of the Postpartum Life Quality of Mothers. Journal of Anatolia Nursing and Health Sciences. 2014; 17(3): 151-7.