

**Exploring the Experiences of Healthcare Workers in Treating Psychiatric COVID 19
Positive Patients: In the Case of Eka Kotebe General Hospital, COVID 19 Treatment
Center, Addis Ababa, Ethiopia**

By:

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This is to certify that the thesis prepared by Mulatu Demssie entitled “Exploring the Experiences of healthcare workers in treating psychiatric COVID 19 Positive Patients: In the Case of Eka Kotebe General Hospital, COVID 19 treatment center Addis Ababa, Ethiopia”, which is submitted in partial fulfilment of the requirements for the Degree of Masters in Social Work (MSW) complies with the regulations of the university and meets the accepted standards with respect to originality.

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Declaration

I declared that this thesis entitled “exploring the experience of healthcare workers in treating Psychiatric COVID 19 Positive Patients: In the case of at Eka Kotebe General Hospital, Addis Ababa” submitted by Mulatu Demssie for the requirements of the degree of masters in social work (MSW) is my original work and has not been presented by other scholars anywhere in universities and other research institutions. The works of other authors or researchers used in the working of the paper are properly cited and acknowledged.

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Abbreviations

CDC: Center for Disease Control

CEO: Chief Executive Officer

COVID: Corona Virus Disease

ECLAC: Economic Commission for Latin America and the Caribbean

HCP: Health Care Professional

HIV: Human Immunodeficiency Virus

IFSW: International Federation of Social Work

MERS: Middle East Respiratory Syndrome

MHPSS: Mental Health and Psychosocial Support

NASW: National Association of Social Work

PPE: Personal Protective Equipment

PTSD: Post-Traumatic Stress Disorder

SARS: Severe Acute Respiratory Syndrome

SMI: Severe Mental Illness

UK: United Kingdom

USA: United States of America

WHO: World Health Organization

Abstract

The coronavirus disease (COVID-19) is now a major public health emergency in the world. Mental health and psychosocial support professionals as key members of the COVID-19 patient care team were experienced many challenges caused by the disease. Exploring the experiences of healthcare workers as patient supporters and caregivers can play an important role in improving the quality of care for patients with COVID-19 disease and mental illness. This study explored the experiences of healthcare workers in treating psychiatric COVID-19 positive patients. The study followed a qualitative research approach, employing exploratory case study design. Purposive sampling was used to select study participants. Data were collected through semi-structured interviews, focus group discussion, and direct observation. The collected data were analyzed using the qualitative thematic analysis procedure. The major findings of the research were, physical health problems, injury, stress, anxiety, lack of personal and professional needs, difficulty in social interaction, feeling of gratitude and social support as a pleasant social experience, feeling of affection and compassionate love as a positive psychological experience, and solving the root cause of the problem and stress mitigating mechanisms were their coping strategies. Others like, reliance on God, doing physical exercises, eating balanced diet, reading books, throwing away of the negative thoughts they have were reported coping mechanisms. As a conclusion, and as the main findings portrayed in this study suggested that the healthcare workers who participated in this study pass through many personal and professional challenges, some positive and negative feelings, physical, psychosocial experiences and the copings they used as an experience.

Key words: healthcare workers, psychiatric COVID 19

Chapter one

Background: Corona Virus, caused by a coronavirus, was first diagnosed in December 2019 in Wuhan, China, among people with lung infections Stubinger J and Schneider L (2020). The disease can range from mild symptoms to pneumonia, severe shortness of breath, septic shock, and dysfunction of various body parts Adhikari et al (2020). No specific treatment for the disease has yet been found and the use of antiviral drugs or analgesics and antipyretics to alleviate its symptoms are some of the treatments reported Ahnd et al (2020). On March 11, 2020, the World Health Organization (WHO) declared the disease as an epidemic. Patients with pre-existing psychotic conditions are particularly vulnerable Li S, Zhang Y et al (2020) and thus react with worsening, or relapse of symptoms potentially due to a reduced level of functioning and poorer availability of coping strategies Kesner L and Horacek J (2020). Decreased access to psychiatric/psychological services in post-infection and post-treatment mental health conditions also contributes to poor outcomes. In addition, non-standard PPE, excessive sweating and dehydration, injuries caused by prolonged wearing of masks and lack of proper conditions for eating and drinking have further affected health care providers during the COVID-19 pandemic. Such factors create a sense of hopelessness and helplessness in health care workers and reduce the quantity and quality of patient care (Frawley, 2021 and Liu, 2020).

The healthcare workers were more likely exposed to COVID 19 increases the risks to their health (CDC, 2020). The health workers also faced mental stress, physical exhaustion, and separation from families, stigma, and the pain of losing colleagues and patients due to the coronavirus (Mathew, et al., 2020). Moreover, they reported that portraying the other challenges related to the low economic activity of the continent Africa specially, that it's difficult for the health workers to be safe and free from devastating effect and even, the cost

of facemasks, soap and water cannot be accessed easily and are not free for the people of Africa and it makes burden for healthcare workers to become over burdened by COVID 19 patients in Africa context (Mathew F, et al 2020).

Even if there was a high prevalence of a phenomenon, there is a lack of research concerning the experiences, and coping mechanisms of health care workers in treating psychiatric COVID 19 positive patients in Eka Kotebe General Hospital other than some general experiences and challenges researched done as the researcher acknowledged before. Therefore, the researcher explored the experiences of health care workers in psychiatric COVID 19 treatment patients who have mental illness and COVID 19 and their coping mechanisms. The reason why the researcher developed the interest to research the topic of exploring the experiences of healthcare workers while treating psychiatric COVID 19 positive patients in the case of Eka kotebe General Hospital is the researcher worked in quarantine centers as a psychosocial support provider assigned by Ethiopian Public Health Institute (EPHI), and have witnessed some of the challenges in the center. The researcher has developed the interest to document the real experiences of the healthcare professionals who worked in the COVID 19 psychiatric treatment center though, and have explored how the experience looks like in a real COVID 19 psychiatric center and the other motives that directed me to choose this research topic was, my previous field experience in the study area (Eka Kotebe general hospital, COVID 19 treatment center) during field practice one. The other motive also related to the nature of the social work profession. Social work emphasizes the integrated practice and social work teaches that social workers make a difference within the life of clients and people who need social work interventions by the form of advocacy and other social work intervention modalities. Since, Social workers have to work with different professionals who have different disciplinary backgrounds.

Due to the above major motives, the researcher decided to explore the experiences of healthcare workers in treating COVID 19 positive patients in Psychiatric setting. Moreover, the researcher had an inner passion to research the issue of mental health and COVID 19 in this critical coronavirus-prone time and place. Social work emphasizes the integrated practice and social work teaches that social workers make a difference within the life of clients and people who need social work interventions by the form of advocacy and other social work intervention modalities. Since, Social workers have to work with different professionals who have different disciplinary backgrounds. Due to the above major motives, the researcher decided to explore the experiences of healthcare workers in treating COVID 19 positive patients in Psychiatric setting. This study aims to explore the Physical, psychosocial, experiences along with the un met personal and professional needs, inner feelings of healthcare workers and their coping mechanisms. Due to the limited studies on the health care workers experiences in treating COVID-19 positive psychiatric patients at Eka Kotebe Hospital, the current study was conducted to provide a clear picture of the health workers' experiences in treating COVID-19 positive psychiatric patients in psychiatric setting.

Statement of the Problem

The prevalence of COVID-19 is a major public health problem worldwide Bulut, et al (2020). Although the world has seen many infectious diseases in the past, the spread of COVID-19 as a new infectious disease has seriously challenged the health systems of many countries (Zhu et al, 2020). Research demonstrates that frontline workers had the greatest risk report of positive COVID-19 tests Nyashanu M, et al (2020). Its challenge is worsening when the patient is psychiatric and has the problem of insight in combination. It is confirmed with research findings as nearly three fourth of patients with severe mental illness did not know about the diseases, their symptoms, and mode of transmission of COVID-19 (Muruganandam, et al., 2020). Hence, psychiatric patients might not follow the protective

measures by merely commanding them. This also increases the vulnerability of patients in contracting an infection of COVID-19. When we see how they are contracting infection according to the research from China, around 300 psychiatric inpatients were found COVID 19 positive during the pandemic (Xiang, 2020). As the finding implies, patients are not only vulnerable to increased risk of contracting the infection easily but, they may transmit COVID 19 infection by not strictly following measures (Lima., et al., 2020). Another study by Xiang, frontline workers are experienced high vulnerability in comparison with the general population (Xiang, 2020).

From a gendered perspective Das, S, (2020) documented the experiences of women healthcare workers in treating psychiatric COVID 19 positive patients in the Indian context. He found out that, female healthcare workers were experienced more anxiety and depression than male healthcare workers can do. Likewise, various intervention measures are required to be implemented to equip health care workers to cope with the threats related to pandemics. This was particularly the case during the early experience in China 2019. In which hospitals were fully provided the necessities and supplies for the staff, they were provided with space to get rest and isolate themselves and get training about how to deal with different patients along with this, the hospital developed leisure activities and offered psychological assistance such as counseling and advice to help the staffs to manage distress (Chen et al., 2020). Therefore, the health care staffs used the positive coping mechanisms as much as possible by letting them get trained, makes access to supplies and getting rest places, and self-isolation. Mathew et al (2020), reported that, there was no clear or strategic policy designed to deal with the pandemic in health and social care areas and it challenged many countries highly. Apart from this, they reported that lack of personal protective equipment (PPE) was the main challenge they experienced when they were treating patients.

The early impacts of the COVID-19 pandemic on mental health and people with mental health conditions experiences and responses, the comorbidity of mental illness and other physical health problems, lifestyle factors such as drug and alcohol use, obesity, or the case of eating disorders, and malnutrition have a great result in the potential greatest risk of infection and severe consequences of COVID 19 and this brings stress for healthcare workers Sheridan, et al (2020). Addition to this healthcare workers were highly scared, the reason behind why the healthcare workers were scared is, people with the comorbid disease were prone to COVID 19 by many measurements worldwide. So, studies didn't address as expected as how health care workers experienced in COVID 19 psychiatric setting. Likewise, healthcare workers become psychotic when they work in the frontline COVID 19 treatment centers and they also encountered some ethical dilemmas in relations with their job and clients. As Chen et al (2020) found out that, some becomes suspicious about many things around them and tried to hurt even their community guards.

When we came to Ethiopian context, relatively strong social cohesion and social interaction among people has made it difficult for the health care professionals to combat the pandemic by commitment and passion. Initially though, the social gathering places like, Churches, Mosques and other public institutions were closed yet, the social media campaigns did not address the rural society and this makes the health workers scared about the virus because, many were contracting the virus easily (Limenh, 2020). Correspondingly, a study conducted about the load of stress among health care workers portrayed that, perceived stress among health care providers was very high in some healthcare workers and low for some when they compared and contrast. The maximum perceived stress score was observed in Nurses, while the smallest perceived stress was recorded among anesthetists and other healthcare providers in Ethiopia (Ali Y et al, 2020). Besides to this, Studies of COVID-19 which was conducted specially in developed countries focused on; how the treatment of the

disease has been going on, how to control of the disease. As such, many of the researcher's focus was on the epidemiology of COVID 19 and some other challenges of health care workers. Despite the fact that some emerging COVID 19 researches has been studied in Ethiopia, not so much have been studied about the experiences of healthcare workers in treating COVID19 patients in general and, those with psychiatric cases in particular. Additionally, little has been known about health care workers experiences and coping mechanisms in treating COVID-19 patients with psychiatric problems. Furthermore, little is known about the experiences of health workers in treating COVID-19 psychiatric patients at Eka Kotebe Hospital COVID 19 treatment center. With this in mind, the aim of this study was to explore the experiences of healthcare professionals when they treat COVID-19 patients with mental health problems at Eka Kotebe General Hospital. One of the COVID 19 treatment center in Ethiopia, Addis Ababa is Eka Kotebe General Hospital. For this study, the researcher looked into experiences of HCPs in psychiatric setting. Focusing on the physical, psychological, social, personal and professional needs, inner feelings and their coping mechanisms in treating COVID 19 positive Psychiatric patients. The researcher do so primarily because of the need to understand the double experience that the health care workers pass through in treating COVID 19 and mental illness.

Research Questions

- How do the healthcare workers explore the physical experiences and their effects?
- What do healthcare workers set out their psychosocial experiences in the psychiatric treatment center?
- How do the healthcare workers mark out the personal and professional needs in line with their inner feeling experiences?
- How do the healthcare providers cope with the un pleasant experiences in treating COVID 19 positive psychiatric patients?

Objectives of the Study

General Objective

The general objective of this study was to explore the experiences and coping mechanisms of healthcare workers in the process of treating COVID 19 positive psychiatric patients in Eka Kotebe General Hospital, COVID 19 treatment Center Addis Ababa Ethiopia.

Specific Objectives

- 1, To explore the experiences of physical burden of care for the Healthcare workers while working in psychiatric COVID 19 treatment center
- 2, To comprehend the healthcare workers psychological and social experiences in COVID 19 psychiatric setting.
- 3, To investigate the personal and professional needs, inner feelings and along with their experiences in treating COVID 19 psychiatric patients.
- 4, To find out the coping mechanisms of healthcare workers from their experience's

Significance of the Study

The study explored the experiences of healthcare workers in treating of coronavirus and mental illness at the same time with their activities. Hence, the findings can be used to stakeholders and government officials to emphasize mental illness and COVID 19 parallelly and providing of rehabilitation centers by the government side to reduce the burden and suffocation of healthcare workers in the COVID 19 treatment centers and mental health ward as well as psychiatric patients. Academicians can also use this study as a reference for the overall understanding of the experiences of healthcare workers in psychiatric setting in Ethiopian context since, the only COVID 19 psychiatric center is Eka Kotebe. The study may also use as a base for further studies on the experiences of healthcare workers in treating coronavirus and mental illness in Eka Kotebe General Hospital COVID 19 treatment center in Addis Ababa town since no previous studies conducted in the study area.

Scope of the Study

Spatially, the study was confined to exploring the experience of healthcare workers in psychiatric setting of Eka kotebe General Hospital, which is located in Addis Ababa, Ethiopia. It was never included participants from other areas or treatment centers. The thematic of the study was limited to explore the experiences of treating COVID 19 pandemic and mental illness and exploring how they perceive cases and specific scenarios in the study setting and the way they behave to the patients and their colleagues or how they accomplished things with their clients and themselves in line with their coping mechanisms.

Limitation of the Study

Since, the study is conducted in urban based Hospital setting, the study didn't include healthcare workers who treat other chronic illness other than COVID 19 and mental illness. The study is qualitative and the participants were recruited using non-probability sampling. Therefore, generalizations, regarding the experiences of healthcare workers while they stay in the treatment center by treating general COVID 19 positive patients in other areas and in Eka Kotebe cannot be made based on the findings of this study. For only those healthcare workers who have more than six months of COVID 19 psychiatry experience were participated in the study, its findings cannot be attributed to the experiences of healthcare workers below six (6) months experience time range as and experience.

Chapter Two: Review of Related Literatures

General Overview

This section reviews literatures that are related to the research topic. The researcher used the materials which are relevant to defining; the concepts, experiences, and challenges of health care workers, in line with psychosocial and physical experiences with their coping mechanisms.

COVID 19 Experiences of healthcare workers

Starting from its emergence, acute respiratory syndrome coronavirus 2 (SARS CoV - 2), which causes COVID 19 has become a global health threat (WHO, 2020). COVID 19 as it continues to harm the world population; health care professionals are highly at risk of several negative wellbeing outcomes due to their role as care providers for COVID 19 patients worldwide. There are calls for COVID 19 to be considered a new occupational hazard around the world (Godderis et al, 2020). In contrary to the above statements Sun S, et al. (2020) found out that, people become adaptive to the virus and they take it as a new normal nowadays, and they started to use the 5G (fifth generation) network to get sufficient and fastest amount of information about the COVID 19 in daily situations. So, as the writers of the article to articulate clearly, people can cope up easily by using fast internet in order to get sufficient information to about the virus. So, by doing this, the health care workers were challenged by the people's adaptiveness to the virus and they become overwhelmed by the crowdedness of patients in the COVID 19 treatment centers, and other studies like, Lai et al., (2020) examined the evidence for high rates of depression, anxiety, and overall distress among healthcare workers in Wuhan, China when compared to other regions of China and come up with a conclusion there was a high rate of depression and anxiety in other regions other than Wuhan. To support this idea a study by Kumar (2016) were found the health care

workers were more prone to fear and depression at the beginning of the pandemics. Moreover, Psychiatric morbidity depression or anxiety is not only making trouble in its way but, it is also highly correlated with burnout, higher rates of chronic disease, reduced quality of life, and in the end, there was suicide.

Healthcare workers were at a higher risk group for COVID-19 because they are directly exposed to infected and affected patients, which causes them to receive a high viral load (millions of virus particles). Many patients have not executed the procedure of using personal protective types of equipment properly. Moreover, they are subjected to enormous stress when attending to these patients, many of whom are in severe condition, often in inadequate working conditions (Teixeira C, et al, 2020). Apart from this, the healthcare workers become stressed by the pressure of the work environment in combination with other fears related to the disease itself and it creates negative outcomes in the form of anxiety and depression that had a profound effect on the wellbeing of healthcare workers during the time of (SARS) pandemic. As a result of this, A crucial mission for researchers during this time was enhancing the understanding of the experiences of the frontline healthcare professionals for better planning of the interventions and care for both the short term and for a coming couple of months and years. COVID 19 is an ongoing challenge for all healthcare professionals regardless of their specific profession. In other words, not only, frontline workers are challenged with COVID-19 but also other health care professionals Pearman et., al (2020) strengthened Further this issue, by the healthcare workers were more tired and more concerned about their health than the age-matched controls, they have developed general anxiety disorders and depressive symptoms. There are several reasons which scared them during this COVID 19 pandemic (Masunga K, et al 2020).

Despite being curable, Corona Virus is still a stigmatized disease. Not only is COVID 19 patients' suffering due to its clinical manifestations, but also healthcare workers because of society's prejudice, embarrassing situations, and even self-discrimination. According to WHO, (2020), Many pandemics occurred worldwide at different times and places. The major pandemics of the modern era (1889-2020) the most prominent ones were Cholera, Spanish Flu, Middle East Respiratory Syndrome (MERS), polio, smallpox, Hong Kong flu, Asian Flu, HIV, Zika virus, SARS, Ebola, and COVID 19 (WHO, 2020). These pandemics brought many health, social, political, and economic crises all over the world. Moreover, as a result of these pandemics many of the health care workers were affected socially, psychologically, and even politically (WHO, 2020).

A study from Turkey reported that caring for COVID-19 patients place a heavy physical burden on healthcare professionals Kackin, et al (2020) Evidence also confirmed that prolonged care of patients while wearing personal protective equipment (PPE) can cause physical discomfort to health care providers. In addition, physical pain has become unbearable for health care providers living in isolation wards Liu O, et al (2020). Moreover, challenges such as wearing and removing personal protective equipment and restraints due to fatigue, insomnia, headaches, and anorexia caused nurse overwork and physical and mental problems. Karimi et al. (2020) also indicated that nurses working in COVID-19 wards have to deal with exceptional work difficulties to provide genuine and high-quality care service Karimi Z, et al (2020). Similarly, self-defense measures among Chinese caregivers during the COVID-19 pandemic caused discomfort, fatigue, and helplessness (Sun et al, 2020).

Similarly, Carmy et al. (2020) reported that fear, anxiety, and distress in the direct experiences of nurses caring for patients with COVID-19 in Iran. They emphasized that nurses working in wards and care centers dedicated to COVID-19 patients were suffering from poor mental, emotional and professional conditions and that providing quality care was

at risk (Karami Z et al, 2020). The feeling of fear, anxiety, and worry were attributed to uncertainty about the source of the virus, lack of specific treatment, high infection rate, the high mortality rate of healthcare workers, and fear of infection Wu C, et al and Zhang et al. (2020) pointed out that feelings of uncertainty about the COVID-19 condition can cause fear, anxiety, and worry, and that these negative psychological feelings can lead to stress or vulnerability in healthcare providers. In addition, a Turkish study suggested that caring for patients, fear of infecting themselves and family members, and stigma attached to health care providers by society were some of the factors behind feelings of fear, anxiety, and worry for health workers Karami Z et al (2020). To address this issue, it is necessary to monitor the psychological problems of health workers and implement precautionary interventions such as professional psychological counseling (Chvance et al, 2020). Likewise, evidence suggests that negative social experiences make health care providers feel guilty and sad, so they may want to limit their communication and stay in dormitories regardless of others Xiang Y. T, et al (2020). Health care workers working in COVID-19 wards in Iran were also stigmatized as carriers of infection, a common occurrence in the world that causes stress and leads to social isolation and marginalization of health care workers (Taylor, 2020).

Furthermore, according to Maslow's hierarchy of needs, the lowest and most basic human needs are physical and security needs Abulof U (2017). A study by Enna A, et al (2021) also found that some healthcare workers working in the COVID-19 wards had positive feelings of some accomplishments in life and empowerment about working in COVID-19 treatment wards.

COVID19 AND HEALTHCARE PROFESSIONALS' EXPERIENCE IN DEVELOPED COUNTRIES

While health professionals are the main actors for fighting the pandemic working on the frontline, they are vulnerable to various challenges (Lai, et al., 2020). The experiences include being physically burned out, emotional distress, lack of sleepiness, increased health risk, isolation from their closest family or friend, long working hours, vulnerability, stigma, unable to interact with aggressive patients, fear, depression, and lack of personal communication. This all aggravates the mental health burden of the health workers in long-term consequences (Lai, et al., 2020).

As direct caregivers for the COVID -19 infected patient's health care professionals, work in a fairly risky condition, susceptibility to being caught by the virus and die. Do they start to over concerning about their future what is going to happen? And what will be my children's fate if I die? Who will be responsible for my family? These and other questions are crossing their mind frequently (Godderis et al., 2020). A full-time patient attendance and care giving is one of the difficult scenarios puts healthcare workers in physical exhaustion. When they become patient, they were treating has passed away they blame themselves for not saving the patient and thereby feeling guilty. The community portrays healthcare workers as the carrier and spreader of the virus for their family and locality contributing to their stigmatization (Godderis et al., 2020).

Working in ill-equipped hospitals and health care settings particularly increased the risk of healthcare workers to COVID 19 morbidities and death Elizabeth et al., (2020) patient care in a poorly constructed, ill-ventilated clinic in a crowded slum with limited knowledge to evaluate team risk and community risk caused enormous strain on the healthcare team in the Indian context. Slum and degraded environment have become a threat to the health providers,

and a threat for all due to the unusual and infectious nature of COVID-19 pandemic which has already brought insurmountable challenges and disastrous consequences (George et al., 2020).

Jack et al (2020) were conducted research on the issue of psychosocial support for healthcare workers during the COVID 19 pandemic and found out that there was plenty that hospitals and healthcare providers can do to help healthcare staff manage mental health burden. Early experiences from China and more recently in Europe suggest that healthcare staff will likely experience negative mental health outcomes due to the pandemic and their employment. Their finding was used as a guide to managing the mental health burden of the clinical workforce in an attempt to support their mental wellbeing and organizational responses. The novel coronavirus disease COVID-19 was first diagnosed in humans in Wuhan, China in December 2019. Since then it had become a global pandemic. Such a pandemic lead to short- and long-term mental health burden for healthcare workers. (Jack.,et al 2020). Recent surveys suggest that rates of psychological stress, depression, anxiety, and insomnia are high for the group survey conducted. Numerous organizations have since released guidance on how both healthcare workers and the general public can manage the mental health burden. However, these recommendations focus on specific healthcare workers (e.g., nurses or psychologists), are often not evidence-based, and typically do not situate guidance within a phased model that recognizes countries are at different stages of the COVID-19 pandemic (Jack.,et al, 2020).

The physical Impact of COVID 19 on Healthcare workers

Frontline healthcare workers are at higher risk of physical and mental consequences directly as the result of providing care to patients with COVID-19 Shaukat et al (2020). Even though there are few intervention studies, early data suggest implementation strategies to reduce the chances of infection, shorter shift lengths, and mechanisms for mental health support could reduce the morbidity and mortality amongst health care workers. Accordingly, patients with mental disorders are more likely to suffer from COVID-19 Yao (2020), short life expectancy, and generally poor physical health outcomes (Cullen et al, 2020). Likewise, this is worked for Health workers too and were in the high-risk group for COVID-19 because they work at the forefront of the health care system and provide direct care to patients with COVID-19 disease Alvarez, et al (2020). Increased working hours and heavy workload, exposure to the virus, frequent and intimate contact with patients infected with Covid-19, lack of personal protective equipment (PPE), stigma as a virus vector, increased media stress, and increased mortality may lead to depression and fatigue in the findings of (Alvarez and, Zamanzadeh, 2020). At this point the healthcare workers risk is interrelated one another, the physical burden of care causes other extraordinary mental health and psychosocial problems.

Healthcare workers were at the frontline in COVID 19 treatment centers starting from the outbreaks response and as such were exposed to a different kind of hazardous in danger of infection. The hazardous infection was included physical fatigue, exposure to high viral load patients, long working hours, psychological distress and dilemma, burnout from fatigue, stigma, and physical violence were the most prominent (Chandra A, & Vanjare H, 2020).

Worldwide, more than 8 million people were diagnosed with the virus and many millions has died of as the 18th January 2022 (Hopkins, 2022). As the novel corona virus keeps spreading, health care workers all over the world is faced with unprecedented situation

of having to make difficult decisions and they are worked in the most pressurized working situations. While health professionals are the main actors for fighting the pandemic working on frontline, they are vulnerable to various challenges. Such as being physically burn out, emotional distress, lack of sleepiness, increased health risk, isolated from their closest family or friend, long working hours, vulnerability, stigma, unable to interact with aggressive patients, fear, depression, and lack of personal communication. This all aggravate the mental health burden of the health workers in long term consequences (Lai, et al., 2020).

Considering the dangerous working condition of health care professionals, they are direct care givers for the infected patients when the chance of getting infection is high. Thus, they become considering themselves as highly susceptible for being caught by the virus and die. They start to over concerning about their future what is going to happen? and what will be my children fate if I die? who will be responsible for my family? these and other questions crossing their mind frequently. Also attending the patient fully is one of the difficult and worst scenarios which puts them in physically exhaustion. In addition to this, they experiencing feeling of guiltiness. When the patient, they were treating has passed away they blame themselves for not saving the patient. On top of this, after they experiencing all these scenarios the community, they are living with stigmatize the health care workers. The community looked them as the carrier and spreader of the virus for their family and locality as well (Goderis et al.,2020).

Shaukat N, Daniyal Mansoor Ali and Junaid Razzak (2020) were found that, the frontline healthcare workers are at higher risk of physical and mental consequences directly as the result of providing care to patients with COVID-19. Even though there are few intervention studies, early data suggest implementation strategies to reduce the chances of infections, shorter shift lengths, and mechanisms for mental health support could reduce the morbidity and mortality amongst health care workers.

Psychological impact of COVID 19 on Healthcare workers

Stuijzand S, et al (2020) found out that, the psychological impact of COVID 19 and the results portrayed, exposed HCPs (healthcare professionals) working with patients during an epidemic/pandemic were at heightened risk of mental health problems. In the short and longer-terms, particularly: psychological distress, insomnia, alcohol/ drug misuse, and symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, burnout, anger, and higher perceived stress were the major ones. These mental health problems are predicted by organizational, social, personal, and psychological factors and were interfering with the quality of patient care.

Tsehay M, Belete A & Necho M (2020) studied factors associated with psychological distress and brief resilient coping level during the COVID 19 pandemic among Health care professionals in Dessie Ethiopia and they came up with the finding that, Health care professionals faced psychological distress in various levels. Adding to other coping level and social support was a much more indicator of psychological distress among Health care professionals. These findings were informing the implementation of interventions that increase coping resilience and social support to reduce the impact of psychological distress among health-care professionals.

Stuijzand S, et al (2020) portrayed about mental health conditions like depression, post-traumatic stress disorder is categorized and grouped under mental illness but, what the paper wants to portrayed about moral injury in relation with healthcare workers were feeling or experience of self-criticism, long-lasting anger, negative thoughts about themselves or to their colleagues as an intense feeling of shame, guilt or disgust for healthcare workers. Furthermore, when the case becomes too serious can lead healthcare workers to develop psychiatric disorder which might include depression, PTSD and even some may develop suicidal thoughts (Chandra A, & Vanjare H, 2020).

Besides, other economic, political, and social issues that people had been already struggling with novel coronavirus had remained one of the life stressors since a year 2020. The pandemic has led to thousands being infected and dying every single day, the greatest economic fall, social and physiological distress across the world. As a result of the pandemic spreads rapidly and the deadly virus then health professionals are the most risk-taker when giving direct support to the patient. A study conducted in China hospitals revealed that health care workers had been highly experiencing physiological distress, anxiety, and fear of being infected by the virus and the situation get more worsens in female caregivers in the hospital they were exposed highly as compared to others (George, et al, 2020).

The Social Experiences of healthcare workers during COVID 19

A study conducted by Economic Commission for Latin America and the Caribbean (ECLAC) (2020). COVID 19 response report, the pandemic had a discriminating impact on various population groups and their response capacity. The impossibility of working from home, overcrowded conditions, and lack of access to water and sanitation increase the risk of infection of people living in poverty and vulnerability. Also, their risk of death is greater because of the higher incidence of pre-existing health conditions such as lung disease, cardiovascular disease and diabetes, and because they lack adequate access to medical care. Physical distancing measures prevent informal workers from pursuing their activities and generating income to keep themselves out of poverty. Most have little or no access to social security, and thus limited ability to benefit from unemployment insurance or access to health care. Only eight Latin American and three Caribbean countries have unemployment insurance ECLAC (2020).

During the disease outbreak Given the likely increase of mental health problems among HCPs, widespread screening to identify those in need of support should be carried out,

as the increased stress and burden, as well as stigma experienced by HCPs, may make it hard for them to actively seek help (Suzannah et al, 2020).

The Healthcare workers experiences of COVID 19 in Ethiopia

Healthcare workers in Ethiopia experienced a significant level of worry during the early stages of the COVID19 outbreak. This study demonstrates that working in private healthcare facilities, being a woman, having frequent patient interaction, having low self-efficacy, and lacking preventive equipment are all risk factors for anxiety. (Dagne H, et al, 2012).

Level of education, occupation, gender, age, marital status, comorbidity, lack of social support, personal/family exposure, their attitude, income level, family size, presence of respiratory symptoms, substance use, area of residence, and lack of protective equipment were all linked to negative psychological effects of COVID19 among health care workers, patients, and communities. The COVID19 epidemic had a significant psychological impact on patients, communities, and healthcare providers generally. Anxiety and stress were the most often reported indications of psychological damage across studies. (Bekele, F et al, 2021).

The majority of health professionals had sufficient awareness about and a favorable attitude towards COVID19; however, a sizeable percentage of them did not follow best practices for COVID19 prevention, including the use of PPE. The call for them to improve in the prevention and control of COVID19 stems from the fact that some groups of health professionals demonstrated inadequate practices when executing public health initiatives. (Gebremeskel, T et al, 2021).

According to Misgana, T et al (2021) revealed

that, the current investigation, compared to the general community, suspected COVID19 cases in quarantine and isolation centers had a rather high prevalence of common mental disorders.

The findings of the study show that particular subpopulations are more susceptible to the negative impacts of the pandemic on mental health. Therefore, it's crucial to offer the right kind of

f psychosocial care to the people most at risk in order to lessen the impact of prevalent mental illnesses among probable COVID-19 cases. Likewise, yitayih Y et al (2021) were found out prevalence of insomnia younger age, lack of daily COVID19 updates, and feeling stigmatized and rejected in the neighborhood due to hospital job were all linked to higher psychological discomfort. According to the study of Birhanu and his colleagues, having COVID19 management guidelines, being taught on COVID-19, routinely sanitizing hands and medical equipment, being a male nurse or midwife, and feeling like they might someday contract COVID19 at work all had a favorable correlation with PPE use. Moreover, their study found a negative correlation between HCWs' use of PPE and their sense of safety at work when taking normal precautions. In order to avert the collapse of the health system, frontline HCWs should be given the preventative priorities by providing all necessary support and firmly enforcing the prevention and control principles of COVID-19. (Birhanu A et al, 2021). In line with this a study by Jemal and his teammates finding reported that, having moderate to severe symptoms of depression, anxiety, and stress were observed especially Female participants, HCWs working in the COVID19 treatment isolation centers, medical laboratory experts, and HCWs in the Oromiya Special Zone were all considerably more likely to exhibit signs of stress, anxiety, and depression. (Jemal K et al, 2021).

According to Abeya, S. et al (2021) found out that, the rural population in Ethiopia lacks access to the media outlets that are utilized to promote COVID-19 prevention strategies. Additionally, particularly in peripheral areas, the present levels of access to soap and water are insufficient for people to follow the recommendations for hand washing. The relatively high prevalence of partner violence and the low percentage of homes with access to power, refrigeration, or the internet both imply that putting the stay-at-home and work-from-home

strategies into action would have been difficult. This made healthcare workers more prone to fatigue and desperate about the situation.

This study revealed that,

throughout the five months that the state of emergency was in place, various activities were prohibited, limited, and shut down.

Every public event: All religious, governmental, nongovernmental, commercial, political, and social gatherings were subject to the ban. The gathering consists of a group of four people, with individuals expected to stay 2 meters apart at all times; various activities include handshake greetings, land border movement, passenger loads for all national and local journeys, lowering workforces, students and teachers' gatherings, and measures on social distancing, sporting activities, and children's playgrounds. (Zikargae M, 2020).

Ethiopia has so far avoided the expected pandemic catastrophe due to the milder and asymptomatic character of the disease, despite the continuous rise in the number of documented COVID-

19 cases. However, the threat posed by the pandemic is still there given the existing pattern of extensive community transmission. Therefore, the nation should concentrate on preventing a humanitarian crisis connected to COVID19 by enhancing COVID19 surveillance and conducting targeted testing for the most vulnerable groups. (Gudina E, et al, 2021).

The COVID19 pandemic's effect on the public's mental health and psychosocial needs around the world, restrictions brought on by Ethiopia's State of Emergency, the lack of resources for mental health care at the time, and an increase in returnees with multiple needs had all increased the need for mental health and psychosocial support for those affected by COVID-19 in Ethiopia.

To lessen the damage, numerous stakeholders from governmental agencies, trade associations, and nongovernmental organizations joined forces.

As part of the response, healthcare professionals were trained, guiding documents were created, mental health messages were distributed to the general public, and people admitted to quarantines and treatment facilities as well as healthcare workers received mental health and psychosocial support services. Ethiopia has shown encouraging outcomes from integrating mental health and psychosocial support into emergency management that can be applied to other public health catastrophes. Recognizing the need for mental health services and boosting the allocation of mental health resources are essential to the success of mental health and psychosocial interventions. (Alemu, A. et al, 2021).

According to Mekonen E et al (2020) reported that, a higher risk of depression was found among nurses who did not have a guideline, had negative feedback from families, had a history of mental disorders, and had chronic illnesses. Stress is more likely to develop if they work the night shift, lack of training, worry about spreading disease to their family, unfavorable feedback from other families, have proven or suspect cases in their family, or have chronic illnesses.

According to Deressa W et al (2021) their study pointed out that, on the extensive use of preventive measures, increased levels of perceived risk, and concern about the COVID-19 issue among HCPs who interact with COVID-19 patients either directly or indirectly. The study found out that all study participants had higher preventive behaviors to avoid SARSCoV2 infections. The increased degree of concern over COVID19 may help increase HCPs' perception of the pandemic risk and encourage them to take appropriate preventive actions. During the present COVID19 pandemic, this can be addressed by implementing risk communication campaigns with the general population and healthcare professionals.

Coping Mechanisms of Health care workers from COVID 19 pandemic

Coping strategy can mean different things including decision, action, and inaction. For the sake of this research the investigator follows Park et al., (2001) in defining coping which is an adaptive strategy and a purposeful choice with the capacity to control stressful events

Several studies reported that HCPs employed different types of coping mechanisms whilst treating Covid-19 patients in the hospital setting. In their recent study in health care settings, found out that HCPs used an emotion-focused mechanism which relates to avoiding negative thoughts and reframing it into positive view to manage patients stress. Likewise, George, et al. (2020) reported that HCPs used various positive coping mechanisms including altruism, empathy, commitment to the poor, active religious surrender, spiritual connection, benevolent reappraisal.

Additionally, HCPs have employed meaning-focused coping mechanism. This is a process of meaning making which involves defining the stressful experience to sustain well-being. In most cases meaning focused coping involved spiritual Park et al (2001). Another coping mechanism which is also used by HCPs includes certain types of maladaptive coping strategies: denial, wishing good things will happen, avoidance, and be fatalistic are reported as components of maladaptive coping.

Coping mechanism can be influenced by many factors including one's age, gender and other physical and social characteristics. A few recent studies including (Simione and Gnagnarella 2020, and Vagni M, et al 2020) reported that female health care workers experienced significantly higher Physical Stress than males did in hospital emergency settings Furthermore, the authors reported due to lack of coping mechanisms female health care workers have experienced high stressors during the COVID-19 epidemic, exposing them to the risk of developing secondary trauma.

Summary of the literature Review

Despite its curable nature COVID-19 brought many sociocultural crises all over the world. COVID-19 impacted many of healthcare workers, physically, socially, psychologically and mentally. Due to this, living and surviving with this pandemic becomes a new normal. Moreover, healthcare workers developed their own resilience to fight against the disease by a means of coping mechanisms. While becoming more common these days, is not as simple as getting infected as a healthcare worker. It has a negative impact on the impacted moral, social, economic, and spiritual well-being, as well as the children, family, and society. The magnitude of influence on healthcare workers would determine by the healthcare worker's age, spirituality and emotional well-being. In comparison to age, healthcare workers with a superior spiritual attainment and stable emotional wellbeing would lead a better life regardless of their educational background. Nevertheless, the reviewed study revealed that most of the healthcare workers are subjected to depression, anxiety and other mental health problems, due to their low connection with the nearby family and friends. In this case, when the healthcare workers develop frustration, leads them to be at great risk of mental health problems. And they are likely experiencing other problems like health problem, weak social interaction, psychological crisis, guiltiness, blame, lack of support, and so on. Moreover, All the above-reviewed literature demonstrated that most of the healthcare workers faced multiple difficulties like, physical, psychosocial, and mental health. Beside the adverse effect of COVID-19 in healthcare workers, some studies showed that it is as heavy to handle by their own natural coping mechanisms. Most of the reviewed studies have been conducted in qualitative research approach. This study aims to explore the experience of the healthcare workers in treating of psychiatric COVID-19 positive patients that they have encountered with some sort of difficulties and their life situation aftermath of work in their home. To understand their experiences deeply this case study design was used to achieve the research objective.

Chapter Three: Methods

This chapter presents the researcher stance, collection processes, the methods of data analysis and interpretation. It primarily discusses the researcher's stance, research approach the research design, the sampling techniques that were pursued to select target population methods of data collection and analysis, and finally report of the finding, the ethical considerations that the researcher took in to account during the research.

The Researcher Stance

In this research, the investigator followed the constructivist research stance. Because, the researcher wants to dig out the subjective meanings that the participants attached to their experiences. The researcher did so with the purpose of constructing social reality starting from the participant's event and situation. The constructivist stance aims to explore the nature of multiple realities comprising diverse perspectives of participants (Payne and Payne, 2004). Likewise, during the research process, the researcher has understood that healthcare workers have diverse experiences that shape their realities and their everyday lives whilst treating Psychiatric COVID 19 positive patients.

Creswell (2007), noted that; in following a constructivist stance, researchers seek an understanding of the world in which they live and work; in doing so; they construct subjective meanings of their experiences; meanings directed towards certain individuals' objects or things. Constructivists claim that truth is relative and that it is dependent upon one's perspective. This stance recognizes the importance of the subjective human creation of meaning, yet doesn't reject outrightly some notion of objectivity (Baxter et al., 2008). Importantly, as the goal of my research was to look in to participants' worldview, as found the constructivist paradigm central insofar as it guided the investigator to develop a subjective understanding of the realities of healthcare workers and address the research questions listed in the previous chapter.

Research Design

The study is qualitative research which, as stated in (Denzin & Lincoln, 2005). Qualitative research is conducted to generate a detailed understanding of the issue under study. The details can be established by talking to people, going to their homes or places of work, and letting them share their stories unencumbered by what the researcher expects to find or what he/she has read in the literature (Creswell, 2007). A qualitative method of study was therefore found to be relevant for this research as it helps to explore the experiences of healthcare workers who are working in Eka Kotebe General Hospital COVID 19 treatment center, as a mental health and psychosocial service providers. It is mainly by using such a method that the physical, psychological, professional and personal needs, inner feelings and social experiences of the frontline healthcare workers with their coping mechanisms which are explained in chapter four.

The researcher used qualitative case study design which is preferred in examining contemporary events, but when the relevant experiences cannot be examined. The case study relies on many of the same techniques as history, but it adds two sources of evidence: direct observation and systematic interviewing (Yin, 2016). The case study method helps to explore the real-life experiences of a bounded system or multiple bounded systems over time (Creswell, 2013). The researcher chose a single case study approach called intrinsic. An intrinsic case study is used to study unique phenomena or scenarios to communicate their situation and experiences (Yin, 2016). It is an important type of case study to explore a certain contemporary phenomenon. In this study, ‘The experiences of health care workers’ is the case. Units of observation include health care workers and key informants who are believed to have rich information about their experiences and service delivery systems in Eka Kotebe General Hospital COVID 19 treatment center. The case was just the interest of the researcher to be studied (Baxter & Jack, 2008).

The study is exploratory case study as the research's main objective is to provide an in-depth exploration of the experiences of health care workers while treating Psychiatric COVID 19 positive patients. The research is cross-sectional: data was collected at one point in time from participants. Exploratory case study investigates distinct phenomena characterized by a lack of detailed preliminary research before.

Study Area

The study was conducted in Eka Kotebe General Hospital COVID 19 treatment center in Addis Ababa Ethiopia. Eka Kotebe General Hospital is located at the edge of Yeka sub-city around Kotebe Metropolitan University. The Hospital is a general hospital first constructed by the Ministry of Health under the general supervision of Amanuel Mental specialized Hospital. The Hospital aimed to provide integrated services for the users, it's designed to provide half Psychiatry and half medical treatment services. But now, the Hospital switched its former service to COVID 19 treatment for corona virus-positive patients in general and it provides also treatment for COVID 19 positive psychiatric patients of the Country as a special modality and unlike other COVID 19 treatment centers, Eka Kotebe General Hospital is the only treatment center that provides COVID 19 psychiatry treatment for Psychiatric corona virus-positive patients all over Ethiopia. Moreover, it's the countries first and only treatment center that gives all-rounded COVID-related services for the people without any payment for the services. The name was given differently from its mother hospital Amanuel to reduce the stigma related to the name Amanuel hospital. The hospital has a total of more than 400 beds, 200 for medical inpatient care and 200 for psychiatry care formerly. But now, only the few beds are reserved for psychiatric patients. It provides both in-patient and outpatient services. The clinical services of the hospital are organized under case teams. Psychiatric case team, gynecology case team, emergency case team, pediatric case team, surgical case team, ophthalmology case team, infection prevention

case team, operation room case team, geriatric case team, dentistry case team and



psychosocial case team including social work unit as mental health and psychosocial support teams.

Picture 01: This is Eka Kotebe General Hospital gate with its front area

Target Population of the Study

The target population of this study was the healthcare workers of Eka Kotebe General Hospital COVID 19 treatment center workers (Psychiatry Treatment workers) including, Psychiatrists, psychologists, Social workers, Psychiatry professionals, Psychiatry Nurses, General physicians who had frequent contact with the Psychiatric patients in the treatment center. My Inclusion criteria for this particular segment of the population as part of my research participants is, first I have exposure with the people to get key informants among the healthcare workers and it was convenient to them and for me to conduct FGD, in-depth interview, and my non-participant observation in the area. Attributes of subjects that are related to experiences while treating these COVID 19 positive and psychiatric patients were essential for the selection of the people to participate in this study.

Selection of Study Participants and Sampling Techniques

In this study, psychiatrists, physicians, psychiatry nurses, Psychiatry Professionals, social workers and psychologists, who were working in Eka Kotebe General Hospital, COVID 19 treatment Center were selected using purposive sampling technique. This technique is an element of a non-probability sampling technique and by using it, participants of the study who could provide data to fulfill the intended research objectives and are capable of answering the research questions were approached and selected. The researcher particularly used two inclusion criteria to select participants of this research: a) health professionals who have more than six (6) Months of work experience in the COVID 19 Psychiatry treatment center of the hospital and, b) healthcare professionals who are working within multidisciplinary case teams as mental health and psychosocial service providers within the hospital setting were included. The researcher ensured that, the participants have a willingness to take part in the research.

The total number of participants who took part in this study were 27. Nine (9) of the participants were involved in an in-depth interview, while twelve (12) of the participants were in the two focus group discussions, and 6 key informants were involved. besides, the investigator used non-participant observation by preparing observation checklist in this study. Purposive sampling uses the judgment of an expert in selecting information-rich cases with a specific purpose in mind and participants of the study were selected by the experience they have on the issue under study (Krueger and Neuman, 2002). As the selection of participants or sources of data to be used in the study, based on their anticipated richness and relevance of the information about the study's research questions. Sampling in qualitative research plays a significant role, and the main objective of qualitative research is to study or investigate the situation (Yin, 2011).

The logic and power of purposeful sampling lie in selecting information-rich cases for in-depth study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry... Studying information-rich cases yields insights and in-depth understanding (Patton, 2002, p. 264).

Methods of Data Collection

The selection and usage of a particular method of data collection depend, among other things on the type and nature of the information that must be obtained. The availability of money, time, and other resources also influence the choice of methodology. Taking these facts into account, to carry out the study, the researcher employed the primary sources of data collection methods. The researcher has employed the primary sources of data which is directly collected from the research participants, in qualitative research data collection tools play a great role. There were various data collection tools that the researcher used to get sufficient information based on the nature of the research, these include; in-depth interview, focus group discussion, key informant interview, and non-participant observation. So, this paper used the above-mentioned data collection tools which are directly related to a qualitative study.

Semi-Structured Interviews

As Yin (2011) mentioned, qualitative research interviews should be guided by open rather than closed-ended questions. The researcher has let participants use their own words, not those pre-defined by the researcher to discuss topics except shaping and framing when participants are out of the discussion points by probing techniques. Accordingly, in conducting the in-depth interviews, with Healthcare workers and key informants, data were collected using a semi-structured type of interview which is prepared according to the objective and the general concept of the research. The topics about which the research tries to

find out were emotion-laden, close to people, and practical. To study these topics, asking open-ended research questions is recommended. The interview questions may be changed during the process of research to reflect an increased understanding of the problem (Creswell, 2007).

In this research, the researcher prepared an interview guide before the interview but did not rigidly adhere to it, either in terms of the precise wording of questions, or the order in which questions were asked. Question wording and order were contextual and responsive to the participant's developing account. The ideal qualitative interview is 'on target while hanging loose'. Participants were allowed to discuss issues that were important to them and that the researcher wasn't anticipated, and wasn't on the interview guide, so the researcher was flexible (Braun & Clarke, 2013).

Focus Group Discussions

Focus group discussion (FGD) enables a researcher to both collecting the required data and observing the group's interaction in an appropriate setting to the participants (Braun and Clark, 2013). It is also mentioned that FGD creates a favorable condition for the participants and the researcher to talk freely on issues and they described real vocabularies in their real-life situations. The collection of the people whether it could be homogeneous in the FGD matters the data that the researcher collects. The FGD was conducted by dividing the group in to two six members each with the mental health and psychosocial teams including psychiatrists, psychiatry nurse, psychiatry professionals, psychologists and social workers. Because, they give the opportunity for the researcher to know about their roles in the treatment center.

Non-Participant Observation

Observing participants in their actual place or working environment is more reliable: it is possible to see how they experienced it Creswell (2007). In interviews, participants were

asked about how they experienced certain situations like, physical, social, and psychological experiences but there is no guarantee that they do what they say they do. Therefore, systematic observation was used to fill this gap. Observation can also serve as a technique for verifying or nullifying information provided in face-to-face encounters (Beverley, 1998 as cited in Seble, 2016). Hence, direct observation of the experiences, specially the physical and social experiences with their coping mechanisms were carried out by the researcher with the purpose of complementary or supportive information on the issue under study. Moreover, to conduct non-participant observation, I have received training on how to use personal protective equipment (PPE) by the Ethiopian Public Health Institute (EPHI) when I served as a volunteer psycho-social supporter of COVID 19 patients in quarantine centers. According to Creswell (2007), in non-participant observation the researcher is an outsider of the group under study, watching and taking field notes from a distance. The researcher observed the ward round programs of case teams and the physical environment of the psychiatric case teams and took notes. I have attended the observation around two up to three weeks. The researcher was there when there is a special occasions and public holidays like, EID, Christmas and new year.

Methods of Data Analysis

The data gathered from the different sources of the study were analyzed through thematic analysis approach. According to Anderson (2007), thematic analysis is a presentation of qualitative case study data. Likewise, Yin (2003) stated that thematically converged data in the analysis process adds strength to the findings as the various elements of data are intertwined together to promote a greater understanding of the case. After data collection is done depending on the kinds of data collection methods used, the data was transcribed, translated, codified, categorized, and thematically analyzed following different procedures.

After collecting the required data, the researcher analyzed and interpreted the data in the form of exploration and detailed statements. Qualitative data analysis involves the identification, and interpretation of patterns and themes in textual data and how these patterns and themes help answer the research questions at hand. The quality of qualitative data analysis depends on following well-thought-out procedures, and on ensuring that these procedures reveal the structures of understanding of participants (Ezzy, 2002).

It is important to note that qualitative data analysis is an ongoing, fluid, and cyclical process that happens throughout the data collection stage of the research. In this study, transcribing the collected data is the first procedure for analyzing the data. The audio-recorded data was transcribed in Amharic language. While performing this, attentive listening was employed in order to make valid documentation. After reading all of the transcribed texts and field notes and fully understand the data, the transcribed data and field notes were translated into English language.

In this study, coding is the third procedure for analyzing the data. After translating the data, the coding procedure followed through giving a false (pseudo) name to address participants. The codes and coding technique utilize the case-oriented design strategy referred to as partially ordered displays to analyze the case study data. This strategy allows for the quick identification of the segments relating to the research questions and any potential themes (Miles & Haberman, 1994 as cited in Atkinson, 2002). Through reading the translated data critically, similar words, phrases, and sentences that were mentioned by the participants coded.

In this study, categorizing is the fourth procedure for analyzing the data. The coded data was read thoroughly and organized so as to be familiar with the information, and categories were developed and the data as described under each category. In this stage, the coded data were categorized into similar and related categories together. This categorization

indicates how the different codes were constructed into similar categories of different types that gave a meaningful shape. Tuckett (2004) revealed that data categorization helps to sort out texts into meaningful groups, which make the data to be manageable.

In this study, building the overarching themes is the final procedure of analyzing data. According to Creswell (2007), themes in qualitative research are broad units of information that consist of several codes aggregated to form a common idea.

Therefore, the eminence of thematic analysis inspired the researcher to use it. In this study the researcher developed themes & sub themes to analyzed data inductively which is based on how each individual experience COVID 19 experience and their coping mechanisms and have been grounded on the overall conceptualization of the HCPs. In general, the researcher transcribes their speech with reference to the note that was written during data collection and analyzed the texts through preceding the following six steps (Braun& Clark, 2006):

1. The researcher familiarized the data.
2. Assigned preliminary codes to the data to describe the content.
3. Identified patterns or themes and sub-themes in the codes across the different interviews.
4. Review themes.
5. Define and name themes and finally
6. Produce the report

Quality Assurance

To ensure the quality of this study, and the trustworthiness of the data, all the appropriate techniques were taken. The researcher applied reflexivity on oneself to put aside the personal judgment, interpretation and presumption, was kept aside. So, what the participants were said has taken to be the research finding. According to Krueger and Neuman (2005), chances for unfair, dishonest, or unethical investigation exist in all studies. All social science researchers want to be fair, honest, truthful, and unbiased in their research

activity. As the researcher of this study, the researcher had employed the highest of my ability to gather data as credible as possible. The following methods were used to assure quality of the data gathered.

Feedback from Members Checking

One way of assuring quality is asking for feedback from participants to ensure the trustworthiness and credibility of the data. This helps the researcher avoid misinterpreting or misunderstanding the words or actions of participants; doing this has helped me present the data from the participants' perspective. The researcher checked his understanding of the data with the people under study by summarizing, repeating, or paraphrasing their words and asking about their veracity and interpretation. Using this kind of quality assurance technique helped the researcher find out whether the researcher was able to present the reality of the participants in a way that is credible to them, to provide opportunities for those participants to correct errors that they might have made during an interview, to assess the understanding and interpretation of the data, and to gather further data through participant's responses relevant for the study.

Triangulation

Triangulation of data sources and data types is a primary strategy that can be used and would support the principle in case study research that the phenomena be viewed and explored from multiple perspectives. The collection of data from multiple sources enhances data quality (Knaf & Breitmayer, 1989 cited in Baxter, & Jack, 2008).

The plan that looks at something from several points of view improves truthfulness Neuman (2014). In social research, we construct on the principle that we learn further by observing from multiple points of view than by looking from merely a single perspective. The researcher's confidence in having a precise picture grows from the multiple measures

that the researcher used compared to relying on just one, especially if each measure offers a similar picture (Neuman, 2014).

Triangulation is accomplished by asking the same research questions to different study participants and by collecting data from different sources and using different methods to answer these research questions. Hence, the researcher utilized multiple perspectives through applying different data collection techniques such as interview, FGD and observation, as well as cross checking and integrating information from these multiple sources/data to enhance the credibility and dependability of the finding.

Ethical Considerations

Any research activity that harms or creates unreasonable risks to subjects is inconsistent with a fundamental ethical duty to safeguard the physical, psychological and emotional well-being of participants (Ruane, 2005). According to the FDRE Ministry of Science and Technology (2014), the national research ethics review guideline there are eight criteria for research to be ethical; from the eight criteria, favorable risk-benefit ratio to research participants and their communities, privacy (confidentiality), and informed consent is given great emphasis on social work practices as well as social work profession and in social work research as well.

The researcher assumes that everyone can participate and leave the process based on his/her willingness. This means participation is based on their full volunteerism which is one part of ethical consideration. In this study, participants were respected and protected from any possible harm resulting from the study. This study was carried out based on the willingness of the participants, those who are unwilling to participate were allowed to leave or cancel from participation. In other words, there was a right for participants a free will to choose in the participation of the research. This privacy was protected and confidentiality would granted

from the researcher, that information they gave on the interview as well as in the FGD were kept at the researcher's house to augment the discretion of the study.

Throughout all phases of the research process researchers need to be sensitive to ethical considerations. Especially this is the case in social work research. These principles are especially important as we negotiate entry to the field site of the research; involve participants in our study; gather personal, emotional data that reveal the details of life; and ask participants to give considerable time to our projects (Creswell, 2007).

Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. For such professional ethical reasons, the researcher is to discuss issues of consent, confidentiality, and privacy with the healthcare workers and/or other concerned bodies. Before any engagement with the participants, the researcher secured permission from Eka Kotebe General Hospital CEOs office. It is only after securing such permission to do so that the researcher engaged with the healthcare workers of the COVID 19 treatment center. Relevant information on the purpose of the study; the potential risks and benefits of participating in the study; its duration and for what purpose the study is to be used had been communicated with the participants. Participants were informed that any information they provide was confidential when the findings of the research are shared with the scientific community. Furthermore, it was also mentioned to participants that their names were not disclosed in the report. Participants of the study were also told that they are free to decide to participate or not and have all the rights to refuse to answer to whole or to parts of questions. They were informed that they can withdraw from participation at any point in time.

Chapter Four: Finding

Description of Study Participants

This section presents the findings of the study. It initially presents the background characteristics (sex, age, educational level) of study participants. It then goes into the details of the findings of the study which were extracted from the qualitative data: these include among others, the physical, psychological, professional needs, Inner feelings, social experiences and the coping mechanisms of healthcare workers while they treat COVID-19 psychiatric patients.

Socio-Demographic Information of Focus Group Participants

In this study, 27 healthcare workers were participated. Majority of the participants were males. Table 1, Table 2, Table 3 and Table 4 shows sociodemographic characteristics of the respondents during FDG one, FDG 2, key informant interviews, and in-depth interviews respectively. For further, the researcher attached the sociodemographic information of the research participants at the end of this document in annex side.

Findings

This chapter deals with the analysis and interpretation of qualitative data collected through in-depth interviews, focused group discussions, non-participant observation and key informant interviews. The major themes of the study include, physical, social, psychological, un meet needs, inner feelings of HCPs in COVID 19 psychiatric setting and their coping mechanisms to deal with the unpleasant experiences in relation with the obstacles they experienced. There are other sub themes extracted based on the research objective and these are. Physical workload, physical health problems, physical injury, pleasant and unpleasant social experiences, psychological experiences like, fear, anxiety, and worry, personal and professional needs. Additionally, the study come up in relation with the other theme which is coping mechanisms that the health care workers applied to curve the problems and there are

stress mitigating and problem-solving coping mechanisms. The Study findings are categorized under six major themes and the subthemes presented in the table below:

Major themes and other subthemes of the study result

Main Themes	Sub-themes
Physical experiences	Workload
	Physical health problems
	Physical injury
Psychological experiences	Fear
	Anxiety
	Worry
Social experiences	Pleasant social experiences
	unpleasant social experiences
Un meet needs	Personal needs
	Professional needs
Inner feelings	Positive feelings
	negative feeling
Coping strategies	Problem solving
	stress mitigation strategies

Source: Researcher's Thematization, 2022.

Experiences of HCPs in COVID 19 Psychiatric Setting

Physical Experiences

Excessive Workload

Among the physical experiences, most of the participants in this study pointed out the difficulties of working in the COVID-19 psychiatric ward. Excessive workload, hard work, feeling of extreme heat due to wearing protective clothing, thirst, skin problems due to

excessive sweating and wearing a mask, difficulty in going to the toilet, and strict compliance with protective protocols were some of the problems reported by the participants. They stated that these problems put them under a lot of work pressure and they became exhausted. A finding from an interview conducted with one key informant confirmed that, the idea of COVID 19 psychiatry experience by mental health and psycho-Social Support members has increasing due to the mismatch between patient and professional ratio in the treatment center. Besides to this, healthcare workers become overwhelmed by the overload of the patient cases, in line with this, they have developed skin allergies, loss of interest in their work, the leaders were ordered to compromise work, friendship and leading of the Wards. Due to this, K I, 02 said,

As a coordinator of the team, I have seen and experienced adjustment problems of the healthcare professionals due to many work overloads and lack of adjusted time and place for giving formal therapy for the patients who need psychological support, especially for psychologists. It leads us being fatigue both mentally and physically.

Physical Health Problems

Some participants explicated that, they have developed physical health problems in relation with working in the COVID 19 psychiatry treatment center. Some of them said that, their health status deteriorated drastically after they started working in the COVID 19 psychiatric side. Because, they were not able to follow up on their health conditions due to time constraints that worsened after the incident. Others reported that, they have developed joint pain, weight loss and dehydration problem during their work time. One of the participants, for example, reported that she had developed a Kidney disease after she has started working in the center because she was, almost spent her working time without getting sufficient water, rest and standing there.

Physical Injury

Data collected from interviews and FGDs revealed that there were some patients who were rude to the healthcare professionals. Particularly, findings from the FGDs showed that male healthcare workers have less negative experience than the female ones. This is mainly because the patients relatively respect masculine appearance than the feminine one. More female health care professionals experienced verbal insult by the patients than the male counterparts. There are even cases, despite their rarity, when things become worse, female healthcare workers were physically abused (punched and kicked) by their patients. These incidents particularly happened during evening and mid night rounds. Moreover, some actions of patients that triggered negative emotional experiences on health care workers include refusal to take medication, throwing their medication, food, and drinks towards the female healthcare professionals. Healthcare workers were kicked and punched by psychiatric patients during providing COVID 19 treatments. One participant said,

I was assigned to follow one aggressive patient who comes from Amanuel Mental Specialized Hospital by referral system for the purpose of getting COVID 19 plus mental illness for the treatment in our center. He was diagnosed with schizophrenia and I was there to follow what is going on around him, and the patient starts complaining about something wrong is going on in his stomach as a deluded idea. I tried my best to convince him that the thought is delusion or without reality but, he refused my professional suggestion. So, I was calling the physician of internal medicine specialist for further investigation. So, the physician ordered an abdominal X-ray to reassure the patient's claim is false by evidence because, the patient has a somatic disorder. It is a kind of disorder that is complaining about something and when the problem is fixed then the patient starting complaining about another one. So, I was the one who is responsible to facilitate the patient's investigation by closely

follow up him. At that time, I took the patient via the lift to transport him to the X-ray room. However, the patient was not cooperative with me, he was waiting for me until we put ourselves in the lift, then he started kicking and punching me inside the lift without any help. I was wearing personal protective equipment (PPE) and it was really disgusting feeling that I ever experienced in my working career. Moreover, I was not able to defend myself because I was alone and the personal protective equipment made me powerless when I tried to defend myself from the aggressive punch of the psychiatric patient (P 02).

Psychological Experiences

Fear

The patients sometimes suspected them of being misbehaving to approach the HCPs and the patients prefer to distance the HCPs or even insult them to the worst, and they used psychological abuse while they tried to give treatment for them. The participants reported that some patients sometimes act inhumanely like they would disrespect the health care workers. Because, due to the personal protective equipment (PPE) tool the health care providers of the treatment center didn't give facial gestures for them while they treat, this is done because the protocol compliance. So, the COVID 19 psychiatric patients feel anxious. Because they didn't saw the facial expression of the healthcare providers. Moreover, the psychiatric patients had adopted some sort of stressor and the new stressor COVID 19 made the life of the patients difficult in turn it makes worst for the healthcare providers too.

anxiety and worry

As the findings of the study pointed out, healthcare professionals experienced a high level of depression, anxiety, and stress while they work at the COVID 19 psychiatry treatment center. Moreover, the participants experienced post-traumatic stress disorder (PTSD) while they are working in COVID 19 psychiatric ward. This is mainly identified by their teammates, participants who experienced PTSD have shown some sort of flash backs as

they don't want to talk about the situation that happened. Other indicators of PTSD were manifested and identified by the participant families as they told them about their flashbacks especially in when they got to sleep. The participants stated that various issues made them feel afraid and anxious. This anxiety persisted not only at work but also outside the workplace. It was so serious that in some cases it leads to the participants' irritation and alertness to hear the news about the transmission of the disease by them to family members specially at the beginning of their work. The most important causes of the healthcare workers fear and anxiety were the risk of COVID-19 infection, the possibility of transmitting the disease to family members, sudden deterioration of some patients' condition, high mortality rates they heard from the Intensive Care Unit, preoccupation with the possibility of a low engagement or not making enough effort to save patients due to different technical problems, and knowledge and skill inadequacy to help critically-ill patients. This is because, the conditions of patient's health become suddenly fallen and there is lack of specialists there to provide adequate treatments and they are unable to give other extra treatments. the aforementioned cases lead healthcare workers become anxious. One of the study participants P 3 and 5, said,

I usually stressed out and feel anxious when I think over about my future fate of mine and my new born baby. Because, I don't know what will be going on in my family and friends, moreover, my husband is not happy when I stayed overtime there in the treatment center and it happens oftentimes. Similarly, another participant described working with COVID 19 positive psychiatric patients and its psychological pressure by saying that "I felt hopeless, when I have started work in the treatment center and that was, I thought the end of everything in my social life". Likewise, in an in-depth interview, P 04 said,

I have been working in the COVID 19 psychiatry treatment center for more than a year. Ever since my mom's health situation started deteriorating, I have been working in the COVID 19 Psychiatry treatment center and I don't have enough time to take care for my mom. Prior to getting sick, she was the one who used to be taken care of our family. But now she's not in good health situation, I had to step up and do something that can contribute at least for the survival needs of my family. That's why I have been worried about my mom's health situation oftentimes.

The above two quotes connote that, the HCPs were stressed out while they think about their child apart from themselves. This makes them frightened about the situation to match and becomes anxious over and over, this also leads them to be less resilient for the work pressures exerted on the. Moreover, the health situation of their families makes them fear about the future when they stay in the treatment center more than ever before.

Another healthcare professional K I, 02 reported that,

My own family was suspicious of me, because, I was there with them after I have completed my job in the treatment center. They ask me how we sustain in this situation as a family while you are working in the COVID 19 Psychiatric treatment center. My family told me it is too serious to consider either quitting the job or make another better alternative and it makes me psychologically restless and sometimes I feel a guilty feeling. Moreover, I have obsessed about what if, if I would infect my family members by COVID 19 due to my exposure at the center. Sometimes I have also a nightmare about the COVID 19 psychiatric patients' situation while I was working in the daytime and I repeated it at night which makes my family frightened about it. When they told me then, I was in a nightmare and I feel depressed from time to time. Even now I am prone to depression when something

special is going on in my life and normal or the previous coping mechanisms didn't work now. I'm obliged to do something better to overcome the depression. K I, 02

The above case scenario depicts that, there are healthcare workers who are prone to guilty feelings and other restlessness and these symptoms need some sort of psychological readjustment to bring change on the lives of the healthcare workers. Furthermore, there are some professionals who are encountered with post traumatic stress disorder and that needs the intervention of the other professionals to bring out them from their stressed situation. Another healthcare professional P 06, explained that,

At the beginning date of work, I feel distressed and at the moment it was difficult for me to manage by myself. When things become worse, I have made a contact with the leader and we have talked about how to debrief ourselves in a way that we experience some psychological relief. Then the leader called a meeting for all of us and we have set a time and place for debriefing ourselves weekly. So, starting from that, the magnitude of my anxiety reduced to a level that can be managed by myself and by my colleagues. P 06.

Findings from the study pointed out that, Healthcare professionals experienced or feel a feeling of misunderstanding by their patients when they become overwhelmed by caseloads. Since the ratio between patient and healthcare professional is not proportional. Moreover, it is difficult for them to assess and make appropriate mental health and psychosocial support intervention modalities for the patients on the limits of their recovery time frame and there is also a patient's health condition taken to be the most determinant factor for the health care workers plan and intervention mechanisms too. K I, 03 reported that,

As a member of the team, I have seen and experienced adjustment problems of the healthcare professionals due to many work overloads and lack of adjusted time and

place for giving formal therapy for the patients who need psychological support, because, the administrators give emphasize for the medical side and it makes our teams feel useless, especially for psychologists and psychiatry Nurses. Besides to that, healthcare professionals degraded their quality service when they experience insult by their psychiatric patients and when the administrators didn't give attention. Moreover, the healthcare professionals who are worked in COVID 19 psychiatric setting don't have any special offer or compensation like that of professionals who are working in the Intensive Care Unit (ICU) and other ward workers. Furthermore, their overtime or duty payment is less than those who are working on the purely medical side. I think the sum total of these and the above-mentioned problems made the healthcare professionals become exhausted from time to time. Even the hesitation that comes from the family members of the health professional affects the psychological balance of them. In some circumstances, my own family was suspicious of me, because, I was there with them after I have completed my job in the treatment center as other team members do.

Findings from the interview with HCPs and key informants, discussions with the two focus groups, and my non-participant observation revealed that HCPs have been experienced psychological distress and other related consequences in a variety of ways, while they are working their daily work as a routine. As a result of those tasks they perform for the patients they serve, they experienced some sort of psychological maladjustment especially depression. They deal about debriefing session in order to avoid psychological disruption.

Likewise, some other healthcare professional explained that healthcare professionals have experienced somehow good attachment with their patients when they stay in the treatment center. they added that healthcare workers have even got an opportunity to develop

their skills including how to communicate with their patients and that is useful for their future career. P 05 stated;

I have been working in the COVID 19 psychiatry treatment center for around 9 nine months as a psychologist and it is really helpful for my future life career. I have both positive and negative experiences. The positive ones would outweigh the negatives though, I have learned how to communicate with a client without showing my facial gesture and without eye contact in my professional career. Because, eye contact is one determinant factor of therapeutic relationship for psychologists. Even if, it is difficult for me to arrive at a good therapeutic result at the first, it was good when I become adaptive for the service that I provide for the clients I serve in the treatment center. P 05.

Unmet needs

These needs refer to personal and professional needs that were not met and made healthcare workers feel anxious in the psychiatric treatment center.

Personal needs

The participants stated that their physical and mental needs were neglected and they highlighted their need for receiving more psychological support. They also believed that in addition to the physical and mental needs, the need for job security which is important to every individual was not considered by the authorities. Starting from its establishment of the COVID 19 psychiatry department as Mental Health and Psychosocial Support (MHPSS) team by the Ministry of Health (MOH), Healthcare professionals experienced many unmet personal needs. At the beginning, explained by K1 04,

I was the one who has done the patient and the health care professionals' ratio on the Hospital standard by considering both COVID 19 positive patients' health status and

being Psychiatric at the same time. I just put the patients and health professional's ratio in a way that was accessible and feasible for the healthcare professionals but, the top management staff refused the ratio and my fellow colleagues tried their best by doing in the normal patient-professional standard as we had used before COVID 19. It was becoming a double burden for the Psychiatry Nurses and Psychiatry professionals especially, even if, it was difficult for psychosocial team as a whole too. Within prolonged time, healthcare, professionals develop burnout. Some experienced loss of interest in their work, some others develop skin allergies because they have spent more of their time supporting patients in the ward than the former usual work. Moreover, it was difficult for me to manage and showing the appropriate way for my fellow colleagues in the treatment center. K I, 04.

K 05 reported that, the healthcare professionals who are worked in COVID 19 psychiatry don't have any special offer or compensation like that of professionals who are working in the Intensive Care Unit (ICU), Surgical, Gynecology, Pediatrics and other ward workers. Furthermore, their overtime or duty payment is less than those who are working on the other purely medical side.

Professional needs

According to the participants, lack of personal protection facilities and equipment's were among the most common unmet professional needs specially at the beginning of their work. As reported by healthcare workers in this study. One participant revealed that,

I am not able to respond to my natural call in time of need. This is because the COVID 19 protocol did not allow me and other healthcare professionals to respond to natural calls due to lack of PPE materials and Ministry of Health regulation protocol. P, 07.

So, this makes the healthcare team to frighten of the protocol and they consider the top management were enslaved them.

Inner feelings

In this study, the researcher found out that, health care workers have faced a mix of experiences as they passed through physical, social, psychological and other personal and professional experiences. As data collected from FGDs and key informants indicated that the HCPs encountered also some sort of negative experiences. Negative experiences: For instance, due to the complex nature of the psychiatric disease and the patient's low level of cooperativeness they found it relatively difficult to treat COVID-19 related illnesses and the HCPs feel desperate inside.

Positive feeling

With regard to the participants response, positive feeling refers to the participant's internal and personal satisfaction in caring for COVID-19 psychiatric patients. Some of them stated that a spiritual atmosphere prevailed in the ward and this spiritual atmosphere and self-sacrifice in the ward were enjoyable for them. All of the participants considered themselves as almost national heroes and were proud of themselves. They also stated that the patients' recovery made them feel happy, relieved of fatigue, and increased their motivation to continue working and caring for patients. According to the participants, it was because of these positive experiences and feelings that almost all of them were ready to work in conditions similar to this pandemic and believed that if they wanted to decide again to choose a workplace, they would still choose to work in the COVID-19 treatment center. One participant P 9, said,

Almost all people who are working in the treatment center are really helpful to me even the patients themselves, I think they do have sympathy towards us. That is why they provide me encouragement and appreciation when I was there with them without

any precondition. Without the moral and verbal help of my COVID 19 psychiatric patients, most of us here in the treatment center including myself would have been suffering from depression, anxiety, and other life stressors by the situation too much. It's partly with the kindness and generosity of these people that I have managed to survive so far in this treatment center. Some of them even trust me enough to serve them as a bridge between God and themselves and request me to pray. In general, these people are good people to me and I feel like they got love for me and others like me, and for so, they deserve to be respected (P, 09).

Another participant consolidated the above idea by sufficing in the following P 03, by saying,

I am the one who has enjoyed my stay in the COVID-19 treatment center and I have experienced and feel a compassionate love, affection, and positive gratitude from my patients and workmates while I work there. When I am calling my patients for vital sign and other investigations they are cooperative with me and helped me protect myself from stressors of the COVID 19 psychiatry work. Moreover, I have experienced how life will be sustained during this difficult time without the help of my colleagues. (P 03).

Negative feelings

The healthcare professionals who are working in the COVID 19 Psychiatry treatment center in this study experience emotional feelings of deep sadness, a longing for physical safety, depression, loneliness, and insecurity.

Data collected from key informant interviews, in-depth interviews and focus group discussions with healthcare professionals show that, in their daily interaction with the surrounding Ward colleagues, there are times healthcare professionals experience feelings of loneliness, hopelessness, depression, helplessness, and despair. Some participants affirmed

that, members of the other non-Psychiatry ward members make them feel insecure to be living and/or working around the COVID 19 Psychiatry patient sides.

P, 08 explained that;

I was in the treatment center, as usual, I was assigned to the COVID 19 Psychiatry ward to follow one patient who comes from the community who was confirmed COVID 19 positive, and at the same time, he was psychiatric and has substance use problems. He was admitted to the treatment center and my supervisor told me to follow him closely. I have followed him attentively until the middle of the night. But, after I have got to sleep, the patient attempted to escape from the treatment center. When I was waking up, the patient was not there. That was shocking for me at the moment. I was tried my best to found him but, I couldn't succeed. I therefore reported to the Liaison office then after I have experienced a feeling of guilty when I thought that he may infect many people on his way to home. P, 08.

There are moments in which healthcare professionals feel hopeless, in despair and feel negatively. Sometimes, healthcare professionals get emotionally hurt by the perception and/or reactions they receive from the community around them. There are negative stereotypes made against healthcare workers in the treatment center. In an interview with, P 01 said,

Some of the names given to us all for the one who are worked in COVID 19 psychiatry are unfair. The community called us COVID 19 virus carriers at the beginning, some might be COVID 19 positive due to our exposure to the virus as a healthcare professional, but we all are not. It is not even a fault of ours as healthcare professional and every time I received unpleasant treatments based on such stereotypes, I feel angry and even I wish I could respond with something negative to that but, I don't do it in actuality. This is a negative feeling for me. P 01.

An interview with K1 03, said that,

when I was working in the psychiatry ward before COVID 19 emerged, I was the one who decides on the fate of medication and related things with my colleagues but now, there are senior psychiatry specialists and MSC mental health specialist professionals. So, I feel useless because the work that I worked on now can be done by the one who can peel the tablets or pills. So, in this case, I feel idleness while I am here in the treatment center and I become demoralized and sometimes I feel useless, it makes me weak and even incompetent psychologically. This is a negative feeling experience in my career. K I, 03.

Social Experiences

In line with my non-participant observation, I observed that patients looking for support and treatment when they attended different social events organized by the treatment center and the HCPs. I attended one of the holiday events: New year, from many social events organized by the HCPs which have been observed and take part in the study area. According to the researcher observation, the health care professionals had positive perceptions and reactions towards patients and they had enjoyed the holiday with them by giving of basic needs they require during this social event. However, some health professionals reacted differently about the needs of the meal and even some of them reject to cooperate with the interests of the patients in the treatment center.

Pleasant Social Experiences

According to the participants, pleasant social experiences refer to receiving positive feedback, support, and empathy from colleagues, family members and people in the community. Participants show deep care and concern for the plight of members of the healthcare system who have been showing them care and support. In the FGD held healthcare professionals stated that, they feel happy to have other healthcare professionals around them.

They see each other as brothers and sisters and help one another when they encountered mental health-related issues like anxiety and depression since they spent too much time in the treatment center. Healthcare professionals who are working in the COVID 19 Psychiatric center also feel upset when they witness other health professionals working in the treatment center- even the 'bad colleagues' – getting depressed or get infected by COVID 19.

Positive experiences as the HCPs expressed some patients have kind hearted to the health care professionals and they show good love, affection, and gratitude when they accomplished their day-to-day tasks. According to the FGD participant's explanation. Even though the COVID 19 positive psychiatric patients looking for support, the participants confirmed that the health care workers preferred to be sympathetic and supportive enough on day to day basis.

Unpleasant Social Experiences

As the findings revealed from focus group discussions, in-depth interviews, key informant interviews, and the researcher non-participant observation pointed out, healthcare professionals experienced some sort of social difficulties in relationships with themselves and with regard to their patients, family and friends. Since health care professionals who are worked in COVID 19 psychiatry are working in collaboration with one another. So, every professional feels or experiences almost the same level of physical and psychosocial experiences. As the researcher extracted information from the participants of the research stated that, they have been experienced and challenged by patients who have no families who can take care of them in time of discharge. By doing so, social workers are the one who is responsible for facilitating linkage and referral systems for patients those who are coming from different places including the street. Moreover, as they tried to articulate, organizations are not cooperative for linkage and referral systems when COVID 19 psychiatric patients are discharged from the treatment center. Because, agencies refused to admit clients directly from

the treatment center, the rationale behind they raised is that, more than mental illness there is COVID 19 in the clients. Even if they are discharged when they become negative from the virus. But, the organizations refused to admit or accept clients especially social workers who are the ones who have experienced helplessness for their clients and it also creates other psychological and social disruptions for the professionals in the treatment center as a whole. Because, the patients are residing there in the center until someone take them back to home or social workers sent to the humanitarian organizations.

Furthermore, patients become re-infected by the COVID 19 because Psychiatric patients who come from the street and many of the psychiatric patient families are not willing to take back to their home after they become discharged from the treatment center. By doing so, patients become deteriorated in their mental and physical health and they become prone to relapse of their psychiatric illness. At the time of relapse, all the team (MHPSS) or mental health and psychosocial support team as general become disorganized blame each other by finding some faults done by the professionals and this sense of disorganization affects their work and the quality of the service rendered to the patients decreased in total. This is how healthcare professionals experienced social issues especially social workers faced in the treatment center.

As expressed by the P 07,

As far as I know some patients find it difficult to accept that the HCPs have provided them with the required care and treatment. This is mainly so because of patients' wrong attitude and misperception towards HCPs due to their mental illness. Many patients were diagnosed with schizophrenia which is one of a serious mental illness among others. So, these patients distance themselves from the health care professionals to avoid affection. It creates loneliness for them and ours too. P 07.

There are members of the HCPs who showed love and appreciation for the patients by giving meals and clothes even in times of holidays like that of New year, Christmas, and Easter.

They reported that, they feel guilty when patients distance themselves from them in order to avoid their closeness to them and this makes them socially idle because they want to at least talk with them. This is a desperate feeling for a social being.

Most of the participants stated that they experienced the fear and the risk of being rejected by people or their families and described it as an unpleasant experience. They also considered the lack of empathy of colleagues in other wards and some cases the family's dissatisfaction with their work in the ward for COVID-19 patients as unpleasant social experiences. In an interview with one participant, said that,

Some of the names given to us all for the one who are worked in COVID 19 psychiatry are unfair. The community called us COVID 19 virus carriers at the beginning, some might be COVID 19 positive due to our exposure to the virus as a healthcare professional, but we all are not. It is not even a fault of ours as healthcare professionals and every time I received unpleasant treatments based on such stereotypes, I feel angry and even I wish I could respond with something negative to that but, I don't do it in actuality. P, 01

As the finding of the research reported that, healthcare workers experienced social stigma in various events which were organized around their place of residence and from their neighbors. Healthcare professionals were the prime stigmatized section of the society while they worked in the COVID 19 treatment center of the Hospital. Their neighbors stigmatized by not allowing them in participating of social events organized on their locality. One of the healthcare providers said, "I have been working in the COVID 19 psychiatry treatment center for about one full year. Ever since my mom's health situation started deteriorating, I have been working in the COVID 19 Psychiatry treatment center and I don't have enough time to

care for my mom. Prior to getting sick, she was the one who used to be taken care of our family. But now she's not in good health, I had to step up and do something that can contribute at least to the survival needs of my family. That's why I have been worried about my mom's health situation when I am around the working area at some times when I am striving around the neighborhood to go to my usual job, there are people especially the elders who would verbally insult me because they assume working for money by abandoning my mom. To the worst, and at those times, I really feel insecure, sad, and kind of helpless. As a result of that, I feel bad about going to places where people that can make me feel discomfort and ashamed can probably be present. Nonetheless, I have to go to such places as they are the primary areas to pass through to work. (P 04).

Interview with another healthcare professional working as a social worker starting from June 2020 till now at the treatment center, P 05, shared the experiences he had.

I have worked at this treatment center after four months passed officially that COVID 19 has emerged in the Ethiopian context. I have experienced how organizations react when I ask about the linkage and referral system for patients of COVID 19 plus psychiatric cases. Many organization leader's reactions seem positive superficially when I talk at the moment, but, the reality is different and they are not willing to accept the psychiatric patients even if I showed the two negative COVID 19 results of the patients. I have also experienced how to make linkages of patients to different agencies. Because, at the COVID 19 psychiatry ward patients who are from the streets didn't go back to the streets, so, as a social worker I am the one who is responsible for such an activity. By doing so, I have developed the case management experience than any other time before. It makes me to contact with many organization leaders. (P 05).

As pointed out in the focus group discussion held with healthcare professionals' social events organized by the treatment center or another organization as regarded as something cherish.

As findings pointed out from my non-participant observation I had also noticed that healthcare professionals had different experiences based upon the treatment they give to their clients or patients in the COVID 19 psychiatry treatment center. As I have tried my best by observing some of the HCP's experiences while they provide medications of mood stabilizers, anti-seizure, anti-psychotic, and other medications for COVID 19 positive psychiatric patients, and physicians prescribed antibiotic medications for the COVID19 psychiatric patients. Moreover, psychologist and social workers were worked their own tasks giving psychotherapy for the COVID 19 psychiatric patients and arranging and settling the family and social issues after the patient discharged from the treatment center respectively. The mental health professionals specifically experienced arranging of antipsychotic medications, take an appropriate patient history from the patient him/herself or if the patient is incoherent or illogical due to his/her severe mental illness when he/she talks they took a collateral history from their families and friends as much as possible via phone call and for further information they ask Amanuel Mental Specialized Hospital healthcare professionals for help for the better adjustment of the patients. As my non-participant observation pointed out that Psychologists also experienced being alert whenever the patients feel nervous or become aggressive they tried their best by calming down by the use of different psychotherapy techniques. Social workers are there to facilitate family reintegration after the patient has been discharged from the treatment center.

Moreover, social workers are the one who facilitates linkage and referral systems for patients who don't have families and for patients who will be able to attend further psychiatry treatment after their COVID 19 test is negative two times by the hospital protocol. At this

point the hospital has two types of discharge planning format, the one is based on arranged discharge protocol and the second is based on negative result protocol. Arranged discharge format is based on the WHO protocol principle that, if the patient stays for about ten (10) days after admission in the treatment center or after the result was confirmed positive he/she has no longer or limited probability of being infected others. So, social workers are the ones who facilitate this kind of discharge planning arrangement in the COVID 19 psychiatry treatment ward. On the other hand, discharge based on negative COVID 19 result is a kind of protocol which is implemented for those kinds of patients who comes from the institutions like Makedonia, Gergesenon, Mother Theresa, Child fostering agencies and from different kinds of government organizations like Police stations, Camp Soldiers, Bankers, and Healthcare team workers due to their closeness to their customers (clients) and the community they serve in order to avoid contamination.

Coping Strategies

The participants stated that they used different strategies to cope with the stress of working in COVID-19 treatment center. As findings revealed about the coping mechanisms of healthcare workers of the treatment center, they reported, combining of religious or spiritual activities such as prayer, meditation and reading were the most prominent ones in line with practicing physical exercise and relaxation activities in their free time, such as watching movies, chatting with family and friends to relieve stress and obtain support. Some participants of the research reported that, seeking help from psychologists is an important coping strategy. Furthermore, using personal protective equipment (PPE) properly and enforcing other protective measures, such as hand washing, proper use of face masks to reduce the risk of infection used by the healthcare professionals as a coping strategy.

In focus group discussion held among Healthcare professionals, FG 01, and FG 02, it was

pointed out that many healthcare professionals used both positive and negative coping mechanisms while they are working at the COVID 19 Psychiatry treatment center. In the focus group discussion has indicated that the Healthcare professionals have implemented diverse coping strategies to minimize the adverse impacts of working at COVID 19 Psychiatry (i.e. Physical, Mental, social and psychological, etc.)

As it is indicated on the FGDs and in the key informant interview, positive coping mechanisms are focused on problem-solving and it can result in an improvement of a person in environment relationship and that leads to a positive emotional response. As the data obtained in the participants pointed out that, promoting positive coping styles and providing sufficient psychosocial support may help decrease the occurrence of adverse psychological symptoms like depression, anxiety, and stress. Finding revealed from both focus group discussions portrayed that, Healthcare professionals used a variety of coping strategies applied by them. As their coping mechanism, the majority of Healthcare professionals leaned on others (i.e. neighbors, relatives, and Colleagues) for assistance in times of hazardous working conditions in the treatment center. Others engaged themselves in work and income-generating activities engaging themselves by thinking of a business idea, personal characteristics i.e. faith in God, determination, etc. and social support i.e. good relationship with others, getting advice from elders, faith fathers, flexibility, and maintaining social connections in person or virtually via cell phone and by different social media accesses for getting intact of their distant family members and friends, watching the news from reliable sources, helping of someone in need and consciously practicing gratitude are the most prominent coping mechanisms that healthcare professionals do. Moreover, Healthcare professionals used adaptation techniques in the treatment center to cope up with the changing environmental situation. Healthcare workers used physical exercise, meditation and resilience

to cope up with COVID 19 psychiatry work-related stress and anxiety. Findings from interviews with all six key informants show that during that difficult time it was important for them to continue looking after their physical and mental health and it helps them to cope up with COVID 19 psychiatry-related work stressors in the treatment center and used also to fight against COVID 19 disease.

Problem-Solving Strategies

Most of the participants reported that they tried to find the root cause of the stress. For instance, they resorted to exercise and good nutrition to reduce stress caused by the risk of developing the disease. Besides, some participants reported that, seeking help from psychologists is an important coping strategy. Furthermore, using personal protective equipment (PPE) properly and enforcing other protective measures, such as hand washing, proper use of facemasks to reduce the risk of infection used by the healthcare professionals as a coping strategy. One participant said that,

To cope with daily routine, work-related stressors, I used to eat a nutritious diet, which helps me develop my immune system to function properly. In line with this, I have been reduced the amount of sugar intake and alcohol consumption. Moreover, I refrain myself from cigarette smokers and depart from them in order to save my life and sustain my existence by abstaining from being a passive smoker after I have joined the treatment center for work” (K1 05).

Stress Mitigation Strategies

The participants reported that in some cases, they used different strategies to reduce the symptoms of stress. These strategies were keeping their negative thoughts away, doing religious activities, reading books, using relaxation techniques, and reliance on God. One

participant said, “I am not with my family members there to celebrate holidays with but, I love public and religious holidays. As P 6 asserted that,

I, like many of my friends here in the treatment center, do not have access to those luxury entertainment situations like wearing holiday clothes and eating holiday food with my family members as any normal person out of the treatment center can do, I experience such days as important moments of joy for me before. On these days, there are occasions that some good people and organizations like Hotels and other organization owners from the community would bring me and other healthcare professionals to our treatment center and invite us for a good lunch or dinner. Even when there’s nobody to show that kind of good gesture, I, together with my friends, usually go to the church after I have finished my task and in there we would get enough relief too. So, I experience religious and public holidays which is celebrated in the treatment center as an opportunity to have a good day without family by the impact of COVID 19 in our country context (P 06).

Healthcare professionals used also some sort of negative coping strategies to come out from their day-to-day routine activities of COVID 19 Psychiatric setting. They were unable to respond to phone calls, restrained themselves from participating in social events that are organized at home or at the treatment center. Some participants also used sedative drugs for sleep as a coping strategy while they spent more time in the treatment center and they used this to relax to a maximum level.

Chapter five discussion

This chapter discussed the study findings with existing evidence from the literature review section. The researcher reviewed various sources of evidence including books, journal articles, official reports, etc. to understand issues about the experiences of healthcare professionals while they are working in COVID 19 quarantine and treatment centers worldwide and some in Ethiopian context. The study also revealed important evidences from my empirical observation, as well. Therefore, in this chapter, the study findings discussed in comparison and in contrast with relevant literature review part and also, the discussion presents the nexus between my actual findings with the literature in relation with the experiences of healthcare professionals while they are working in COVID 19 psychiatric setting with their coping strategies used and what has been said in the literature would be reflected.

Healthcare professionals' experiences from COVID 19 and its comparison to this study

This study found out that the caring of COVID-19 psychiatric patients was linked to a number of experiences for health care workers. Analysis of the experiences of health workers reveals six main themes: (1) physical, (2) psychological, (3) social experience, (4) unmet needs, (5) inner feelings, and (6) coping strategies. This section discusses these issues: Participants in this study reported that physical burden and tiredness due to the high workload and physical fatigue in combination with other health problems were vindicated. In line with this, a study from Turkey reported that caring for COVID-19 patients place a heavy physical burden on healthcare professionals Kackin, et al (2020) Evidence also confirmed that prolonged care of patients while wearing Personal Protective Equipment (PPE) can cause physical discomfort to health care providers. In addition, physical pain has become unbearable for health care providers living in isolation wards Liu O, et al (2020). Moreover,

challenges such as wearing and removing personal protective equipment and restraints due to fatigue, insomnia, headaches, and anorexia caused nurse overwork and physical and mental problems. Karmi et al. (2020) also indicated that nurses working in COVID-19 wards have to deal with exceptional work difficulties to provide genuine and high-quality care service Karami Z, et al (2020). Similarly, self-defense measures among Chinese caregivers during the COVID-19 pandemic caused discomfort, fatigue, and helplessness (Sun et al, 2020). Therefore, health care providers should be protected from work overloads, so that, they can provide effective patient care. This is mainly done by the top management officials to manage the proportion of patient professional ratio in a way suitable for the HCPs and the patients by considering the countries HCPs ratio and the needs of the double burdened patients. because, the patients had both COVID 19 and psychiatric problems, so, it difficult for the HCPs to handle them as they were handled them before COVID 19.

As the study conveyed about the physical experiences of healthcare workers were kicked and punched by their psychiatric patients in the treatment center. Physical fatigue and exposure to physical contact for vital sign and other investigations makes physically burned out in line with this finding in consideration with other studies in the literature section affirmed the case, by including physical fatigue, exposure to high viral load patients, long working hours, psychological distress and dilemma also makes physically powerless, burnout from fatigue, stigma, and physical violence were the most prominent ones (Chandra A, &Vanjare H, 2020).

The finding that the researcher got from the participants indicated that the health care workers who are working in the treatment center experienced the worst scenarios they even didn't assumed of it before. For example, the participants in this finding stated that, the COVID 19 positive psychiatric patients suspected the health care professionals due to their illness and it is difficult for them to address their core illness early due to the nature of the

disease and the patient's cooperativeness. Furthermore, even the COVID 19 psychiatric patients misbehave to approach the healthcare professionals. Patients prefer to distance the health care professionals or even insult them to the worst they used physical abuse to the health care professionals. Conforming to this finding, a study by Lai, et al (2020) asserted that healthcare workers have been prone to different kind of challenges Such as, being physically burn out, emotional distress, lack of sleepiness, increased health risk, isolated from their closest family or friends, long working hours, vulnerability, stigma, unable to interact with aggressive patients, fear, depression, and lack of personal communication. This all aggravates the physical and psychosocial health burden of the health workers in long term consequences and this finding is totally compatible with the researcher's finding both the literature and the finding are almost portrayed the same kind of idea.

Likewise, a study by Godderis et al., (2020) affirms that, attending the patient fully is one of the difficult and worst experience which puts them in physically exhaustion. In addition to this, they experiencing feeling of guiltiness. When the patient, they treated has passed away they blame themselves for not saving the patient's life. On top of this, after they experiencing all these scenarios the community, they are living with stigmatize the health care workers. The community looked them as the carrier and spreader of the virus for their family and locality area population initially but, things are on the way to change when compared from the beginning. The literature section of this research confirmed the above stated finding of the researcher by fulfilling, community members and even their families are less cooperative with healthcare professionals while they are working in the treatment center. Moreover, healthcare workers experienced stigmatization from the neighbors they are lived in around and the place or streets they pass through. Because, they HCPs were the primes suspects if someone is infected by COVID 19 in the community they live in.

As the findings of the study revealed that, healthcare professionals experienced some sort of social difficulties in relation with themselves and with regard to their friends and families specially at the beginning of the pandemic. In line with this finding from the author (Suzannah, S., et al, 2020) During the disease outbreak given the likely increase of mental health problems among HCPs, widespread screening to identify those in need of support should be carried out, as the increased stress and burden, as well as stigma experienced by HCPs, may make it hard for them to actively seek help from significant others around them. But, in this research healthcare workers are willing to seek help from their fellow colleagues and they used a debriefing session weekly. On the other hand, healthcare workers have been experienced and challenged by patients who have no families who can take care of them in time of discharge. The timeline discharge is a discharge process of patients based on the anticipated time of recovery that is, after ten days of admission. By doing so, social workers are the one who are responsible for facilitating linkage and referral systems for patients those who are coming from the streets and they are prone to social challenges when they deal with organizations. Unlike other countries social workers experienced such social burden because, our social system as a country is lost by the situation and is difficult for people to accept linkage and referral systems in different organizations.

In this study, the researcher found out that, most participants experienced psychological symptoms such as fear, anxiety, and worry. These experiences lead to poor quality living standards for health care workers and reduce the quality and quantity of patient care. Similarly, Carmy et al (2020) reported that fear, anxiety, and distress is the direct experiences of nurses caring for patients with COVID-19 in Iran. They emphasized that nurses working in wards and care centers dedicated to COVID-19 patients were suffering from poor mental, emotional and professional conditions and that providing quality care was at risk (Karami Z et al, 2020). The feeling of fear, anxiety, and worry may be attributed to

uncertainty about the source of the virus, lack of specific treatment, high infection rate, the high mortality rate of healthcare workers, and fear of infection Wu C, et al and Zhang et al (2020) pointed out that feelings of uncertainty about the COVID-19 condition can cause fear, anxiety, and worry, and that these negative psychological feelings can lead to stress or vulnerability in healthcare providers. In addition, a Turkish study suggested that caring for patients, fear of infecting themselves and family members, and stigma attached to health care providers by society were some of the factors behind feelings of fear, anxiety, and worry for health workers Karami Z et al (2020). Even if, it difficult to compare and contrast the two countries situation merely by this research but, there is a tendency of similarity between them. To address this issue, it is necessary to monitor the psychological problems of health workers and implement precautionary interventions such as professional psychological counseling (Chvance et al, 2020).

In other study like that of Elizabeth (2020) Continuing patient care in a poorly constructed, ill ventilated clinic and in a crowded slum area with limited knowledge to evaluate team risk and community risk caused enormous strain on the healthcare team. But, contrary to this research finding from the literature, the researcher observation portrayed that, the working environment is safe to offer adequate treatment for their clients in the study area. This is clearly visible and there are separate rooms for the male and female psychiatric patients. There are also fully supplies of medication and other patient caring equipment's there. Moreover.

Recent surveys suggested that, rates of psychological stress, depression, anxiety, and insomnia are high for the group survey conducted. Numerous organizations have since released guidance on how both healthcare workers and the general public can manage the mental health burden. psychosocial support for healthcare workers during the COVID 19 pandemic and they found that, there was a plenty that hospitals and healthcare providers can

contribute to help healthcare staff manage mental health burden Jack (2020) similarly, in this research finding also asserted that, healthcare providers used their colleagues as a medium of ventilating something in relation with their mental and psychosocial wellbeing in the COVID psychiatry treatment center.

Another issue highlighted by health workers involved in the current study is unpleasant social experiences. Healthcare providers are considered socially isolated due to the fear of being stigmatized by society and the risk of spreading the disease. Similarly, evidence suggests that unpleasant social experiences make health care providers feel guilty and sad, so they may want to limit their communication and stay in dormitories regardless of others Xiang Y. T, et al (2020). Health care workers working in COVID-19 wards in Iran were also stigmatized as carriers of infection, a common occurrence in the world that causes stress and leads to social isolation and marginalization of health care workers (Taylor, 2020).

Furthermore, the results of this study showed that the personal and professional needs of health care workers were not satisfied. These unsatisfied needs can cause them stress and affect the quality of patient care. Stakeholders Ministry of Health (MoH), the treatment center top management officials and the professionals themselves needs to take care of the personal and professional needs of health workers, try to meet their needs, and provide the necessary facilities and equipment for patient care because, without effective protective equipment, health care providers who work with COVID-19 patients will be exposed to serious risks Zhang et al, (2020). Furthermore, according to Maslow's hierarchy of needs, the lowest and most basic human needs are physical and security needs Abulof U (2017). Therefore, the physical and mental burden imposed on health care providers due to the COVID-19 epidemic and take care of their physical, mental, and professional needs and take steps to address them. The healthcare workers involved in this study also had positive experiences, which made it a pleasant and positive inner feeling experience for them to care for patients with COVID-19.

Some of them experienced compassionate love, affection, and positive gratitude from their patients and colleagues.

The results of the study indicated that, healthcare workers who have experienced psychological experiences, psychological maladjustment problems in combination with other psychological distress to suffice this issue studies conveyed about the psychological experience's even if it's exactly the same some symptoms of psychological distress, insomnia, alcohol/ drug misuse, and symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, burnout, anger, and higher perceived stress were reported by the healthcare professionals. These psychological health problems are observed by organizational, social, personal, and psychological factors and were interfering with the quality of patient care (Chandra A, & Vanjare H, 2020). Unlike other studies in the literature section, this research finding revealed the psychological experiences of healthcare workers of lactating mothers in the treatment center, they were worried about the fate of their kids but, the literature side of the studies, healthcare workers talk about their personal psychological make up only as an experience. One study also found that some healthcare workers working in the COVID-19 wards had positive feelings of pride and empowerment about working in COVID-19 treatment wards (Enna A et al, 2021).

Coping Mechanisms Employed by Healthcare Professionals

Another result of the study was the coping mechanisms of the healthcare workers employed while they work in the treatment center and in the psychiatric COVID19 treatment center in particular case. Healthcare professionals used both stress mitigating and problem-solving coping mechanisms while they are working at the COVID 19 Psychiatry treatment center. Contrary to this research finding, a research which is done in India stated the coping mechanisms as something different from this research finding and our country context that is, healthcare workers were used an emotion-focused mechanism it is helpful to manage their

stress by avoiding negative thoughts and reframing in into the positive. They used meaning-focused coping with deriving meaning from the stressful experience to sustain well-being despite difficult times. Also, they used maladaptive coping strategies such as denial, wishing good things will happen, avoidance, and be fatalistic. (Elizabeth, C et al., 2020). But, in this research, the healthcare workers used stress mitigating copings like that of faith in God, determination, social support i.e. good relationship with others, getting advice from elders, faith fathers, flexibility and maintaining social connections in person or virtually via cell phone and by different social media, accesses for getting intact of their distant family members and friends, watching the news from reliable sources, helping of someone in need and consciously practicing gratitude are the most prominent coping mechanisms that healthcare professionals do.

The results of this study show that healthcare workers used a variety of coping strategies, including problem-solving and stress mitigation strategies, to cope with the stress of working in COVID-19 wards. They try to find and address the root cause of stress. In addition, they used a variety of strategies to reduce stress symptoms. According to a study, healthcare providers working in the COVID-19 wards used strategies such as believe in God and engage in religious activities to reduce work-related stress such as depression and stress in the wards. Creating an environment conducive to empathy is also another strategy used by health professionals to reduce health problems, fears, and unpleasant experiences. Furthermore, during the COVID-19 epidemic, healthcare professionals sought to improve their self-care and reduce stress through a variety of strategies, including prayer, exercise, mindfulness, and virtual meetings with friends (Enna A, et al 2021).

As Park et al., (2001) stated coping strategy and defined it as an adaptive when the controllability of the stressful event corresponds with the choice of coping strategy: in this

case, the subject would experience fewer symptoms related to stress but, when we come to this research finding, a coping strategy is something which is a means of survival due to the fact that the social bond as community we have is more strong and without maintaining this it is difficult for healthcare workers to function well.

As a finding from the authors of the quantitative research, they tried to convey a gender variable for coping and they found that, Females reported that they experience significantly higher Physical Stress than males did and they used immediate copings than other male colleagues did (Vagni M, et al, 2020). But, in this research finding there is no such comparisons between the two genders in using and responding of the coping mechanisms whether the coping mechanisms are positive or negative.

Contrary to the findings which are found in the literature section of the paper, this research finding tried to found and articulate the negative coping mechanisms that the healthcare professionals used. But, studies in the literature stated about the general copings.

As George, et al (2020) healthcare professionals used altruism, empathy, commitment to the poor, active religious surrender, spiritual connection, benevolent reappraisal were the main positive coping mechanisms used by in urban India. Among these coping mechanisms this research finding also corresponds with active religious surrender and spiritual connection are emphasized more.

Another result of the study that participants had experienced that, they were unable to respond phone calls, restrained themselves from participating in social events which are organized at home or at the treatment center as a temporary coping strategy. In line with this finding, there are another strengthening argument stated in the literature and also, they used maladaptive coping strategies such as denial, wishing good things to happen, avoidance, and be fatalistic in India context (Elizabeth, C et al., 2020).

Chapter Six: Conclusion, Implication for Social Work Education, Practice, Policy and Recommendations

Conclusion

The final chapter of the study comprises a conclusion part that briefly gives remark on the findings, implications of the study that entail to the Social Work profession, an implication for policy, education, and recommendations suggested to researchers, the government and the concerned stakeholders of the treatment center. While concluding, the major findings are summarized as follows. Experiences of healthcare workers, like physical, psychological, unmet needs, inner feelings, social experiences and coping mechanisms. The physical experiences are like, work over load, physical fatigue, excessive sweating and some physical injuries longing for physical safety and loss of interest in parental nurturing. Psychological experiences are like good love, feeling of sadness, affection and gratitude when they accomplish their day to day tasks. Among the social experiences they encompass helplessness, hopelessness, encouragement, appreciation, kindness, generosity and trust and there are other unpleasant social experiences like, refusal to take medications, throwing of medication, food and drinks specially towards female healthcare professionals. Moreover, the physical experiences that involves, joint pain, weight loss, dehydration, problem of kidney disease. As a psychosocial experience, distress, maladjustment, depression, social difficulties in relationship, social stigma and isolation. Finally, to protect themselves and significant others, healthcare workers used coping mechanisms, which includes, problem solving, working in cooperation, getting advice from others, maintaining social connections, helping someone in need, and consciously practicing gratitude and other important coping mechanisms to avoid negative experiences.

This qualitative exploratory case study was conducted with a general objective of exploring the experiences of healthcare professionals in the process of treating COVID 19

positive psychiatric patients in Eka Kotebe General Hospital, COVID 19 Treatment Center Addis Ababa. The study unveiled that the experiences of healthcare professionals and their coping mechanisms had both good and bad outcomes for the healthcare professionals. The health care providers experienced, physical abuse, psychological and emotional abuse, and even they experienced insult from the COVID 19 psychiatric patients while they treat in the psychiatric setting.

As findings of the research pointed out, healthcare professionals who are working in the COVID 19 treatment center are experienced feelings of sadness, helplessness, hopelessness, longing for physical safety, loss of parental nurturing and care for their own kids in their house when they go back from work; and also, they have experienced a sense of confusion in job descriptions and even their personal worth. Being dehumanized and subjected to the coercive powers of their boss and physically abused by patients, abandoned by significant others like family and friends who were surrounding them before, seeking medical help; and being exploited for their boss in favor to get some sort of break also leads to fear, anxiety, misery and survival despair in Healthcare professionals who are working in the COVID 19 Psychiatric treatment center of the Hospital.

As a conclusion of this research revealed that, healthcare professionals experienced psychosocial and other adjustment problems while they are working in the COVID 19 psychiatric treatment center of the Hospital. Some have developed psychological disruptions like loneliness and depression and some others experienced stigmatization from their close friends, families, and the general community, especially at the beginning of their work. Findings from the study pointed out that, Healthcare professionals experienced or feel a feeling of misunderstanding by their patients when they become overwhelmed by caseloads. Since the ratio between patients and Healthcare professional is not proportional. Moreover, it is difficult for them to assess and make appropriate Mental Health and Psychosocial support

intervention modalities for the patients on the limits of their recovery time. Moreover, healthcare workers used both stress mitigating and problem-solving coping mechanisms in order to relieve from their psychological, physical fatigue, unmet personal and professional needs, negative inner feelings, un pleasant social experiences and other maladjustments. As a conclusion about the coping mechanisms of healthcare workers of the treatment center, they reported, combining of religious or spiritual activities such as prayer, meditation and reading were the most prominent ones in line with practicing physical exercise and relaxation activities in their free time, such as watching movies, chatting with family and friends to relieve stress and obtain support. Some participants of the research reported that, seeking help from psychologists is an important coping strategy.

Implication for Social Work

The implication to the Social Work profession discusses how the issues revealed from the study are associated with the Social Work's ethical principles and how Social Workers can intervene to address the multifaceted experiences that the healthcare professionals are experiencing and to contribute profoundly to future studies in the areas of COVID 19 and psychiatric COVID 19 with their experiences in psychiatric setting.

Based on the main findings, four implications of the study in education, policy, practice, and intervention, and future research are presented below.

Implication for Social Work Education

One of the basic tools through which Social Workers execute their duty of bringing the issue of the rights of healthcare professionals to attention are education and advocacy. Social Workers can advocate for the aforementioned HCPs when voices are silenced or not given due attention. Social Workers, thus, have a responsibility to let those voices of the healthcare professionals be heard and responded to accordingly. They can demand the

improvement of protocols, policies, decisions, etc. that only crave gains while overlooking the potential threats to the lives of many healthcare professionals. They can also speak up against the poor bureaucracy that fails to provide timely solutions to the demands of healthcare professionals. If not for the slow and tiresome bureaucratic system, the affected population would have their questions answered by the government. Social Workers can not only advocate for the already worked in the COVID 19 treatment center but also to the future joined healthcare professionals who would unfairly driven off from their usual work with no or fair compensation if the existing policies/regulations aren't improved. They can push for a revision of such protocols, regulations, etc. that happen to be problematic for the full functioning of healthcare professionals.

Implication for Social Work Research

This study shows that the issue of Healthcare professional's experience, while they are working in COVID 19 psychiatry treatment center, is not well studied and documented and further studies can be conducted. In line with the objective of the study, the subjective experiences of physical, psychological, social, unmet needs, inner feelings with their coping mechanisms of healthcare professionals while they stay in the treatment center were unveiled totally. So, Other social work researchers, hence, can use this study as a stepping stone for carrying an objective and examination of the issue by using other qualitative and quantitative techniques.

Implication for Social Work Practice

As is mentioned in the findings section of this document, there are gaps in the way the community perceives and treats healthcare professionals while they are worked in the COVID psychiatry treatment center. Many people in the community consider HCPs as vectors of coronavirus carriers and colleagues from the medical side of the treatment center, healthcare professionals who are working in the Psychiatry side as crazy and spoiled workers

who never care about what others think or feel about them. On the other hand, findings also show that a considerable number of healthcare professionals are prone to and victims of being infected and affected by different diseases like COVID 19 and other mental disorders. Thus, as stated in the NASW Code of Ethics, social workers can intervene in the effort to create awareness both among healthcare professionals and the community itself, and the colleagues especially the purely medical side workers without any expectation in return. Under the core values set by the NASW which talks about the value 'service', it is stated how far the social workers are expected to serve the society that including in pro bono service (NASW Code of Ethics, p.2). This implies that social work practitioners can organize community and staff awareness-raising programs on the issue under study.

The findings of the study imply the need for social workers and others to advocate on behalf of mental health and psychosocial support case team members in the COVID psychiatry treatment center. Because, social workers are the one who are expertise knowledge about advocacy and as it is previously stated, some of the basic provisions and protections healthcare professionals are granted by law are being denied or violated. As put in the NASW Code of Ethics, social workers fight against social injustices and advocate on behalf of the marginalized. It also sets a professional obligation for social workers to pursue change especially with and on behalf of vulnerable segments of the population like healthcare workers who are working in COVID psychiatry treatment center (NASW Code of Ethics, p.2). Therefore, social work practitioners here too can bring their professional expertise and authority so that the rights of healthcare professionals who are working in COVID 19 treatment center in general and healthcare workers who are worked in COVID psychiatry, in particular, can be upheld in the best way possible.

Implication for Policy

Findings from the study reveal that there is a number of policy gaps regarding the upholding or implementation of the rights of healthcare professionals. Healthcare professionals are working without responding to the natural calls and feelings when they stayed in the treatment center. Even the human right declaration states that people could work in a safe and conducive environment for the betterment of their wellbeing and the society they serve at large. Moreover, health care workers have the right to considerate and respectful behavior from the patients for whom they care and to be free from harassment, abuse, attack, and verbal and mental abuse. But, contrary to these participants of the study who are working at Eka Kotebe General Hospital, COVID 19 Psychiatric treatment center experienced the above-mentioned problems and it requires policy implementation on different levels.

Recommendations

Based on the findings of the study, it is important to forward the following recommendations which are potent to help improve the negative experiences of healthcare professionals while they are working in the COVID psychiatry treatment center altogether with the factors that made these healthcare professional experiences, feels, and behave the ways they do and fend off risks that might emerge due to such experiences.

- The government specially MOH (Ministry of Health) should vehemently work on the issue of basic human rights of the HCPs by advocating to the protocol facilitators of the COVID 19. As indicated in the findings, healthcare professionals are not allowed to respond to the natural callings as they want, so, the Ministry of health have the mandate to take care of professionals while they are working in the COVID psychiatry treatment center. Moreover, healthcare professionals specifically females are repeatedly and brutally being beaten, insulted, abused both verbally physically,

harassed by their psychiatric patients while they are working in the treatment center.

So, there needs to be a guardian who is supposed to accomplish tasks related to the protection of the professionals especially at the middle of the night.

- I believe active participation of the healthcare professionals is also critical for the fruition of saving from some maltreatment by patients, colleagues, and the society at large. Especially when the effort is all about bringing favorable changes in the areas of physical, needs, inner feelings and psychosocial experiences of healthcare professionals.
- Researchers, including Social Workers, should pay due attention to the study of the experiences of Healthcare professionals while they work at COVID 19 psychiatric treatment center.

- Finally, I would like to recommend further studies on the issues of the experiences of healthcare professionals while they are working in psychiatric COVID positive patients with different research approaches and techniques. Especially, I recommend to conduct studies on the patient's side as well, like the experiences of COVID 19 patients experiences in psychiatric setting to investigate and become inclusive to present the experiences of both the HCPs and patients'side.

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Appendix one: Consent Form

This was for the participants

I am a student of Social Work at Addis Ababa University College of Social Sciences, School of Social Work. I am conducting research on the title of Exploring the Experiences of healthcare workers in treating Psychiatric COVID 19 positive patients; in the case of Eka Kotebe General Hospital COVID 19 treatment center Addis Ababa Ethiopia, as part of my master's study for the partial fulfillment of master of social work (MSW) thesis under the professional guidance and supervision of Dr, Fasil Nigussie (Assistant Professor) and I am inviting you to participate in my study. The purpose of this research is to explore the experiences of health care workers in line with their coping mechanisms from specific roles they perform and from social work practice perspectives and also it will help to develop a comprehensive strategy for solving the identified problems. This research will highly depend on your active participation and your genuine information for the success of my study. Your participation is completely voluntary. You may withdraw from this participation at any time without penalty. All information obtained in this study will be kept strictly confidential. All participants will be asked not to disclose anything said within the context of the discussion and interview. All identifying information will be removed from the collected materials, and all materials will be displayed within your consent if something went wrong.

The above information is from the researcher to the participants.

I have read and understood the information sheet provided about this assessment, and/or the interview conductor explained to me the purpose of the assessment. I understand that my participation in this interview is voluntary. I have the right to not answer any question I don't like or to stop the interview and withdraw my answers, at any stage of the interview, without having to explain why. I understand that what I say will be kept confidential and will only be used for research purposes. My name will not be used in any

research reports and nothing will be published that might identify me. Even if it is necessary, he has been used a pseudo name. I understand that if I have any further questions I can contact the researcher listed on the information sheet.

The above information states for the study participants as a brief remarks.

Who to Contact

If you have any questions, you can ask me without any hesitation now or later. If you wish to ask questions any time you want, you may contact in any of the following: [Mulatu Demssie +251910262420/mulatudemssie16@gmail.com]

I agree to the interview and being audio recorded YES / NO.

I agree to some of my comments or statements being quoted in the report, provided that I cannot be identified YES / NO

I would like to receive an edited copy of my interview transcript YES / NO

I would like to receive a summary of the key findings from this study YES / NO If you would like a copy of interview transcript and/or a summary of the key findings, please record your address below.

Declaration: I, _____ agree to be interviewed for this evaluation.

Signature: _____ (Participant) Date: ___/___/___

Signature: _____ (Key informant Coordinator) Date: ___/___/___

For the Researcher:

I, Mulatu Demssie, a postgraduate student at Addis Ababa University School of Social Work, as a researcher of the study, have informed the study participants about the nature, purpose, risks, benefits, and procedures of the study. I was also explained the ethical guidelines to be followed in the process. The issue of confidentiality, privacy, anonymity, and participant's self-determination would give due emphasis in the introduction session. My signature below signifies that I was provide all the above information for the study participants.

Name of the Researcher: Mulatu Demssie Feleke

The Researcher's Signature: _____

Date: _____

Appendix two: In-depth Interview Guide for Healthcare Workers

Demographic Information

- Code _____
- Age _____
- Sex _____
- Educational status _____

Semi-structured Interview Questions

1. How long have you been working in the COVID 19 psychiatric treatment center?
2. Please tell me about your COVID psychiatry experience while you working at the treatment center? Experiences related to the physical burden of care, the psychological and the social experiences after you joined the treatment center?
3. Do you have-frequent contact with your patients? is your work let you contact physically with your patients? if yes, Explain?
4. What kind of treatment do you give for the COVID 19 Psychiatric patients?

5. How do you perceive the COVID 19 psychiatric experiences in the treatment center and the Hospital setting in general?
6. What kind of social interaction do you have with different people around you? Like, family, friends and colleagues after you joined the COVID 19 psychiatric setting?
7. Have you ever been mistreated by any member of your colleagues and COVID psychiatric patients in the treatment center?
8. If yes, in what ways and for what reasons? Explain?
9. What do you feel about COVID 19 psychiatric patients in your working area? Are you comfortable with the experiences you pass through?
10. What are the challenges you have faced since you started working at the COVID psychiatry treatment center?
11. How is your role expressed in different social events organized in your surrounding community after you joined in COVID psychiatry treatment center? Have you encountered discrimination by your role in the treatment center around your normal residence area?
12. How do you manage challenges in the treatment center or what are your coping mechanisms you used when you become overwhelmed by cases and other news?
13. How to view your social interaction after working at COVID 19 treatment center? Is there anything special after joining the treatment center?
14. Is there anything else you want to add?

Thank you for your participation!

In-depth Interview Guide for Key Informants

Demographic Information

- Code_____
- Age_____

- Sex _____
- Educational status _____
- Job _____

Semi-structured Interview Questions

- 1) Do you frequently get the chance to interact and contact with patients and colleagues?
- 2) What are your thoughts and feelings on COVID psychiatry?
- 3) How do you feel about the PPE for the COVID 19 protective equipment? Is it comfortable to move and doing things without any hinderance?
Are these PPE materials constantly available in the center? Are the PPEs the pressing needs of the HCPs?
- 4) How well do you comprehend the difficulties facing COVID psychiatry?
- 5) How do healthcare professionals behave in the treatment center? Is there any special manner needed for the COVID 19 psychiatry side?
- 6) How would you describe your interaction with the medical staff at the COVID psychiatry treatment center?
- 7) Have COVID 19 positive psychiatric patients presented any difficulties for you in your day-to-day work?
- 8) Do you have any experience of abuse by COVID psychiatry patients? If yes, explain, how and in which ways?
- 9) Anything you would like to add, discuss, ask, etc.?

Thank you for your participation!

Appendix Three: Focus group discussion Questions for health care workers

- 1) What kind of experiences do you have with COVID 19 psychiatry staff within the treatment center? How do you express the physical, psychological, social experiences?

- 2) How do you explain your participation in different social events organized in the treatment center? Public holidays, like New year, EID, Chistmass, Easter and others? Have you involved in the events?
- 3) Have you ever been mistreated or harassed by any group of COVID psychiatry patients in the treatment center?
- 4) Which segments of the population do you consider understanding and helpful to you and feel comfortable being around when you stay in the COVID psychiatry setting?
- 5) What kind of help do you get from those above you consider helpful and understanding?
- 6) Which segments of the population do you consider a threat and feel insecure being around in the COVID psychiatry treatment center?
- 7) What mechanisms do you use to deal with the unpleasant treatments you receive from some members of the treatment center and the interactions that follow?
- 8) What do you think of coping mechanisms you used during these days?
- 9) What do you think about the difference between COVID challenges and psychiatric COVID in relation to your working experience?

Thank you for your participation!

Appendix four: Observation Checklist

- 1) Kinds of activities Healthcare workers are involved in psychiatric COVID
- 2) The nature of the relationship Healthcare workers has with different groups of people in the treatment center
- 3) Line of work Healthcare workers are engaged in while they are working in psychiatric COVID center
- 4) Health care worker's role in psychiatric COVID patient's treatment
- 5) The way Health care workers spend their time at work

Annex five (5)

Socio demographic information's of the participants

Table I: Focus Group Discussion One

Participant's code	Age	sex	Educational Background	Nature of contact with patients	Treatment they give
P01	27	F	BSC Degree	Frequent	Mental Health Support
P02	38	M	BA Degree	Frequent	Psychological support
P03	43	M	BA Degree	Frequent	Social support
P04	32	M	MSC Degree	Sometimes	Physiological support
P5	37	F	MSC Degree	Frequent	Mental health Support
P6	32	F	BSC Degree	Frequent	Mental health Support

Table: FGDs interview one, 2021

This table depicts the frequency of healthcare workers contact with their patients. Frequently refers to the healthcare workers contacted the patients every other day and sometimes means the HCPs contacted the patients two or three times a week and it is depending on the nature of the profession and the need of the patients.

Table II: Focus Group Discussion Two

Participant's code	Age	Sex	Nature of contact with patients	Treatment they give	
P1	38	M	Frequent	Mental health	Psychiatry Nurse
P2	35	F	Frequent	Mental health	Psychiatry professional
P3	40	M	Frequent	Psychological	psychologist
P4	39	M	Frequent	Social support	Social worker
P5	26	M	Frequent	Mental health	psychiatrist
P6	43	M	Frequent	Psychological	Social worker

Table: FGDs interview, 2021

This table depicts that, social workers gave social support, psychologists gave psychological support and psychiatrist, psychiatry professionals and psychiatry Nurses gave mental health treatments.

Table III: socio-demographic information of key informants

Participant's code	Age	Sex	Educational status	Occupation
KI 01	37	F	MSC	Psychiatry professional

KI 02	35	M	MA	Psychologist
KI 03	41	M	MA	Social work
KI 04	58	M	Specialist	Psychiatrist/consultant
KI 05	38	M	Specialist	Psychiatrist
KI 06	29	M	BSC /Nurse	Coordinator

Table: participants in depth interview, 2021

Table IV: Socio-demographic information of interview participant

Participant's code	Age	Sex	Religion	Nature of contact with COVID 19 psychiatry patients	Treatment they give
MHPSS 01	45	M	protestant Christianity	Frequent	Mental health
MHPSS 02	28	M	Orthodox Christianity	Frequent	Psychological
MHPSS 03	26	F	Orthodox Christianity	Frequent	Psychological
MHPSS 04	36	F	Muslim	Frequent	Mental health
MHPSS 05	28	M	Orthodox Christianity	Frequent	Social support
MHPSS 06	30	M	Islam	Frequent	General
MHPSS 07	29	M	protestant Christianity	Frequent	Social support
MHPSS 08	31	M	Orthodox Christianity	Frequent	Mental health
MHPSS 09	27	M	Orthodox Christianity	Frequent	Psychological

Table 3, Researcher's Field in depth interview, 2020/21

This table depicts the frequency of healthcare workers contact with their patients.

Frequent contact refers to the healthcare workers contacted the patients every other day and sometimes means the HCPs contacted the patients two or three times a week and it is depending on the nature of the profession and the need of the patients.