



ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES

ASSESSMENT OF JOB-RELATED PSYCHOSOCIAL CHALLENGES OF
HEALTH CARE PROFESSIONALS AND THEIR COPING MECHANISM: IN
THE CASE OF ZEWDITU MEMORIAL HOSPITAL

BY
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Id number: SGS/0665/2014A

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Addis Ababa, Ethiopia

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Ababa, Ethiopia

Submitted to St. Mary's University
School of Graduate Studies in Partial Fulfillment of the Requirement for the
Master of Social Work

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----- External Examiner	----- Signature	----- Date

St. Mary's University
School of Graduate Studies

DECLARATION

I, Wengelawit Wubshet, declare that this work is my original paper which is entitled “Assessment of job-related psychosocial challenges of health care professionals and their coping mechanism: in the Case Study of Zewditu Memorial Hospital, Addis Ababa, Ethiopia” and has not been presented for a degree in any other university and that all sources of materials used for the thesis paper have been duly acknowledged.

Declared by:

Wengelawit Wubshet Dereb

Researcher

Signature

Date

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Abstract

Background: Health care professionals who work in health care facilities face a variety of psychosocial challenges. The psychosocial challenge can have a significant impact on the personal, family, and professional lives of health professionals.

Objective: This study explores the psychosocial challenges faced by health care professionals at Zewditu Memorial Hospital.

Methods: The study used a qualitative method approach and exploratory case study design. A purposive sampling method was used to select fifteen health care professionals working in Zewditu memorial hospital. The study used in-depth interview, one FGD, interview three key informant to examine psychosocial challenges and coping mechanism of the health care professionals. This study was employed thematic qualitative method of data analysis.

Results: The findings of this study revealed that the psychological challenges reported by the study participants were stress, emotional exhaustion, and moral distress, and depression, post traumatic symptoms such as depression, anxiety and insomnia. The major social challenges indicated by study participants were work life imbalance, interpersonal conflict, low salary, political instability, lack of social support. The coping mechanism used by the professional were emotional oriented, task oriented and avoidance oriented coping mechanisms.

Conclusions: This study was concluded that the psychosocial challenges of health professionals need a scientific strategies and support systems in order to solve the challenges of health professionals successfully.

Key words: *psychosocial challenges, coping mechanism, health care professionals*

Table of Contents

Acknowledgment	v
Abstract	vi
List of abbreviations	ix
List of tables.....	x
List of figures.....	x
1. CHAPTER ONE: INTRODUCTION	1
1.1Background of the study	1
1.2 Statement of the problem	2
1.4 Objective of the study	4
1.4.1 General objective	4
1.4.2 Specific objectives	4
1.5Significance of study.....	4
1.6 Scope of the study	5
1.7Limitation of the study	5
1.8 Operational definition	6
1.9 Thesis structure	6
2. CHAPTER TWO: REVIEW OF RELATED LITERATURE.....	7
2.1 Definitions.....	7
2.1.1Definition of psychosocial wellbeing	7
2.1.2Work related psychosocial challenges	7
2.1.3 Coping mechanism.....	9
2.2 Theoretical literature review	9
2.2.1 Job demand Resources (JD-R) model.....	9
2.2.2Transactional model (theory) of stress and coping	10
2.3. Empirical literature review.....	11
2.3.1 Psychological Challenges of health care Professionals	11
2.3.2 Social challenges of health care professionals	13
2.3.3 Coping Mechanism of health care Professionals	14

Assumption of the conceptual frame work	15
Conceptual frame work.....	16
3. CHAPTER THREE: RESEARCH METHODOLOGY.....	17
3.1 Description of study area	17
3.2 Research design	17
3.3 Research approach	18
3.4 Data source.....	18
3.5 sampling design	18
3.5.1 Target population.....	18
3.5.2 Sampling frame.....	19
3.6 Sampling technique.....	19
3.7 Data collection method.	20
3.7.1In depth interview	20
3.7.2 Focus group discussion	20
3.7.3 Key informant interview	21
3.8 Data analysis.....	21
3.9 Trustworthiness of the data.....	22
3.10 Ethical consideration.....	23
4. Chapter four: Result and Discussion.....	24
4.1 Data finding presentation.....	24
4.1.1Demographics information of the study participants	24
4.1.2 Analysis of Qualitative Data	25
4.2 Discussion.....	36
CHAPTER FIVE: CONCLUSION AND IMPLICATION	39
5.1 Conclusion	39
5.2 Implication	40
References.....	43
Appendix.....	50
Appendix A.....	50

List of abbreviations

ART: Anti-retroviral treatment

AICU: Adult intensive care unit

DASS: Depression, anxiety and stress scale

FGD: Focus group discussion

ICU: Intensive care unit

JD-R: Job demand resource

NICU: Neonatal intensive care unit

NIOSH: National Institute for Occupational Safety and Health

OBY& GYN: Obstetrics and Gynecology

OPD: Outpatient department

OR: Operation room

PEDI: Pediatrics

PTSD: Post- traumatic stress disorder

WHO: World health organization

List of tables

Table 1: Sample frame of nurses and doctors in Zewditu memorial hospital

Table: 2: The demographics information of the qualitative study participants

List of figures

Figure.1. Conceptual frame work for job related psychosocial challenges of health care professionals and their coping mechanisms.

1. CHAPTER ONE: INTRODUCTION

1.1 Background of the study

The health care industry is known to be a high stress environment, and health care professionals are at risk of experiencing various psychosocial challenges that can affect their mental health and wellbeing. For instance, health care professionals may experience burnout, emotional exhaustion, and compassion fatigue due to the nature of their work. (Shanafelt et al., 2016). Furthermore, they may be exposed to traumatic events such as patient deaths and medical errors, which can lead to post-traumatic stress disorder (PTSD) symptoms. (Mealer et al., 2017). Communication difficulties with patients and colleagues can also contribute to job related psychosocial challenges. (Shanafelt et al., 2016).

Healthcare profession is always demanding physically and mentally, which requires a careful and clever decision on life and death issues in a short period, with limited resources at hand, especially at the time of a medical emergency. The psychosocial challenge among healthcare professionals hinders professional performance associated with medical errors, increases turnover, decreases clinical competency, and lowers the quality of the care provided by them, which will eventually negatively affect the quality of patient care and safety. (Kim et al., 2018)

Given the importance of health care professionals in providing quality health care services, it is essential to understand the psychosocial challenges they face and the coping mechanisms they use to manage these challenges. Coping mechanisms refer to the strategies that individuals use to deal with stressful situations. (Lazarus & Folkman, 1986). According to Shanafelt et al. (2016) healthcare professionals use a variety of coping mechanisms to manage their job related stress; including problem focused coping and social support.

The provision of health care service in Ethiopia faces several challenges, including inadequate infrastructure, limited resources and manpower shortages. (Columbia University, 2019). Health care professionals in Ethiopia work under high stress conditions and some studies have documented the adverse effects of job related psychosocial challenges on healthcare professionals

in the country. For instance, healthcare workers face difficulties such as working long hour's inadequate resources and limited support systems. (Mekonnen, Melasse & Adi, 2016)

This job related psychosocial challenges may lead to burnout and emotional exhaustion, which is a major concern for the health care sector in Ethiopia. As a result, health care professionals in Ethiopia have developed various coping mechanisms to deal with job related psychosocial challenges. For instance, social support, job autonomy and personal resilience are some of the critical factors that can help healthcare professionals cope with their job related challenges. (Tadesses, 2019)

Thus, Understanding the challenges that health care professional's face is essential for both healthcare professionals and the healthcare system. Therefore, this study is conducted to identify the most common psychosocial challenges faced by health care professionals and their coping mechanisms in Zewditu memorial hospital, Addis Ababa, Ethiopia.

1.2 Statement of the problem

Healthcare professionals play an important role in getting better the population's to obtain quality of health care. They provide essential services to individuals, families, and communities such as health promotion, disease prevention, and health care delivery. They are essential to the operation of health-care systems; improving health-care coverage and realizing the right to the highest attainable standard of health rely on their availability, accessibility, acceptability, and quality. (Health Professions Networks, 2022).

Promoting the wellbeing of this group of people is another method for improving community health. However, the working conditions of this group of people pose a threat to their well-being. According to the National Institute for Occupational Safety and Health, (NIOSH, 2008), medical practice has physical and psychological demands. These factors make health professionals, specifically nurses and physicians, vulnerable to stress related to psychological, social, and physical health challenges.

The work condition of healthcare professionals is highly demanding, both physically and mentally. Health care professionals are constantly exposed to psychosocial challenges that can have a significant impact on their mental health and well-being. These challenges may include long

working hours, high workload, and exposure to traumatic situations, dealing with difficult patients and families, and lack of support from colleagues and superiors. These challenges can cause different psychosocial challenges on the health care professionals. (Shanafelt et al., 2016)

Thus, this study intends to identify the psychosocial challenges that healthcare professionals face, as well as the coping mechanisms they use to deal with those challenges. In Ethiopia, there are few and insufficient studies that reflect the psychosocial challenges of health professionals in general, and I couldn't find any studies that specifically focused on healthcare professionals working at Zewditu Memorial Hospital. From the studies the one published in the journal of occupational health and epidemiology, work related stress and burnout are prevalent among health care professionals in Ethiopia, with nurses and physicians being the most affected. The study found that long working hours, high workload, and inadequate resources were the major sources of stress and burnout among health care professionals in Ethiopia. (Tadesse et al., 2019). Another study published in the Ethiopian journals of health sciences found that health care professionals in Ethiopia faced significant psychosocial challenges, including emotional exhaustion, depersonalization and low personal accomplishment which can lead to burnout and job dissatisfaction. (Assefa et al., 2018). The studies address the psychosocial challenges; they do not address psychosocial challenges and coping mechanisms in a single study. As a result, more research is needed to fill the gap by identifying the specific psychosocial challenges that these professionals face, as well as their coping mechanisms, and the services they receive to address these challenges. So, this study is conducted to assess the psychosocial challenges and coping mechanism of health care professionals working in Zewditu memorial hospital to address the gap.

1.3 Research questions

- What are the work related psychological challenges of health care professionals at Zewditu memorial hospital Addis Ababa Ethiopia?
- What are the work-related social challenges of health care professionals at Zewditu Memorial Hospital in Addis Ababa, Ethiopia?
- How do health care professionals cope with job-related psychosocial challenges at Zewditu memorial hospital Addis Ababa Ethiopia?

1.4 Objective of the study

1.4.1 General objective

To assess job-related psychosocial challenges of health care professionals and their coping mechanisms.

1.4.2 Specific objectives

- To investigate the psychological challenges of healthcare professionals working at Zewditu memorial hospital
- To identify the social challenges of healthcare professionals working at Zewditu memorial hospital.
- To explore the coping mechanisms of health care professionals for their psychosocial challenges.

1.5 Significance of study

The study of health professionals' job-related psychosocial challenges help to improve the wellbeing of health professionals, their families, and their patients. According to various studies, Ethiopia is one of the developing countries with a health care professional shortage. Besides this shortage, health professionals are expected to give services to their patients.

The work burden of health professionals has a significant impact on their social and psychological health. Here, understanding the social and psychological challenges related to their job help to address their social and psychological needs. Furthermore, understanding their coping mechanisms aid in identifying areas of need and increasing their ability to overcome challenges.

The result of this research significant for the health care professionals, for the government and non-governmental organizations, the policy maker, for the social worker and for someone interested to do further investigation on this area.

The finding help to enhancing the quality of patient care. Health care professionals who are experiencing psychosocial challenges may be less effective in providing high quality patient care. Addressing these challenges can help improve the quality of care provided to patients.

The finding is significant for informing policy and organizational changes by identifying the factors that contribute to psychosocial challenges can help promote the mental health and

wellbeing of health care professionals. Furthermore, the study help strategies and policymakers focus on health professionals in terms of reducing their workload and working out to meet their needs.

The finding is significant for social workers, who can advocate and raise awareness among policymakers to provide assistance and support to health professionals who need it, whether for psychological or social health reasons. Furthermore, the finding assists the medical social workers provide psychosocial support to professionals in need.

The result of this study can benefit the health care professional who are the beneficiaries of governmental and nongovernmental organizations it can help government and non-government organizations initiate actions related to developing policies and programs.

Moreover, the study can also be an important resource & reference material for someone who is interested in undertaking similar research and it can be used for academic purpose as well.

1.6 Scope of the study

The research was carried out in 2023. (G.C.). The overall goal of this study was to explore the psychosocial challenges that healthcare professionals face as a result of their job conditions, as well as their coping mechanisms. Participants in the study were healthcare professionals currently employed at Zewditu Memorial Hospital, primarily nurses and doctors. The qualitative method approach was used in this study. The qualitative data were collected through in-depth interviews, key informant interview, and focus group discussions.

1.7Limitation of the study

The study had limitations on the study site. The research was conducted at Zewditu Memorial Hospital. This was restricting the study's access to additional subject information. If the study includes more hospitals, more responses from various study participants may be included. To address this limitation the study triangulate data from in depth interview FGD and key informant interview. Furthermore, due to the doctors' working conditions and willingness, it was impossible to conduct a focus group discussion; as a result, a focus group conversation with nurses took place. Therefore, this is also a study limitation.

1.8 Operational definition

Psychological challenges: For the sake of this study, psychological challenges like stress, anxiety, and depression, are taken into account.

Social challenges: the social challenges include interpersonal conflicts, isolation, lack of social support, and low work life balance

Health care professionals: nurses and doctors who are working in the hospital setting

Coping mechanism: the method used by health care professionals to overcome their psychosocial challenges, such as task-oriented, emotionally oriented, and avoidance-oriented methods.

1.9 Thesis structure

This thesis structure consists of five chapters. The introduction is found in Chapter one and includes the following information: the study's background, a statement of the problem, research questions, objectives, the study's significance, and the scope of study, limitations, and Operational definitions. A literature review is included in Chapter two along with a basic concept and definition, theoretical perspective and empirical literature reviews. It includes research methodology at the end of Chapter three, which includes research approach, research design, sampling design, sampling technique, data collection method, data analysis, and ethical considerations. Chapter four, which includes the Data presentation, Analysis and Interpretation & discussion and the last chapter, which is chapter five, includes conclusion and implications.

2. CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Definitions

2.1.1 Definition of psychosocial wellbeing

Psychosocial wellbeing refers to the combination of psychological and social factors that contribute to an individual's overall sense of happiness and satisfaction with life. It includes aspects such as emotional regulation, social support, self-esteem and a sense of purpose. WHO (2014). The concept of psychosocial wellbeing is important because it has been linked to better physical health outcomes, increased resilience, and improved quality of life. (Diener et al., 2010)

2.1.2 Work related psychosocial challenges

Psychosocial challenges are extremely significant aspects of human life. These challenges are experienced by individuals in their daily interactions with their environment, and affect their mental and emotional wellbeing. (Lazarus & Folkman, 1984). These challenges can arise from different sources such as societal pressures, family dynamics, financial and economic factors, job insecurity and health issues.

A work related psychosocial challenges refers to the stressors, pressures, or demands that arise from a person's work environment, and are related to their psychological and social well-being. These challenges can result from insufficient support, work overload, a hostile work environment, lack of autonomy, role conflict or job insecurity. They may lead to anxiety, depression, stress and burnout, or other mental health issues. Addressing work related a psychosocial challenge is essential for maintaining a healthy and productive workforce.

Psychosocial challenges such as depression, anxiety and stress are common mental health issues that many people face in their daily lives. These challenges can have a negative impact on an individual's well-being, affecting their physical health, social relationships, and overall quality of life. (Saxena, et.al, 2019).

Depression

Depression is a mood disorder that causes feelings of sadness, loss of interest in activities, and lack of energy. It can also lead to physical symptoms such as changes in appetite, sleep patterns. And fatigue. (American psychiatric association, 2013). Workers with depression experience cognitive

symptoms, such as trouble concentrating, indecisiveness or forgetfulness up to 94% of the time during an episode, reducing their level of performance in the workplace to below the standard expected. Symptoms of job related depression can include feelings of hopelessness, lack of energy & motivation, and difficulty concentrating. It is important to recognize and address the issue as soon as possible, as it can have a significant impact on both the individual's mental health and their job performance.

Several factors contribute to job related depression, including job insecurity, conflicts with colleagues or supervisors, lack of job satisfaction, and high workload. In study by the world health organization, job stress was identified as a significant risk factor for depression. (WHO, 2019)

Anxiety

Anxiety is a mental health disorder characterized by excessive worry or fear, which can interfere with daily activities and social interactions. (National institute of mental health, 2021)

Job related anxiety can lead to negative health outcomes such as increased absenteeism, reduce productivity and job dissatisfaction. Various factors can lead to job related anxiety, including high workload, job insecurity poor work relationships and gear of failure. According to a study by the American psychological association, job related anxiety is prevalent in the workplace, with 61% of workers reporting that job related stress had a significant impact on their mental health. (American psychological association, 2019)

Stress

Stress is a natural response to challenging situations and can be beneficial in small doses. However, chronic stress can lead to negative physical and psychological symptoms, including anxiety and depression. (American Psychological associations, 2019). Job related stress can arise due to a variety of reasons such as high workload, lack of control over work, poor relationships with colleagues, and inadequate compensation. Job related stress can have negative impact on the employee wellbeing and it can lead to burnout, which is a state of emotional, physical and mental exhaustion often resulting from prolonged and chronic job stress (Taris & Kompier, 2015).

The impact of these challenges on individuals can be significant. Depression, anxiety, and stress can affect an individual's ability to function normally, leading to reduced productivity and social

withdrawal. These challenges can also have a negative impact on physical health, increasing the risk of heart disease, stroke, and other chronic illnesses. (National institute of mental health, 2021)

In conclusion, psychosocial challenges such as depression, anxiety and stress are common mental health issues that can have a negative impact on an individual's overall wellbeing.

2.1.3 Coping mechanism

According to Thoits (2011), coping mechanisms are the methods or strategies that people use to deal with minor or major stress, trauma, pain, and natural changes in their lives. Some of these strategies are unconscious; others are consciously learned skills to reduce stress; and still others are learned behavioral patterns used to cope with the situation. People are not always able to cope with their problems because not all coping mechanisms are equally effective. He went on to say that there are both negative and positive coping mechanisms. As a result, many people use positive coping mechanisms, while others choose mechanisms that can actually increase stress due to a failure to explore and assess the causes of their stress.

Coping serves two purposes: problem-focused coping seeks to solve the problem, whereas emotion-focused coping seeks to reduce an emotional reaction or tension. (Lazarus & Folkman, 1984). The relationship between coping styles and psychological well-being is complicated and incompletely understood. Those who use problem-focused, positive coping strategies, for example, do not always have better psychological well-being, and those who use emotion-focused strategies do not always have worse psychological well-being. A person's reaction to one stressful event may differ from another, and people frequently face multiple stressful situations at the same time. Coping is used to manage a person's behaviors and thoughts, resulting in person-environment interaction. This interaction is related to his or her psychological well-being. (Lazarus & Folkman, 1986).

2.2 Theoretical literature review

Theoretical framework for this study are Job demand Resources (JD-R) and transactional model of stress and coping.

2.2.1 Job demand Resources (JD-R) model

Job demand Resources (JD-R) model is a popular theoretical framework used to understand job related psychosocial challenges. According to this model, job demands are defined as the physical, psychological, or social aspects of a job that require sustained effort and can lead to stress. On the other hand, job resources refer to the physical, psychological or social aspects of a job that help individuals achieve work goals and reduce the effects of job demands.

The JD-R model proposes that job demands and resources have independent and interactive effects on employee well-being and work engagement. High job demands, such as a high workload, can lead to exhaustion and burnout, while high job resources, such as social support and autonomy, can promote work engagement and personal growth. The model also suggests that job resources can buffer the negative effects of job demands on employee well-being and work engagement.

For health care professionals, job demands may include long work hours, heavy workload, emotional exhaustion, and exposure to traumatic situations. Job resources may include social support, job autonomy, and opportunities for professional development. (Bakker & Demerouti, 2007)

2.2.2 Transactional model (theory) of stress and coping

This model was developed by Lazarus, and Folkman (1984). It is a conceptual framework that is used to evaluate an individual's coping practice of stressful situations (Goh, Sawang, & Oei, 2010). The main idea of this model is, when an individual is exposed to a stressful situation first he/ she will evaluate the potential harm of the situation. This step is called primary appraisal. Then assess his/her ability and resource to deal with it and make the situation under control, which is called secondary appraisal. Finally, the individual will select a coping style and will make an effort to cope. Cognitive judgment or process is the one to initiate the coping response of the individual (Goh, Sawang, & Oei, 2010). This perspective gives attention to the interaction between the external factors, judgment and coping. As to this model the psychological response to stress has a cognitive and behavioral response.

The transactional model of stress and coping highlights the importance of individual differences and coping strategies to determine how job related stress is managed. One type of coping mechanism that is particularly relevant to health care professional is emotion focused coping,

which involves cognitive and behavioral efforts to regulate one's emotional responses to stressors. (Lazarus & Folkman, 1984). Coping strategies such as social support, mindfulness-based interventions can be effective in reducing the negative effects of job related psychosocial challenges on health care professionals.

Overall, The JD-R model and the transactional model of stress and coping provide a comprehensive theoretical perspective for the study of job related psychosocial challenges and coping mechanisms of health care professionals.

2.3. Empirical literature review

2.3.1 Psychological Challenges of health care Professionals

As a result of their hazardous working conditions, approximately 59 million health workers worldwide are exposed to various health risks and hazards. The majority of these issues are the result of psychosocial risks: shift work, violence, and stress. (Joseph, 2016)

Depression and anxiety are two of the most common challenges that have an impact on a person's personal and social life. Depression is a common mental illness that affects an estimated 4% of the global population. Steel et al. (2014). Many doctors unintentionally wear this multifaceted mask. Because depression affects many people throughout their lives, physicians are at a higher risk of developing it due to their high stress levels and immense responsibilities. Numerous factors, such as smoking, a lack of leisure activity, and a lack of sleep, have a significant impact on the prevalence of depression among healthcare professionals. (Bailey et al., 2018)

A study conducted by Shanafelt et al. (2016) found that approximately 40% of physicians experienced symptoms of depression. The study identified several factors that contributed to high prevalence of depression among healthcare professionals including long working hours, high workload and a lack of control over work. The study also found that depression was associated with decreased job satisfaction and increased medical errors.

A study by Shanafelt et al. (2015) found that approximately 50% of physicians experienced symptoms of anxiety among healthcare professionals, including high workload, lack of control

over work, and exposure to traumatic events. The study also found that anxiety was associated with decreased job satisfaction and increased medical errors.

A study conducted by Adriaenssens et al. (2015) found that healthcare professionals are exposed to various psychosocial risks such as violence, bullying and harassment, which can lead to emotional exhaustion, depersonalization, and reduced personal accomplishment. The study found that stress

Another cross-sectional study conducted in Australia revealed that 17 and 20% of midwives, respectively, suffered from depression and anxiety. (Creedy et.al, 2017) Depression, anxiety, and stress were also common among African nurses. Evidence from Ethiopia revealed that 22.9%, 19.2%, and 28.2% of nurses were depressed, anxious, or stressed, respectively. (Mossie and Yeshaw, 2017)

The number of people suffering from work-related stress or worsening their condition because of stress is increasing at an alarming rate in developing countries, and it is becoming a public health concern. (T. Dagget et .al, 2016). Despite the fact that research in South Africa found that 51% of doctors experience workplace stress. (Go vender et al., 2012).

A study conducted by Abebe et al. (2019) on health care professionals in Ethiopia identified work related stress as a significant psychological challenges. The study found that the majority of health care workers experienced job stress due to demanding work schedules, a lack of control over work environment, inadequate resources and inadequate organizational support, which impacted their mental and physical health.

Another study published in the Ethiopian journals of health sciences found that health care professionals in Ethiopia faced significant psychological challenges, including emotional exhaustion, depersonalization and low personal accomplishment which can lead to burnout and job dissatisfaction. (Assefa et al., 2018).

In conclusion, empirical studies have identified different physiological challenges that healthcare professionals encounter in their workplace, including; anxiety, stress and depression. Addressing these psychological challenges is critical for enhancing the mental well-being of healthcare professionals.

2.3.2 Social challenges of health care professionals

Social challenges in the workplace are known to have a negative impact on employee productivity, satisfaction, and well-being. In the healthcare industry, social challenges have been identified as a significant issue that affects the performance and retention of healthcare workers. (Hershcovis et al., 2017). Social challenges include a range of issues, such as interpersonal conflicts, work-life balance, and inadequate social support. Niosh (2008). Understanding the major social challenges that healthcare workers encounter is crucial for developing effective intervention strategies to enhance their social well-being.

A study conducted by Tayfur et al. (2018) explored the work-related social challenges among healthcare professionals in Turkey. The study findings indicated that healthcare professionals face various social challenges, such as high workload, lack of recognition, and interpersonal conflicts. The study also highlighted the importance of promoting teamwork and communication among healthcare professionals to address these social challenges.

Another study by Karp et al. (2017) examined the impact of social challenges on healthcare workers' mental health and job satisfaction. The study found that healthcare workers who experienced social challenges, such as conflict with colleagues and a lack of social support, tended to have lower levels of job satisfaction and higher levels of psychological distress. The study recommended interventions to enhance social support, communication, and conflict resolution skills to improve the well-being of healthcare workers.

Furthermore, a study by Welp and Manser (2016) explored social challenges in inter professional collaboration in the healthcare sector. The study found that communication, trust, and respect were important factors for effective inter professional collaboration, while power struggles and role ambiguity were sources of social challenges. The study suggested the establishment of clear communication channels and mutual respect promotes effective interprofessional collaboration and addresses social challenges.

In a study conducted in Ethiopia, Alemu and Zegeye (2020) found a high prevalence of burnout among healthcare professionals working in public health institutions in Addis Ababa, Ethiopia.

The study identified high workload, lack of support from supervisors, and conflicts with colleagues as the main job-related social challenges that contribute to burnout. Another study conducted by Tadesses and Mekonnen (2019) found job-related social challenge such as high workload, lack of support from supervisors, and conflicts with colleagues as the main contributing factors to depression. Similarly, a study by Tadesses et al. (2019) found that healthcare professionals in Ethiopia experienced job-related social challenges such as high workload, inadequate resources, and conflicts with colleagues, which negatively impacted their mental health and well-being.

In conclusion, empirical studies have identified different social challenges that healthcare professionals encounter in their workplace, including interpersonal conflicts, high workloads, and inadequate social support. Addressing these social challenges is critical for enhancing the well-being of healthcare professionals.

2.3.3 Coping Mechanism of health care Professionals

In response to the challenges health care professionals use various coping mechanisms to manage stress and emotional distress. Coping mechanisms can be defined as cognitive and behavioral strategies used to manage emotions and stress. Some coping mechanisms that health professionals use include seeking social support, engaging in physical exercise, and practicing relaxation techniques such as meditation (Shanafelt et al., 2015)

Another study by Travuth. T et al. (2019) found that healthcare professionals worldwide use problem focused coping mechanisms, such as seeking information and advice, and emotion focused coping mechanism such as seeking social support and engaging in self-care activities. The study found that healthcare professionals who used both problems focused and emotion focused coping mechanisms had better mental health outcomes.

A study by Duko et al. (2019) found that health care professionals in Ethiopia use various coping mechanism to manage the challenges they face. The study identified several effective coping mechanisms, including seeking social support, engaging in physical activities and taking time off from work.

Another study by Getinet et al. (2019) found that healthcare professionals in Ethiopia use problem focused coping mechanisms such as seeking information and advice and emotion focused coping

mechanisms, such as seeking social support and engaging in self-care activities. The study found that health care professionals who used both problem focused and emotion focused coping mechanisms had better mental health outcomes.

In conclusion, health care professionals worldwide and in Ethiopia use various coping mechanism to manage the psychosocial challenges they face. The coping mechanisms are problem or task focused, emotion focused and avoidance.

Assumption of the conceptual frame work

The categories that emerged from the integrative literature review and empirical phases of this study were emerged to develop the following conceptual framework. The assumption is based on health care professionals are exposed to a wide range of psychological and social challenges related to their working condition. This working condition can lead to negative outcomes of the psychological and social challenges such as under psychological challenges: depression, stress, anxiety, and under social challenges: work life imbalance, interpersonal conflict, lack of social support, isolation, and work life imbalance. Thus, the coping mechanisms are essential for health care professionals to manage and mitigate the negative impact of work related psychosocial challenges. The coping mechanisms categories as task oriented, emotion oriented and avoidance oriented.

Conceptual frame work

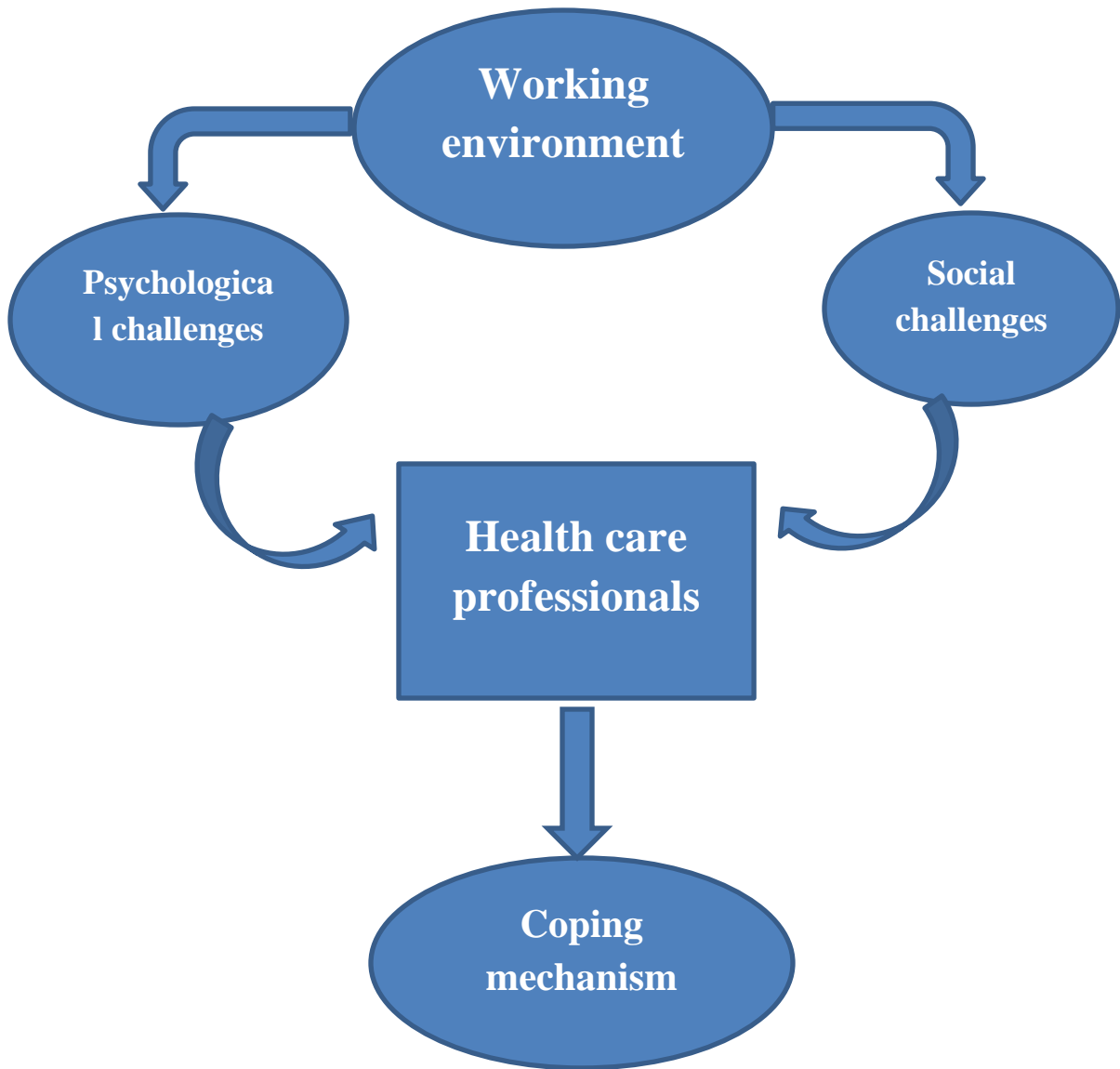


Figure.1. Conceptual frame work for job related psychosocial challenges of health care professionals and their coping mechanisms

3. CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Description of study area

Zewditu Memorial Hospital is a hospital located in the heart of Addis Ababa, Ethiopia. It was built, owned, and operated by the Seventh-day Adventist Church before being nationalized in 1976 by the Dreg regime. The hospital is named after Empress Zewditu, Emperor Haile Selassie's cousin and predecessor on the throne. The hospital is now run by the Ministry of Health, and it is Ethiopia's leading hospital for the treatment of ART patients, as well as the highest referral hospital for Addis Ababa Health Centers. The research will be carried on at Zewditu Memorial Hospital in Addis Ababa, Ethiopia. The hospital is managed by the Addis Ababa Health Bureau and offers a range of medical services, including general medical care, surgery, obstetrics and gynecology, pediatrics and psychiatry. The hospital serves a catchment population of more than 1.5 million people, and according to hospital data, the hospital served more than 18000 inpatients, 2512 emergency cases, and 56345 outpatients in 2019 or 2020. It has 253 beds spread across six inpatient units (36 in gynecological and obstetric, 60 in surgical, 56 in medical, 28 in emergency, and 73 in pediatric and adult ICU, as well as neonatal ICU wards). In addition, in the pandemic period, Zewditu Memorial Hospital served as the Courtney Station for healthcare professionals COVID-19 victims. Furthermore, the hospital is Ethiopia's leading hospital for the treatment of ART patients and currently treats over 6,000 patients each month. CDC-Ethiopia helped launch Ethiopia's first ART program at the hospital in July 2013 (G.C.), and in 2005 (E.C.), it received technical assistance from Johns Hopkins University's (JHU) TSEHAI Program.

The hospital became the largest HIV clinic in Ethiopia, with 14,000 patients in its care. Since then, ART programs have been initiated in other hospitals around the country, and it has also become the highest referral hospital for Addis Ababa Health Centers, relieving pressure on the hospital. Zewditu Hospital, US Embassy Addis Ababa (2009)

3.2 Research design

This study use exploratory case study research design in order to gain an in depth understanding of the study in its natural context. This research design valuable in providing insights into the experiences, perceptions, and impacts of the psychosocial challenges of the health care professionals.

If “what and how questions predominate the research questions, the exploratory case study design is applied in this circumstance. A case study helps examine the experiences of participants and to obtain detailed information and in the real life context (Yin, 2014).

3.3 Research approach

A qualitative design was used to conduct the study. Qualitative study is best when the issue of concern at hand needs exploration, comprehensive understanding of the context and the phenomenon. This design is useful in order to get an in-depth understanding of the experience and practices of health professionals and to examine the type of supports they were receiving. The qualitative methods allow researchers to explore the experiences, perceptions and subjective meanings of the phenomena being studied. (Creswell, 2017).

Qualitative design is chosen due to its flexible nature, helpful to understand real life context and ability to allow the active involvement of the study participants (Creswell, 2015).

3.4 Data source

In order to capture the contexts and experiences of healthcare professional and to fully understand the psychosocial challenges they face, the data source for this study were Primary data sources to achieve the objectives of this study. A questionnaire, focus group discussion, in-depth interview, and key informant interview were used to collect primary data from respondents. The primary data can provides an objective and systematic approach to assessing psychosocial challenges, which can be helpful in identifying trends and patterns in healthcare work environment.

3.5 sampling design

3.5.1 Target population

According to Creswell (2014), stated that a target population is a group of individuals (or groups of organizations) with some general characteristics that can be identified and studied by researchers. For this study, healthcare professionals of Zewditu memorial hospital, Addis Ababa are selected as a population.

The target population for this study is nurses and doctors who work at Zewditu Memorial Hospital; there are 392 nurses and 121 doctors. There for a total of 513 professionals in the target population.

3.5.2 Sampling frame

The sampling frame is the source material from which the sample is selected. In this research, the participants of the study were healthcare professionals' nurses and doctors' employees of Addis Ababa city administration Zewditu memorial hospital.

Sample size determination

For this study the sample size was selected based on the principle of data saturation. The number of participants needed would depend on the complexity of the research question, the richness of the data, and the homogeneity or heterogeneity of the sample population. (Given, 2016). The possible approach to selecting the sample size (e.g. 5-10 participants) and then gradually increase it until saturation is reached. The initial sample selection was include diverse participants from different department and professional roles to ensure that a range of experiences and perspectives is captured in the data. In this study the sample size were 15 health care professionals working in Zewditu memorial hospital.

3.6 Sampling technique

In this study, for the qualitative data a non-random sampling which is purposive sampling technique, was used as a sampling technique. In this case, participants were selected in order to answer the research question; as a result, participants were chosen based on their profession as health professionals, such as nurses and doctors, and their work experience that imposes psychosocial challenges, as well as the department in which they work.

Inclusion criteria

This study's participants were nurses and doctors from the Zewditu Memorial Hospital.

At the time of data collection the study's participants were chosen based on the following inclusion criteria:

1. Willingness to take part in the research
2. The doctor's participants were Zewditu Memorial Hospital employees.
3. The nurse participants were Zewditu Memorial Hospital employees.

Exclusion criteria

1. The medical professionals at Zewditu Memorial Hospital who are in Zewditu memorial hospital for medical practice purpose.
2. Health care professional other than nurse and doctors
3. Nurses and doctors who were not willing to participate in the study

3.7 Data collection method.

The tool of data collection were an in-depth interviews, key informant interview, and focus group discussion. A major strength of qualitative method is the opportunity to use many different sources of data collection to get richer information from the study participants. (J. W. Creswell, 2014). As a result, an in-depth interview, focus group discussion, and key informant interview were used as data collection tools for this study.

3.7.1 In depth interview

The semi-structured interview guided the study to complete an in-depth interview in order to acquire rich information about the topic. The questions were open-ended, allowing the researcher to effectively explore and gain an in-depth understanding of the psychosocial challenges and coping mechanisms of health care professionals. (Fouche & Schurink, 2011) describe interviewing as one of the main data or information collection methods in qualitative research. It is a way of accessing people's perceptions, meanings and definitions of situations and construction of reality.

An in-depth interview was take place in the hospital compound as part of this study. Nurses and doctors were interviewed about the psychosocial challenges they face and the coping mechanisms they employ. During the interview, the participant's response was recorded, and notes were taken.

3.7.2 Focus group discussion

Qualitative approach allows participants to describe their experiences through group discussion. It provides a chance to acquire insight into the human experience. The study was use focus groups to better understand people's experiences. A main theme focus to the use of focus groups is that communication among individuals who share similar characteristics can help each other express their feelings in ways that are less likely to occur in an individual discussion. (Onwuegbuzie et al., 2009)

A focus group was used as a data collection method in this study to look into common psychosocial challenges and coping mechanisms among health care professionals at Zewditu Memorial Hospital. Participants were able to share their life experiences during the focus group discussion.

To maintain homogeneity between the participants, this study selects the participants based on their profession and their working experience, i.e., they had at least 5 years of working experience. The participants were eight NICU nurses, and the participant number was determined in order to foster more open and honest discussions. The discussion was held in the duty room of the staff nurses. The discussion was led by the researcher by raising the questions, and the head nurse of the NICU was the co-moderator of the focus group discussion. During the discussion, the participants freely raised their ideas. To maintain the confidentiality of the participant, oral informed consent was obtained from the participant in order to record their voice, and a field note was taken.

3.7.3 Key informant interview

The hospital administrative staff and social workers were interviewed as key informants. To collect the information, a structured interview checklist was created. The interview guides was designed to gather information about the psychosocial challenges that health care professionals face, as well as the supports provided by the hospital to assist them in coping with those challenges.

3.8 Data analysis

In this study, data were triangulated and complemented by in depth interview, FGD and key informant interviews. Since the study use exploratory case study design the data analysis was conducted thematic data analysis.

Qualitative data generated through FGD, in-depth interviews and key informant interviews were analyzed by transcribing and coding the responses of the informants, and identifying central themes based on the research questions. Data analysis is the process of reducing a large amount of collected data to make sense of it. Patton (1987) indicates that three things occur during analysis: data are organized, data are reduced through summarization and categorization, and patterns and themes in the data are identified and linked. According to Creswell (2013). Data analysis in a qualitative study does not occur as a separate step in the research process but rather occurs concurrently with data collection and report writing. Therefore, the data analysis phase of this

study is an ongoing process. The data gathered in qualitative studies is rich and in-depth, which allows for a meaningful interpretation of the issue at hand. (Miles, 1979).

First, an audio recorder and a field notebook used to keep data from the in depth interview and focused group discussion, as well as a key informant interview, during the data collection process. I transcribed the Amharic audio recordings and field notes into written English form. This allowed the researcher to work with data more easily, and I read through the transcripts numerous times to become familiar with the information. I take notes and highlight interesting or significant points. Then I assign codes to data segments that are related to similar themes. The codes are then organized into larger themes that represent the primary ideas mentioned in the material. Then I identify the key themes that emerge from the data and write a narrative to explain them. Finally, in light of the research question or objectives, I analyze the themes and categories.

3.9 Trustworthiness of the data

To ensure the studies trustworthy the study was use multiple data sources such as interviews, surveys, and focus group discussion to provide a comprehensive understanding of the phenomenon under investigation. Moreover, in this study the principles of trustworthiness, which include credibility, transferability, dependability and conformability, were employed.

The credibility of the study was ensured through triangulation of data source which is using in depth interview, focus group discussion and survey and the study use a mixed method approach to that help to validate the findings and provide a more nuanced understanding of the issues being studied. Furthermore to maintain the credibility this study ensure the confidentiality and anonymity of the participant of the study by protecting the privacy of the participant

Providing a detailed description of the context and participants of the study was attain transferability. In order to maintain the transferability the study was compare the findings to existing literature that can help to determine if the findings are consistent with what has been found in other studies. Moreover, the study describe the context of the study including the setting, population, this can help readers understand the context in which the study is conducted and determine if the findings are applicable to their own setting. The dependability of the study was maintained with peer review.

The conformability was maintained through the study adhered to ethical considerations such as obtaining informed consent from the participants and ensuring confidentiality.

3.10 Ethical consideration

Ethics, which are governed by legislation and ethical norms, have always been a crucial factor to take into account when doing research. According to Creswell (2013), ethical issues must be taken into account at every stage of the study process. The ethical process must be carefully taken into account during the research process. After a thorough explanation of the study, each participants were asked for written informed consent to ensure ethical consideration. The study's objectives, the type of involvement needed, the intended use of the data obtained, and an estimate of the time needed for the interview and focus group discussions were explained. The audio recording information was handled with the utmost care to preserve anonymity. The audio recording was stopped once the study is over. Furthermore, the issue of protecting participants from harm was considered. Since the nature of the study is expected to explore the participant's experience, confidentiality was maintained.

4. Chapter four: Result and Discussion

4.1 Data finding presentation

The purpose of this research was to assess the psychosocial challenges of health care professionals and their coping mechanisms. Based on data obtained from fifteen health care professionals the interview participant, one FGD and three key informants, the study identified psychological & social challenges that health care professional encounter, their coping mechanisms. It begins by describing the background information of the participants. It then discusses the major psychological challenges of the professionals as well as social challenges that health care professionals encounter. It also discusses the coping mechanisms that these professionals employ. The section is organized based on the research questions. The data is presented in a way that the participants wouldn't be recognized

4.1.1 Demographics information of the study participants

Table 2. The demographics information of the qualitative study participants

Participants	Age group	Sex	Marital status	Job title	Working department	Year of services	Working hour/week
P1	31-40	Female	Single	Nurse	NICU	11	80
P2	20-30	Female	Married	Nurse	NICU	8	80
P3	31-40	Female	Married	Nurse	Surgical	9	80
P4	31-40	Male	Single	Doctor	Emergency	6	90
P5	31-40	Female	Married	Nurse	Nero/Pedi	13	80
P6	31-40	Male	Single	Doctor	OPD	8	78
P7	31-40	Female	Married	Doctor	Nero/Pedi	10	80
P8	31-40	Female	Single	Doctor	Surgical	5	88
P9	31-40	Male	Single	Nurse	OR	9	80
P10	20-30	Male	Single	Nurse	Pediatrics	6	80
P11	31-40	Female	Married	Doctor	OPD	15	70
P12	31-40	Male	Single	Doctor	Medical	7	88
P13	31-40	Female	Single	Nurse	OPD	12	90
P14	41-45	Female	Married	Nurse	Emergency	18	80
P15	31-40	Male	Single	Nurse	Medical	16	88

The study included fifteen healthcare professionals in the present study. The nurses are between the ages of 20 and 45 age group, whereas the doctors are between the ages of 31 and 40 for both sexes. Four of the nurse participants are married, and the remaining five are single, whereas four of the six doctors are single, and two are married. The gender distribution of the nurse participation is six females and three males, whereas the doctor gender composition is equal. In terms of years of service, nurses had between 6 and 18 years, whereas doctors had between 5 and 15 years. Concerning the working hours per week, the health care professionals' reports ranged from 78 to 90 hours of work, approximately.

4.1.2 Analysis of Qualitative Data

The data from the in-depth interviews, focus groups, and key informant interviews were transcribed in the present research, and main themes were discovered from each of the field notes. The research question, i.e., the major psychological challenges of health care professionals, the major social challenges of health care professionals, and the major coping mechanisms health care professionals employ to adjust themselves to existing reality, was answered using in-depth interviews, FGD data, and key informant interviews. In general, the approach employed in presenting the in-depth interview, key informant interview, and FGD data analysis for each of the theme areas was decided based on the study questions.

Theme 4.1.2: Psychological challenges of health professionals

Sub theme 4.1.2.1 Job related stress

Study participants have identified psychological effects as a major problem. Participants 1, 3, 5, 8 and 14, the key informants and the FGD described work-related stress as a psychological challenge of health care professionals. The majority of interviewees stated that they face job-related stress on a daily basis. Most of them claim that, unlike other people, they are witnessing people suffering from terrifying accidents and being exposed to contagious diseases, as a result they are experiencing job related stress.

Participant 3 who stated demonstrated this:

“I’ve been under a lot of stress at work most of the time. I’ve had several situations with work-related stress, but as an experience, that was a night I’ll never forget. I was working

in the operating room as a duty scrub nurse. The procedure was being performed perfectly by all of the teams. The operation was performed quietly. Everything was done perfectly. Our patient's vital indicators, which included her breathing rate, heart rate, and blood pressure, were all within acceptable ranges. But after a while, our patient began to deteriorate. Her heart rate slowed. I was stunned and terrified. She was only sixteen years old. I felt stressed; I weakened the entire team member with a shout, to assist me in not letting her die. Everyone on the team did their best, and she recovered. It took 8 hours to help the patient become normal. I was much stressed and cloth to panic."

Participant 5 also stated as:

"As a health care professional, I understand that the nature of our work can be demanding and stressful at times. One example of a particularly stressful situation I encountered was during my time working in the emergency department. On a busy night, we experienced a sudden influx of patients due to a major accident in the local area. The emergency department was overwhelmed with critically injured individuals, and the entire team was under immense pressure to provide timely and effective care. In that situation, most of us were under a lot of stress and panic situation."

The participant 8 also explained as:

"I have been feeling overwhelmed with my workload lately. There are so many tasks to complete, and it seems like I never have enough time. I feel under pressure to meet deadlines, and I find myself working long hours and sacrificing my personal times. Sometimes, I feel like I'm not doing a good enough job, and that just adds to the stress. I have also noticed that I'm more irritable and anxious than usual."

Sub theme 4.1.2.2 Job related fear

Some of the study participant also mentions fear of different medical case as the psychological challenges associated with their work. Participant 2, 3, 5 described how the fear is psychological affect their wellbeing. The fears are raised due to treating patient with terrified disease conditions.

This was illustrated well by participant 2 who stated:

"Working as a professional was really difficult. I have experienced the fear of treating patients with different medical conditions. Here is an example of a first pregnancy experience I experienced while working with babies born with a disability. I was scared of what might happen to me. I was frightened of working while pregnant because I had witnessed premature

births and children with problems. My fear at the time was that the case could happen to me, which made things difficult for me. I was afraid and constrained in my abilities to care for those babies, and it was a difficult time for me to come to work and do daily tasks. I was frightened.”

This was also illustrated by participant 3 who stated:

“Sometimes I experienced job-related fear. One instance where I experienced job-related fear was when I was responsible for performing a complex surgical procedure for the first time. The magnitude of the procedure and the potential risks involved naturally evoked a sense of fear in me. However, I recognized that it was essential to channel that fear into a proactive mindset and focus on my job and the support of my team.”

Sub theme 4.1.2.3 job related depression

Some of the study participant mentions depression as the psychological challenge associated with their work. Participant 5 and 13 described how depression as a psychological challenge affects their wellbeing.

Participant 5 who stated demonstrated this:

“I have been working as a nurse for the past 13 years. I love my job and helping patients, but at the same time, the workload is overwhelming. We are always understaffed. The hospital is also not well equipped, and we often have to work with limited resources, which can be frustrating. All these factors have taken a toll on my mental health, and I have been experiencing symptoms of depression for the past few months. I find it hard to concentrate at work, and I’m always exhausted, even after a good night’s sleep. I have also lost interest in the things I used to enjoy outside of work. I feel like I’m trapped in a cycle of work and sleep, and I don’t see any way out. Talking to my colleagues, I know that I am not the only one feeling this way. Some of us struggling with the same issues, but we don’t know where to turn for help.”

Sub theme 4.1.2.4 job related posttraumatic symptoms

Some of the study participant reported posttraumatic symptoms such as insomnia, depression and loss of interest and anxiety as a psychological challenges arising from being exposed to different traumatic events of their work. Participant 10, 15 reported experiencing vicarious traumas.

The study participant 15 illustrated well stated:

“I had the unfortunate experience of being contaminated by infected blood while treating an HIV patient.” At that time, I was taken aback. My coworkers tried to help me calm down. I felt the sky falling down on my head... After a while, with the help of my coworkers, I calmed down and began taking post-prophylaxis medication to ensure that I did not become infected with the virus. The drug was difficult to take... I had depressive symptoms with hallucinations and vivid dreams, and most of the time I had no sleep and thought about what if I got the virus... It was difficult to finish the medication. More than the worry of becoming infected, the medication’s adverse effects had a significant impact on me; I lost weight as a result of diarrhea and vomiting. My test result was negative once the treatment was completed. However, that experience devastated me, and I am now afraid of treating HIV patients, and sometimes I lose interest in my job and wonder why I am here. “

Sub theme 4.1.2.5 job related moral distress

The study participant 1, 4 5, 6, 7, 11, 12 and the FGD reported that they are experience Moral distress as a psychological challenge. They are reported this moral distress arises when they are unable to provide the level of care they believe their patients deserve due to limited resources or institutional constraints. This can lead to feelings of guilt, anger, and frustration

The study participant 1 illustrated well stated:

“I have experienced moral distress as a result of my job. I am mindful that I work at a public hospital and that the detrimental impact of poverty in my country is clear... You know, usually in my working area, most families arrive unprepared for the birth of their child. They didn’t even comprehend the concept of diapers... and the majority of my patients have financial problems. We are attempting to submit their situations to the hospital social worker as nurses, but the cases belong to multiple incidents. I tried to help them on my own at times, asking other individuals to donate, but there was always a gap to fill, and as a result, I was morally upset and frustrated about giving services and I am upset on knowing my patient are unable to afford for their treatments.”

The study participant 4 also stated as:

“I feel so conflicted in my job as a health care professional. On one hand, I am passionate about improving the health outcomes of my patients and making a difference in their lives. But on the other hand, I am constantly faced with ethical dilemmas and moral distress. Sometimes, I feel like I am not doing enough to help my patients or that I am contributing

to a system that is not equitable. It is so hard to balance my own values and beliefs with the constraints of the job and the resources available. It is difficult to cope with this kind of stress on daily basis.”

The study participant 11 illustrated well stated:

“One example of a situation that caused me significant moral distress was when I had to witness a patient receiving suboptimal care due to resource limitations. The hospital was understaffed and we lacked the necessary equipment and supplies to provide the level of care I believed the patient deserved. Witnessing their suffering and knowing that couldn’t do more due to these constraints was truly distressing. During that situation, I experienced a profound sense of frustration, helplessness, and guilt. I felt torn between doing what I knew was ethically right for the patient and the realities of the resource limitations we were facing. The moral distress I experienced not only impacted my emotional wellbeing but also affected my ability to provide the highest quality of care and maintain my professional integrity,”

Sub theme 4.1.2.6 job related emotional exhaustion

The interview participant 6 and 9 study participant and FGD and reported that they are experiencing emotional exhaustion due to long working hours, high patient loads, and limited resources as psychological challenges. They are reported that this emotional exhaustion reduced the sense of personal accomplishment.

The informant of FGD stated that:

“Most of the time we feel chronic fatigue, and I feel emotionally drained and unable to cope with the demands of my job. In addition, sometimes I feel that I may no longer be making a difference or contributing positively to the lives of my patients. You know, in our hospital there is a lot of patient flow, even during the night time there is a flow of patient to our department. You know, on the same day I have supposed to work day and night. On the day time I served a lot of different cases, and there is no stay period; it continues at night. There is also a lot of flow of patients in our departments with different cases, and sometimes we don’t have enough machines to help that distressed baby... I tried my best to prioritize the cases and treat the critical ones, but still, there is a limitation on staff members’ number to

treat the rest. I become angry and frustrated. I have felt a lot of emotional exhaustion, and sometimes I lose interest in my belongingness to the profession.”

Theme 4.1.3: Social challenges of health professionals

Sub theme 4.1.3.1 work life imbalance

The most significant social issues identified by interview participant and FGD were mostly those related to their professional, personal, and family lives. The participant said that it is difficult to balance their work responsibilities, which require lengthy hours, with social engagements.

This was illustrated well by participant 2 who stated:

“It is obvious that I am challenged as a health care professional in balancing work and social life. Most of the time, I am challenged to participate in various social events. My schedule was meant to be changed with my coworkers. Let me tell you what happened the last Sunday. To attend my relative’s wedding ceremony, I swapped my duty schedule with a coworker, which meant I was working day and night in the hospital for two days. On the wedding day, I simply went from the hospital to the ceremony. I was physically fatigued, and I was only there to watch the ceremony. I was dumbfounded. I’ve had numerous similar experiences I had encounter to balance my professional and social lives. Most of the time I don’t have enough time for my family because I am busy with hospital activities.”

The participant 4 who stated as:

“As a health professional I have experienced work life imbalance to a great extent. The demand of my job are extremely high, and I am expected to work long hours with very few breaks in between. Additionally, the workload is overwhelming, and I barely get enough time to spend with my family or engage in other activities outside of my work. This creates a tremendous amount of stress both at home and at work.”

Sub theme 4.1.3.2 political instability

The study participant 4, 7, 8, 11 identified that political instability in the country is as one of social challenge which has impact the working condition of the hospital environment.

This was illustrated well by participant 7 who stated:

“We are facing different social problems in the hospital. Political instability in the country is one of the social challenges we are currently facing as health care professionals. The bad effects of this instability affect my patient economically, socially, emotionally... You

know, when there is a road blockage in Debre Berhane, the problem is seen in my ward. My patient became distressed, frightened, and irritable.... When there is instability in Ambo, my patients come to me and tell me, "Doctor, our house is destroyed by the officers"... and some of them tell me their relatives have died as a result of the conflict in the northern part of Ethiopia. It is very painful. I tried to comfort them, and I am frustrated when I think that everything is beyond my scope. You know my social contact is limited as a health professional witness to this miserable condition with those who are judgmental and who are saying with hypocrisy, "What the matter, if donation is quite?" You know we are here, struggling with medication delays; not having donations at all is another level. No, no, no... My contact is very limited with such people."

Participant 11 who stated also illustrated this:

"The political instability has led to protests and making it difficult to provide continuous and uninterrupted care for our patients. In addition, this problem creates a sense of uncertainty and fear among our patient and even between staff, which can further complicates the provision of care. This instability has also impacts the supply and distribution of essential medical supplies and equipment, which can lead to shortages of essential medical supplies like medicines, surgical equipment, and other medical devices. We have been challenged by this issue a lot."

Sub theme 4.1.3.3 lack of social supports

Participant 2,5,10 stated that lack of social support from the hospital as a social challenge they are facing.

This was illustrated well by participant 10 who stated:

"Sometimes I am really confused by the management body of the hospital; I ask myself, do they perceive us like a robot doing everything with the same energy? I do not think they perceive us as a human being. Most of the time, they are busy with faultfinding activities instead of providing social support for us. I know... there is a shortage of professionals in the country, but they should have at least given as little recognition for what we have done and support us for our horrible conditions."

This was also illustrated well by participant 2 who stated:

"The hospital itself provides very little support in terms of managing stress and promoting a positive work environment. I don't think that the presence of professional counseling

services or support groups available in the hospital for us to turn to when we need help coping with the demands of our job or to deal with the emotion toll of our work.”

Sub theme 4.1.3.4 having low salaries

In addition the study participant 6,9,10 stated that having low salaries as a social challenge they are facing as a health care professional.

This was demonstrated well by participant 6 who stated:

“Sometimes I wonder about my society’s perception of the medical profession, particularly of us, the doctors.” They mostly believe we are wealthy, but the reality is rather different. I am personally challenged financially; economic inflation affects me in the same manner that it affects others. I don’t make enough money at the public hospital to cover my basic expenditures, so I work extra hours at the other private hospital. I’m not even getting enough sleep.”

Sub theme 4.1.3.5 interpersonal conflict

The study participants 3, 5, 11 and 14 reported interpersonal conflict with the patient and patient attendant as a social challenge. The participant reported that these challenge a decreased sense of fulfillment in their work and reduced motivation to provide quality care for their patients.

Study participant 3 stated as:

“Most of the time, the patient’s attendant came at the hospital with a distorted view of medical professionals. They believe we are unwilling to treat and assist them. Most of the time, they believe we are attacking them. In this regard, they regard us as careless, uncaring, and even as lacking in a loving family. I have a lot of experience with this issue. Sometimes some attendants read from Google about the disease condition and are interfering during the time I administer medication, as a result conflicts were happened... Sometimes I go further to help my patients, but they don’t comprehend my intention or the lengths I go to help them; instead, they engage in insulting and even bullying me.... You know these things discourage me from going beyond my scope, and it makes me loss of interest in communicating with such a type of patient attendant and even it makes me loss of interest on my profession”.

Study participant 14 stated as:

“Sometimes, the patient attendant are not willing to help the patient collaboratively with us. Some of the attendant may ignorant and are not cooperative. Here, to have a good health

outcome is gain through the collaborative work. So because of their ignorance conflict may happen and this conflict often have a significant impact on the quality of care provided, which can negatively affect patient outcomes. The lack of cohesive team work can result in delays in providing medical assistance, which are detrimental to our patient health.”

Theme 4.1.4: Major coping mechanism to solve psychosocial challenges

Sub theme 4.1.4.1 Emotional oriented coping

The study participant’s mention several issues regarding how to solve and manage issues related to psychosocial challenges they are facing in their work. Most of the participant stated Strategies such as Praying to God & reliving by religious activities as a coping mechanism to relive from their psychosocial challenges

Participant 13 well stated as follow:

“Most of the time, I prayed to God to relive the psychosocial challenges I’d faced at work, and I went to churches on Sunday mornings and drank holy water to relive the stress that comes with the job.” I firmly think that God leads me in the right direction, and I don’t expect anyone to provide me with relief.”

The FGD mentions that discussing with others significant in their life and with their colleagues used as a coping mechanism to cope up with the psychosocial challenges they are faced.

One of the FGD participant stated as follow:

“Most of the time, I used to discuss with my husband how to overcome the challenges that arise from my job, and we usually discussed the problems as coworkers.” “I am grateful for my colleagues’ counseling and support during my time of emotional distress.”

Participant 1 well stated as follow:

“I remember a time when I faced a similar job related challenge, I made it a point to seek support from my colleagues and friends. I would regularly engage in open conversations with trusted coworkers, sharing our challenges and offering each other advice and understanding made a significant difference in how I felt about my work and helped me feel less isolated.”

One of the FGD participant well stated as follow:

“We often engage in regular informal conversations with our colleagues to discuss challenging cases, share experiences, and provide emotional support. These interactions

help us process our emotions and gain insights from others who have faced similar situation.”

Sub theme 4.1.4.2 Task oriented coping

Participant 4, 6,7,11 reported that planning a head, consulting and set priority on issues used as a coping mechanism for the job related psychosocial challenges

Participant 7 well stated as follow:

“To cope with the psychosocial challenges, I use OCD (obsession and compulsion) as a coping mechanism for my anxiety. I work very hard and give focus to each case. I plan and set priorities, and I communicate with my colleagues about how to help our patients. I even call them from my home to ask about my patient’s condition if I am not on duty, and I advocate for my patients and communicate with the neurosurgery doctors to minimize their costs by not ordering advanced investigations like an MRI or CT scan... I know that my patients are unable to afford such kinds of diagnostics, so I ask the surgeons to find a better way. Usually, to minimize the stress, I use the techniques of focusing on what has happened and what could happen, so giving priority to my job gives me relief when I make my efforts to make a change.”

Participant 6 well stated as follow:

“Sometimes I gather relevant information and consult with colleagues and senior doctors about how to manage the case on the hand. In my opinion gathering information in advance helps me throughout the professional practice and also during my job. Collecting the information from my seniors helps me to prioritize my task and to give attention for what is significant for my patient and for myself.”

Sub theme 4.1.4.3 Avoidance oriented

In addition, the study participant reported ignoring things above their limit and searching alternative from multiple perspectives as major strategies collected from the most of in depth interview and FGD.

This was illustrated well by one of FGD participant who stated:

“As a health worker, I face a variety of obstacles. Sometimes I just ignore what is going on by engaging in various activities, such as walking out to the hospital cafeteria to have tea or coffee with my colleagues, and other times I tell myself that I only live in this world once, so

why should I stress about everything? Then I feel relieved. Things are sometimes relieved by their own time, so I leave them for a while, and they fade away."

Sub Theme 4.1.4.4: Support from hospital management (admin staff) and hospital social worker.

Key informant hospital management admin staff:

"As administrative staff, we try to assist health care professionals in dealing with their challenges." It is apparent that a developing country has a professional scarcity; the same is true in our hospital. As living in a developing country, our hospital has a strong demand for professionals, and extended working hours are expected. There is, in my opinion, a communication gap between the health professionals and us. They frequently do not grasp our position in these institutions; our role is to oversee human resources in each department. "Occasionally, conflicts arise while we are performing our duties. Furthermore, as a hospital management system, we attempt to financially support our personnel and give on-the-job training for professionals."

Key informant social worker 1:

"Most of the time, health care professionals do not come to our department for psychosocial support." They are fearful of receiving assistance from us, in my opinion, because we hospital social workers have a healthcare background, as most of us were nurses, and as a result, they are unwilling to get assistance from us. Rather, we provide psychosocial support to other staff members.

Key informant social worker 2:

"As a hospital social worker, we have worked with health care professionals, particularly nurses. We both play the same role in helping others. I have a good communication with them. As a hospital social worker, I try to counsel the professionals on the psychosocial issues that I advise them on. I understand how difficult it is for them to come to our service for help, but I go above and beyond to assist them; I ask them friendly questions to learn what they are going through with the stress, and I advise them on how to overcome the problems."

4.2 Discussion

Psychological challenges

Several studies conducted in different parts of the world have examined the psychological challenges experienced by health care professionals. Many of these studies have yielded similar results to the current study finding indicate that health care professionals experience high levels of stress, fear, anxiety, depression, emotional exhaustion and moral distress. These findings are consistent with previous studies that have reported similar results.

For instance, a study conducted in the United Kingdom by Jackson et al. (2014) found that health care professionals experienced high levels of emotional exhaustion and moral distress, which had a negative impact on their work performance and wellbeing. Another study conducted in Iran by Khademian et al. (2018) reported that nurses experienced high levels of stress and moral distress, which were related to inadequate resources and staffing, as well as difficulties communicating with patients and their families. Another study conducted by in Ethiopia Assefa et al. (2018) reported that health care professional are experienced emotional exhaustion on their work.

Similarly a study conducted by Abebe et al. (2019) on health care professionals in Ethiopia identified work related stress as a significant psychological challenges. The study found that the majority of health care workers experienced job stress due to demanding work schedules, a lack of control over work environment, inadequate resources and inadequate organizational support, which impacted their mental and physical health.

Another cross-sectional study conducted in Australia revealed that 17 and 20% of midwives, respectively, suffered from depression and anxiety. (Creedy et.al, 2017) Depression, anxiety, and stress were also common among African nurses.

For instance, study conducted in Malaysia by Kamarulzamam et al. (2019) reported that significant number of health care professionals experienced stress and anxiety, which was found to related to their work environment and job demands. Similarly, a study conducted in Australia by Shanafelt

et al. (2015) found that physicians experienced high levels of burnout, which was related to high workload, low job satisfaction and poor work life balance.

Social challenges

There are several studies that support the findings of social challenges that health professionals faces such as work life imbalance, political instability, lack of social support, having low salaries, interpersonal conflict. For instance a study conducted by Niosh (2008) indicate that Social challenges include a range of issues, such as interpersonal conflicts, work-life balance, and inadequate social support. In addition a study conducted by Wong et al. (2019) found that health care professionals in Malaysia also face challenges related to work life balance, lack of social support and low wages. The study revealed that health care professionals in Malaysia work long hours and often have to forego their personal lives for the sake of their profession, leading to high levels of stress and burnout.

Similarly another study conducted by Karp et al. (2017) examined the impact of social challenges on healthcare workers' mental health and job satisfaction. The study found that healthcare workers who experienced social challenges, such as conflict with colleagues and a lack of social support, tended to have lower levels of job satisfaction and higher levels of psychological distress

Similarly a study conducted by Pahwa et al. (2019) in India found that health professionals face challenges related to political instability and interpersonal conflicts. The study revealed that health care professionals in India often have to work in vulnerable conditions, with inadequate infrastructure and inadequate supplies. This make them vulnerable to violence, particularly in conflict ridden areas. Another study conducted by Nguyen et al. (2018) in Vietnam found that health care professionals face challenges related to low salaries, inadequate training, and poor working conditions. The study revealed that healthcare professionals in Vietnam are paid relatively low wages and often work in poorly equipped facilities that lack essential resources.

In addition another study conducted by Tadesses and Mekonnen (2019) found job-related social challenge such as high workload, lack of support from supervisors, and conflicts with colleagues as the main contributing factors to depression.

Another study conducted by Assefa et al. (2014) found that health care professionals in Ethiopia also frequently experience interpersonal conflicts, which are associated with high levels of stress and burnout.

Coping mechanism

There are several studies that support the findings of coping mechanisms of health care professionals for psychosocial challenges and stressors associated with their profession. A study conducted by Kaufman et al. (2018) found that health care professionals in the United States utilize various coping mechanisms, including emotional support from colleagues and family, physical exercise, and leisure activities. Similarly, a study conducted by Ryu et al. (2019) in South Korea found that health care professionals use emotion focused coping mechanisms, such as praying and seeking emotional support from colleagues and family members. Other coping mechanism identified in the study includes task oriented coping, such as seeking information and problem solving and avoidance coping.

CHAPTER FIVE: CONCLUSION AND IMPLICATION

5.1 Conclusion

The current study investigated into the psychosocial challenges and coping mechanisms of health care workers at Zewditu Memorial Hospital in Addis Abeba, Ethiopia. The researcher wanted to find out about the psychological and social challenges that health care professionals face while working in a hospital setting, as well as the coping mechanisms that they employ. The findings are based on data from fifteen in-depth interviews with health care professionals, one focused group discussion, and three key informants.

The findings of this study have implications for health care professionals, hospital social workers, and organizations, as well as government policies. This is a call to all parties involved in providing support to healthcare professionals to comprehend their challenges in order to create or offer the most appropriate support. This study is thought to have contributed to the enhancement of Ethiopia's limited knowledge of the psychosocial challenges faced by health care professionals.

The findings of this study revealed that health care professionals face a variety of psychological and social challenges. The findings showed health care professionals experienced stress, fear, moral distress, emotional exhaustion, depression, and post-traumatic symptoms. Stress has been identified as the most significant psychological challenge for study participants. There are numerous situations that cause health care professionals to be stressed in the workplace. Work-life imbalance, political instability, a low salary, a lack of social support, and interpersonal conflict were among the social challenges that health care professionals faced. Work-life imbalances were identified as the most significant social challenge for study participants.

According to the findings, most health care professionals use emotional-oriented spiritual coping mechanisms to cope with their negative circumstances. To overcome the psychosocial challenges they face, they also employ task-oriented and avoidance-oriented coping mechanisms. Furthermore, the study concludes that there are no formal support systems; professionals reported receiving insufficient support from hospital organizations, and key informants reported that they did not provide formal support to professionals in order for them to cope with psychosocial challenges.

Based on the findings, it is reasonable to conclude that, despite the psychosocial challenges that health care professionals face, their coping mechanisms are insufficient to address their problems, and they did not receive formal support mechanisms to help them cope. The study emphasizes the importance of training and education programs to provide healthcare professionals with the necessary skills and knowledge to effectively manage psychosocial challenges. It also emphasizes the importance of a supportive work environment, including counseling and peer support. Policymakers and health organizations should prioritize the development of policies and regulations that address the psychosocial challenges that healthcare professionals face.

5.2 Implication

Based on the challenges mentioned above, the following are made in terms of implication for the hospital management, hospital social worker, for the policy makers the Ministry of Health, for future research.

Implication for hospital management

All hospital administrators must take responsibility for their staff's health and well-being by eliminating stressful conditions. As the study suggest that healthcare professionals require support services to address their psychosocial challenges. These services may include counseling, peer support. As a result the hospital management should prioritize the provision of such services to improve the wellbeing of healthcare professionals. In addition, they should reschedule shifts and hire more pros to reduce demands.

Implication for policy

The implications of policy on the psychosocial challenges faced by health professional are significant.

Policy can play a role in addressing the root causes of psychosocial challenges. For example, policies that address issues such as inadequate resources, understaffing, and low salaries can help to alleviate some of the stressors that contribute to psychosocial problems among health care professionals.

Policy can also promote the use of evidence based interventions to support the psychosocial health of healthcare professionals. This may include measures such as providing access to counseling services, creating supportive work environments, and fostering a culture of self-care and resilience among healthcare professionals.

Social work Implications

The social work intervention in the healthcare environment is mandatory. The role of social work in the Ethiopian context should be more than patient financial welfare in the hospitals. Social workers should involve in the psychosocial care and support of the health care team through training health professionals on providing support and resources of healthcare professionals to help them cope with the psychosocial challenges. This may involve providing counseling services, facilitating support groups. It is also important for hospital social workers to advocate for policies and practices that prioritize the mental health and wellbeing of healthcare professionals, such as providing adequate staffing levels and ensuring that healthcare professionals have access to social support. Hospital social workers do have a role of advocacy for the patients; provide psychosocial, as well as material supports for both health professionals and patients. All the roles are targeted towards making the patients outcomes good. So making the health professionals efficient through provision of socio support to both parties will improve the interaction between and lead to a better outcome. It will also change the misunderstanding between the health professionals and the community. By addressing the psychosocial challenges faced by healthcare professionals, hospital social workers can help to promote a healthy and supportive work environment, which can ultimately lead to improved patient outcomes and better overall healthcare delivery.

Implication for research

The study on psychosocial challenges of health care professionals provides important insights into the challenges faced the doctors and nurses. However, there is still much to learn about this topic and further research is needed deepen our understanding of the psychosocial challenges faced by health professionals. The following are some implications for further research:

Future research should employ longitudinal study designs to examine the long term effects of the psychosocial challenges on the well-being of health care professionals. Longitudinal studies can

help identify the factors that contribute to resilience and coping strategies that can be used to mitigate the negative effects of psychosocial challenges.

Intervention studies can be conducted to evaluate the effectiveness of interventions aimed at addressing the psychosocial challenges faced by healthcare professionals. Such interventions may include counseling, peer support, and stress management programs.

References

- Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International journal of Nursing studies*, 52(2), 649-661.
- Alemu SG, Zegeye DT. (2020). Prevalence and associated factors of burnout among health care professionals working in public health institutions of Addis Ababa, Ethiopia: a cross-sectional study. *BMC public Health*.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American psychological association. (2019). *Stress effects on the body*.
<https://www.apa.org/topics/stress/body>
- Assefa, F., & Yitbarek, K. (2018). Physicians' Burnout and Factors affecting it in Southern Ethiopia. *Ethiopian Journal of Health Sciences; Jimma University*.
<https://doi.org/10.4314/ejhs.v28i5.10>
- Awa, W.L., Plaumanann. (2015). A review of intervention programs. *Patient Education and Counseling*, 98(12), 1476-1486.
- Bailey, E., Robinson, J., & McGorry, P. D. (2018). Depression and suicide among medical practitioners in Australia. *Internal Medicine Journal*, 48(3), 254–258.
<https://doi.org/10.1111/imj.13717>
- Bakker, AB., & Demerouti, E. & Journal of managerial psychology. (2007). the job demands-resources model: state of the art.
- B.J.M. Joseph. (2016). the health of the healthcare workers. *Indian J. Occup. Environ. Med.*, 20 (2016), Pp. 71-72.

Columbia University (2019). *Health system review*.

<https://apps.who.int/iris/bitstream/handle/10665/325920/9789290233978-eng.pdf>

Creedy, D., Sidebotham, M., Gamble, J. R., Pallant, J. F., & Fenwick, J. (2017). Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey.

BMC Pregnancy and Childbirth, 17(1). <https://doi.org/10.1186/s12884-016-1212-5>

Creswell, J. W. & SAGE. (2013). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*.

Diagnostic and statistical manual of mental disorders (5th ed). (2013). American psychiatric association.

Diener, E, Lucas, R.E., & Oishi, S, (2010). Subjective wellbeing: the science of happiness and life satisfaction. *Handbook of positive psychology*, 2,187-194.

Duko, B., Gebeyehu. A., & Ayano, G. (2019). Prevalence of burnout and associated factors among health professionals working in public health institutions in Ethiopia. *Journal of multidisciplinary health care*, 12,963-969.

Du Plessis, Y., & Hoole, C. (2006). The development of a diagnostic 'project management culture' assessment tool (part 2). *SA Journal of Human Resource Management*

Engel, R. J., & Schutt, R. K. (2012). *The practice of research in social work*.

Fouche, C.B., & Schurink, W. (2011). *Qualitative research design*. The SAGE encyclopedia of qualitative research methods. Sage publications.

Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*

- Gliem, J. A., & Gliem, R. R. (2003). Calculating, interpreting, and reporting Cronbach's Alpha reliability coefficient for Likert-type scales. Midwest research to practice conference in adult, continuing, and community education.
- Getinet, W., Ameni, G., & Worku, M. (2019). Psychosocial challenges and coping mechanisms among health care professionals in Ethiopia: a systematic review. *Ethiopian journal of health sciences*, 29(6), 777-788.
- Goh, Y.W., Sawang, S., & Oei, T.P.S. (2010). The Revised Transactional Model (RTM) of Occupational Stress and Coping: An improved process approach. *The Australian and New Zealand Journal of Organizational Psychology*, 3, 13–20. DOI 10.1375/ajop.3.1.13
- Govender, I., Mutunzi, E., & Okonta, H. (2012). Stress among medical doctors working in public hospitals of the Ngaka Modiri Molema district (Mafikeng health region), North West province, South Africa. *South African Journal of Psychiatry*, 18(2), 5.
<https://doi.org/10.4102/sajpsychiatry.v18i2.337>
- Health professions networks. (2022, November 10). Health professions networks.
<https://www.who.int/teams/health-workforce/health-professions-networks>
- Hershcovis, M. S., Reich, T. C., Parker, S. K., & Bozeman, J. (2017). The relationship between workplace aggression and target deviant behavior: The buffering effects of belongingness and power. *European Journal of Work and Organizational Psychology*, 26(2), 274-284.
- Jackson, D., Firtko, A., & Edenborough, M. (2011). Personal resilience in nurses and midwives: effects of work based educational intervention. *Contemporary Nurse*, 46(1), 84-90.
- Kamarulzamam, N. H., Ismail, A.N, & Ahmed, N. A. (2019). Anxiety, stress and coping strategies among health professional in Malaysia. *Journal of Pharmaceutical Health Services Research*, 10(2), 135-141.

- Karp, J. N., Holmberg, R., Thomsen, S. S., Kongsted, a., Rugulies, R., & Jensen, M. B. (2017c). Social and psychosocial factors associated with psychological distress and disorder among healthcare professionals: A systematic review. *PloS one*, 12(7), e0181142.
- Kim, M., Kim, T., Lee, D., Yook, J., Hong, Y., Lee, S. H., Yoon, J. S., & Kang, M. (2018). Mental disorders among workers in the healthcare industry: 2014 national health insurance data. *Annals of Occupational and Environmental Medicine*, 30(1).
<https://doi.org/10.1186/s40557-018-0244-x>
- Khademian,Z., Azarmi, S., & Niazi, S. (2019). Moral distress in nursing: a review of the literature. *Journal of Clinical and Diagnostic Reserch*, 12(9), JE01-JE04.
- Krakauer, et al. (2012). Social challenges encountered by junior doctors in their first clinical year: a cross sectional survey". *Biomed central*.
<https://bnchealthservers.biomedcentral.com/articles/10.1186/s12913-016-1572-0>
- Lazarus, R. S., PhD, & Folkman, S., PhD. (1984). *Stress, Appraisal, and Coping*. Springer Publishing Company.
- Liu, Y,Wang. (2012). The psychological challenges of health professionals in the western region of china: a qualitative study. *International Journal of Environmental Research and Public Health*.
- Mealer, M., Conrad, D., Evans, J., Jooste, K., Solyntjes, J., Rothbaum,B, . (2017). Feasibility and acceptability of a resilience training program for intensive care unit nurses. *American Journal of Critical Care*. 26(1), 10-18.
- Mekonnen, H.S., Melesse, A.B., & Adi, Y.B. (2016). Health care providers' burnout: A call for action on Ethiopia's health care system. *Ethiopia Journal of Health Development*, 30(3), 137-146.

- Mills, A. (2014). Health Care Systems in Low- and Middle-Income Countries. *The New England Journal of Medicine*, 370(6), 552–557. <https://doi.org/10.1056/nejmra1110897>
- National Institute for Occupational Safety and Health (NIOSH). (2008). Stress at work. Retrieved from <https://www.cdc.gov/niosh/docs/99-101/default.html>.
- National Institute of Mental Health. (2021). Anxiety disorders. <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>.
- Nguyen, H.T.T.T. (2018). Depression and associated factors among Vietnamese nurses working in hospital. *Journal of Clinical Nursing*, 27(5-6).
- Nigussie, T.F., Azale. (2016). Perceived work related stress and associated factor among health professionals working in public hospitals of Addis Ababa, Ethiopia. *Human Resources for Health* 14(910), 68.
- NIOSH. (2008). Exposure to Stress, Occupational Hazards in Hospital. USA: 1-13. <http://www.cdc.gov/niosh>.
- NIOSH. (2022, December). Healthcare Workers: Work Stress & Mental Health. <https://www.cdc.gov/niosh/topics/healthcare/workstress.html>
- Onwuegbuzie, a. J. & Collins, K. M. T. (2007). *Typology of mixed methods sampling designs in social science research. The Qualitative Report*,
- Onwuegbuzie AJ, Dickinson WB, Leech NL, Zoran AG, (2009). A qualitative framework for collecting and analyzing data in focus group research. *Int J Qual Meth* 8(3): 1-21.
- Patton, Q. M. (1987). *How to use qualitative methods in evaluation. Newbury Park, London, New Delhi: Sage Publications*.
- Ryu, S., Lee, E.H. (2019). Factors associated with burnout among Korean hospital nurses. *Journal of Korean Academy of Nursing Administration*, 25(4), 423-433.

Sage Publications. (2012). *the practice of research in social work*.

Saxena, S., Langan, S. M, (2019). Mental health and dermatology: psychosocial challenges and interventions. *Clinics in Dermatology*, 37(4), 352-358.

Shana felt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, Et Al. (2015). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern*.

Shana felt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, et Al. (2016). *Interventions to promote physician well-being and mitigate burnout: a systematic review and meta-analysis. The Lancet*, 388(10057), 2272-2281.

Siocha, O.N, Onderi, N., & Benard, M. (2017d). Quality implications of learning infrastructure on performance in secondary education. *European Journal of education studies*, 3(4), 101.

Soderhamn, U., Lindencrona, C., Ekstedt, M., &Persson, C. (2015). Social challenge of health professionals: a qualitative study. *Journal of Clinical Nursing*.

Steel, Z., Marnane, C., Iranpour, C., Chey, T., Jackson, J. E., Patel, V., & Silove, D. (2014b). The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. *International Journal of Epidemiology*, 43(2), 476–493.
<https://doi.org/10.1093/ije/dyu03>.

Steel, Z., Marnane, C., Iranpour, C., Chey, T., Jackson, J. E., Patel, V., & Silove, D. (2014). The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. *International Journal of Epidemiology*, 43(2), 476–493.
<https://doi.org/10.1093/ije/dyu038>

T. Dagget, a. Molla, T. Belachew. (2016). Job related stress among nurses working in Jimma Zone public hospitals, South West Ethiopia: a cross sectional study.

- Tadesses MG, Berhane Y, Wroku A. (2019). Psychosocial and organizational work environment factors associated with mental health symptoms among Ethiopian health workers *J occup Med Toxicol*; 14(1):19.
- Tadesses T, Alemu T, Tegegne M, Et Al. (2019). Depression and associated factors among health care professionals working in Gondar University hospital, northwest Ethiopia. *Psychiatry J*:1-9.
- Taleghani, F., Yekta, Z.P. (2014). Coping strategies for challenges faced by Iranian nurses: a qualitative study. *Journal of Nursing Education and Practice* 4(2),1-10.
- Tayfur, O., Tiryaki, H., Yilmaz, G., & Avci, M. (2018). Assessment of work-related social challenges among healthcare professionals in Turkey: A cross-sectional study. *Journal of Nursing Education and Practice*, 8(10), 29-42.
- Thoits, P.A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*, 52 (2), 145-161.
- Travuth. T Et Al. (2019, December 4). *Learning and coping through reflection: exploring patient death experiences of medical students*. BMC Med Central.
- Welp, a., & Manser, T. (2016). *Integrating teamwork, clinician occupational well-being and patient safety: Development of a conceptual framework based on a systematic review*. *BMC health services research*, 16(1), 281.
- Wong,L.P.,Alias. (2019). Factors influencing healthcare professionals decision to leave clinical practice in Malaysia. *Journal of Healthcare Leadership*,11,73-81.
- World Health Organization. (2014). *mental health: a state of well-being*.
https://www.who.int/features/factfiles/mental_health/en/.

Yamane, Taro. (1967). *Statistics, an Introductory Analysis, 2nd Ed., and New York: Harper and Row.*

Yeshaw, Y., & Mossie, A. (2017). Depression, anxiety, stress, and their associated factors among Jimma University staff, Jimma, Southwest Ethiopia, 2016: a cross-sectional study. *Neuropsychiatric Disease and Treatment, Volume 13*, 2803–2812.
<https://doi.org/10.2147/ndt.s150444>

Zewditu hospital to get a new outpatient department, US Embassy of Ethiopia, (2009, November 19). *US Embassy of Ethiopia*, <http://www.wikipedia.com>

Appendix

Appendix A

Interview guide for psychosocial challenges of health care professionals and their coping mechanism

Socio demographic background

Age: 20-30 31-40 41-50

51 & above

Sex: Male

Female

Marital status: married

Single

Divorced

Widow

Job title _____

Working hours per week _____

Working department _____

Service year _____

Psychological challenges

Interview questions for healthcare professionals

1. What are some of the most common psychological challenges you face at work as a healthcare professional?

2. Have you ever experienced symptoms of anxiety, stress and depression related to your job? If so, how was your experience for those symptoms?
3. Can you describe a particularly difficult psychological situation you've encountered in your work as a healthcare professional and how you dealt with it?

Interview questions on coping mechanism for psychological challenges

4. What are some coping strategies you employ to deal with the stress and psychological strain of your job?
5. Do you feel that your organization provide support for addressing psychological challenges?
6. Have you ever sought help for job related psychological challenges? If so, what was your experience like?

Social challenges

Interview questions for healthcare professionals

1. In your opinion what are some of the biggest social challenges that you face in your work? And how do you think these factors are challenging you?
2. Have you a challenge on balancing the demands of your jobs with your personal lives and responsibilities?
3. Have you experience an interpersonal conflicts with colleagues or patients? How do you manage it?
7. Have you ever faced social isolation or lack of support from colleagues or your organization? If so, if so, what was your experience like?

Interview question on coping mechanism for social challenges

4. How do you balance the demands of your job with your personal lives and responsibilities?

5. Are there any social support arrangements available to you in your work environment?
6. What kind of support is available to healthcare professionals to help them deal with the social challenges of their work?

Thank you for your time

Appendix B

Key informant Interview questions: social workers, and administrative staff

Psychosocial challenges of health care professional: Interview question for social workers

1. As a hospital social worker, what do you see as the most common psychosocial challenges that healthcare professionals face in their work?
2. How do you think these challenges impact the mental health and well-being of healthcare professionals?

Interview question on coping mechanism

3. Can you describe any resources that you provide to healthcare professionals to support their psychosocial well-being?

Key informant interview questions: For administrative staff

1. As an administrative staff member, what do you see as the most common psychosocial challenges that healthcare professionals face in their work?
2. How do you think these challenges impact the mental health and well-being of healthcare professionals?

Interview on coping mechanisms

3. How do you think administrative staff members can help healthcare professionals cope with the psychological distress of caring for patients with serious illnesses or injuries?
4. Can you describe any resources that this hospital currently provides to support the psychosocial challenges in the workplace?

Thank you for your time

Appendix C

Focus group discussion questions for psychosocial challenges of health care professionals and their coping mechanism

1. What are some of the most common psychological and social challenges that healthcare professionals face in their workplace?
2. How do these challenges impact the psychosocial well-being of healthcare professionals?

Coping questions

3. What coping mechanisms have you or your colleagues used to deal with these challenges?
4. How can healthcare professionals better communicate and collaborate with each other to address these challenges?
5. How can healthcare professionals balance the demands of their job with their personal lives and responsibilities?
6. How can healthcare professionals support each other in promoting and maintaining their psychosocial well-being?

Thank you for your time