

EXPERIENCE AND PRACTICE OF SOCIO-EMOTIONAL SUPPORT FOR HEALTH  
PROFESSIONALS IN ETHIOPIA

BY MEDHIN SELAMU

ADDIS ABABA UNIVERSITY

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Experience and Practice of Socio-Emotional Support for Health Professionals in Ethiopia

By Medhin Selamu

Advisor: Wassie Kebede (PhD, MSW)

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APPROVED BY THE EXAMINING BOARD

Advisor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

This Thesis is Dedicated to My Source of Courage and Determination,  
my Late Father Selamu Tegegn

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### **Abstract**

Ethiopia's health professional to population ratio or the number of clients that one health professional is supposed to serve, is much lower than the World Health Organization (WHO) standards which could be an indicator of work overload in the sector. Though there are many health issues in Ethiopia socio-emotional condition of health professionals should be one of the important issues. Health professionals' exposure to the stressful situations is an occupational hazard that can harm both the professional and the community. The main objective of this research was to explore the perception and experience of health professionals related to their emotional needs and the strategies they use to address such needs. Qualitative approach particularly case study design was used in this study. The tools for primary data collection were in-depth interview and focus group discussion in order to gain in-depth information. Fifteen health professionals who are currently working in TASH are involved in the study. Data was analysed by cross-case analysis technique, to create a meaning from qualitatively generated data. The findings of this study confirmed that health professionals are facing serious job related stresses that lead to various socioemotional challenges. These are job dissatisfaction, frustration and plan to change their work place. In addition some of the professionals have developed signs of burnout which is serious problem for their practice. The result of the study has an indication for social work intervention in the health care institutions. The implications aim at promotion of health professionals' wellbeing through provision of socio-emotional support.

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Keywords: Coping Mechanisms, Health Professionals, Job Related Stress, Socio-emotional Support

## Background

### *Introduction*

Ethiopia is a country with diverse cultures, language groups and it is one of the developing countries with poor health care provision. According to Federal Ministry of Health (FMOH) the conventional health indicators like infant mortality 77/1000 live births (FMOH, 2008/9 P.6), maternal mortality rate is 673/100,000 live births (Central Statistics Authority, 2006, p.233), life expectancy at birth was 49 years for male and 51 years for female. World Health Organization (WHO) report shows that the country is far below the rest of the world (WHO, 2006 p.1, FMOH, 1993, p.1). In addition, the health professional to population ratio or the number of clients that one health professional is supposed to serve, is much lower than the WHO standard.

The physician to population ratio estimated at 1:36,158 (FMOH, 2008/9), when seen against the World Health Organization (WHO) standards of 1: 10,000 reflects the burden of physicians to deliver quality care. On the other hand, the nurse to patient ratio in Ethiopia is estimated at 1:3,869 (FMOH, 2008/9 p.4). The Ethiopian government has made efforts to increase the number of higher level health professional training institutions in the past few years and to solve growing demand for the medical service all over the country.

The Ethiopian health care system is poorly financed as compared with neighbouring countries, weak in relation to health care supplies of both human and material resources required for the medical service. According to Wamai (2009), Ethiopian health professionals are expected to fulfill the healthcare demand of the nation under the above mentioned circumstances (p.279). However, I assume that performance may have been affected by many reasons. Some of these include: impoverished supplies and equipment of the health facilities as a result of meagre

national resource that seriously affects the health professional to patient relations leading to socio-emotional challenges and job dissatisfaction.

The ratio of health professional to population may indicate the health professionals' work overload in the country. In addition there is also possibility to compromise the quality of service due to shortage of health professionals. Since there is shortage of qualified human resource in the health sector, studying the experience and practice of socio emotional support for health professionals regarding their job related stress is very important to improve the quality of their service. It is also helpful in order to properly utilize the small number of health professionals in the country (Samuel Girma, Asfawesen G/Yohannes, Yayehyirad Kitaw, Yemane Ye-Ebiyo, Aklilu Seyoum, Hailay Desta, and Awash Teklehaimanot. 2007, pp. 216-231).

The demands for working long hour days and night shifts render the medical profession stressful. The demand of making an immediate decision as well as dealing with patient who have different and competing demands and the ensuing ethical dilemmas can be taken as other sources of stress (Kazmi, Amjad, & Kahan, 2008, p.135).

National Institute for Occupational Safety and Health (NIOSH) (NIOSH, 2008 p.9) states that medical practice has both physical and psychological demands. This makes health professionals, namely nurses and physicians, vulnerable to stress related psychological as well as physical health problems. These problems may result in high blood pressure, heart disease and so on. Anxiety and depression are also some of psychological health problems related to job stress (Van Servellen, Topf, and Leake, 1994, P.34).

Health professionals do have an ethical and legal obligation to deliver safe, quality and respectful service despite all the challenges. According to Kasper, Fauci, Longo, Braunwald, Hauser, and Jameson, (2005, p.1), physicians should respect their clients and be dependable on

their knowledge and skill. Furthermore the nature of physician to patient rapport does have a direct impact to good patient health outcomes. This is mainly due to the fact that good patient to physician relationship or communication can satisfy patients and encourage compliance to treatment. In addition a good health professional to patient relationship can make the helping relationship harmonious and peaceful (Ratanawongsa, Roter, Mary, Beach, Laird, Larson, Carson, et.al 2008, P.1581).

If job related stress persists for a long period of time and is not properly managed it will lead to burnout. Poorly managed job related stress is dangerous for the health profession because it can reduce professional efficacy by leading to treatment errors caused by lack of concentration, conflict among colleagues, irritability, frustration and patient mishandling. So considering health professionals socio-emotional support is very important in order to reduce the above mentioned problems. In addition to the socio-emotional challenges, health professionals might be predisposed to a number of stress related health problems such as hypertension, and heart diseases (Kazmi, Amjad, & Kahn, 2008, p.135-136).

Socio-emotional support for health professionals is not only the issue of health sector but it is a cross-cutting issue of the community at large. Health professionals' exposure to the stressful situations is an occupational hazard and protecting employees from foreseeable harm is a moral obligation of the employer and the community. Moreover, addressing the socio-emotional wellbeing of health professionals is less expensive than dealing with the effects of poorly managed or an overlooked job related stress. Some of these effects include: medical errors and/or stress related health problems among health professionals. So this research explored the experience and practice of health professionals related to their social and emotional needs and the strategies they use to address the needs (Kazmi, Amjad, & Kahn, 2008, p.135).

### *Statement of the Problem*

Health professionals are an important component of the health care system. As such, their socio-emotional wellbeing demands thorough examination and proper care. By doing so, it is possible to promote the wellbeing of the community by taking the socio-emotional wellbeing of health professionals into consideration.

The occupational risks of health professionals are both physical and psychological (Cox, Griffiths, and Cox, 1996 p.4). The physical risks include; exposure to number of serious events of life threatening disease or infections and injuries that can be caused by needle stick or other sharp instruments while they are providing care and treatment for their patients (Tietjen, Bossemeyer& McIntosh, n.d, p.1). The psychological risks are; intense and prolonged contacts with patients that may lead to sleeplessness, long and continuous shifts, shortage of time, and separation from their families. In addition to the psychological risks or hazards Cox, Griffiths, and Cox, (1996) also noted that there is also a social risks health professionals face. These are related to the professionals interaction with the; job content, coworkers, hospital management, clients and their relatives, and their own families (p.4).

Besides health professionals vulnerability to physical risks can also be another source of stress and creates a link between the physical and psychological risks. Some of the work place stressors for health professionals are work overload, conflict with colleagues, lack of resources and role ambiguity. Since there is a strong interrelationship between physical and psychological risks, it is difficult to single out one as the cause for the other (Messener, 1993, p.5-9 NIOSH, 2008 p.9). National Institute for Occupational Safety and Health (NIOSH) 'studies indicate that health care workers have higher rates of substance abuse and suicide than other professions and elevated rates of depression and anxiety linked to job stress'(NIOSH, 2008, p.1).

According to a study by Ratanawangsa, Roter, Beach, Laird, Larson, Carson, et al (2008, p.1586), one of the reasons for physicians stress and burnout is the high expectation levels they set for themselves to be proficient and responsible in their work. As to my personal knowledge this is also being observed in our community that the value and prestige people give to physicians is high and they are expected to have a better socioeconomic status. So physicians are expected to fulfill this societal expectation at any cost. This societal expectation will add other sources of stress for the physicians besides their occupational stress.

Lazarus (1966) and Selye (1956) indicated that the more an individual is exposed to a stressful environment, the greater the risk for increased stress. So this indicates that there are risks related to job related stress. These risks are faced by health professionals in their daily professional practice (cited in Van Servellen, Topf, and Leake, 1994, P.35).

The critical problem of unaddressed socio-emotional needs will lead health professionals; to treatment errors or medical mistakes like giving the wrong medication to the wrong patient, prescribing wrong medication, by reducing their concentration on their job, irritability, anger, substance use or abuse, patient mishandling, job dissatisfaction, and various stress related health problems (Messener, 1993, p.10-11 & Van Servellen, Topf, and Leake, 1994, P. 35).

A pilot study conducted by the researcher on some health professionals in Tikur Anbessa Specialized Hospital showed that: health professionals are facing emotional exhaustion. This affects their social life mainly their interaction with other individuals and emotional capability to deliver the required professional services. The health professionals also mentioned that this has an effect on them and patient's wellbeing.

On the other hand, a number of factors such as hospital management, the medical supply, staffing pattern of the hospital as well as the physical setting, hygiene of the hospital rooms were

identified as determinants of their job satisfaction level, frustration, burnout, absenteeism, and treatment mistakes. These preliminary findings encouraged me to develop an interest in the problem area.

I have not found any studies which are conducted in Ethiopia that shows the necessity to provide socio-emotional support for health professionals. So far little is known about the socio-emotional support related to Ethiopian health professionals, the job related stressful experience they have, and the socio-emotional challenges they face in their work place.

In order to identify the required socio-emotional support for health professionals, understanding their experience and existing practices in relation to their socio-emotional support is very important. Therefore, this study has explored the experience and practice of health professionals in relation to socio-emotional support necessary to them.

#### *Research Question*

The study is proposed to answer the following research questions:

- (1) What factors contribute to the socio-emotional challenges of health professionals in Tikur Anbessa Specialized Hospital?
- (2) How do the health professionals relate/ understand their socio-emotional challenges to their working environment?
- (3) What practical measures/strategies do health professionals in Tikur Anbessa Specialized Hospital develop to address their socio-emotional support needs?
- (4) What are the sources of socio-emotional support for enabling the health professionals cope with their job related stress?

### *Significance of the Study*

Studying the experience and practice of socio-emotional support for health professionals will pave the way to promote the wellbeing of both health professionals and their patients. Many studies show that Ethiopia is among the countries in the sub Saharan Africa with critical shortage of health professionals. Getting an understanding of the socio-emotional problems of health professionals may help to properly utilize the small number of health professionals in the country as well as to retain them in the public service and to improve the quality of health service provided (Samuel Girma, Asfawesen G/Yohannes, Yayehyirad Kitaw, Yemane Ye-Ebiyo, Aklilu Seyoum, Hailay Desta, and Awash Teklehaimanot. 2007, p. 216). According to WHO (2011, p.1) strengthening the health care system can best be achieved through improvements in the health care human resource. Besides, as there is no prior study in Ethiopia in the area, the proposed study can serve as a baseline for future research.

Moreover the result of this study is expected to show; how health professionals deal with their socio-emotional needs. Knowing the strategies health professionals use in dealing with their own problems can be used as input for designing an effective support system of health professionals based on the assets of the health professionals. This, in turn, will help to promote the quality of health care services by making the working condition better and more conducive.

### *Objectives of the Study*

#### *General objective*

To explore health professionals' experience and their practice to address their socio-emotional needs.

*Specific objectives*

- (1) To explore factors that contribute to the socio-emotional challenges of health professionals working in Tikur Anbessa specialized hospital.
- (2) To examine the experience of health professionals about their job related socio-emotional challenges.
- (3) To examine health professionals' sources of socio-emotional support.
- (4) To explore the coping mechanisms/strategies health professionals use to deal with the job related socio-emotional challenges.

*Working Definitions*

Socio-emotional - the social and emotional dimensions of an individual.

Socio-emotional challenge- the difficulties health professionals encounter in their social and emotional wellbeing

Socio-emotional support- the social and emotional support provided to enhance the normal functioning of an individual person.

Health professionals - nurses and physicians working in a clinical and/or health care setting.

Practice - the set of activities performed by health professionals as a coping mechanism.

Experience -the physical, psychological and social circumstances health professionals encounters in their working environment.

## Literature Review

### *Overview of the Health Profession*

Health profession is a career primarily aimed at prevention and treatment of illnesses. According to WHO (2006, p.1) the services rendered by health professionals include all services dealing with diagnosis and treatment of disease or maintenance and restoration of health. Consequently health professionals as people engaged in actions whose primary intent is to enhance health (WHO, 2006, p.1). The term health professional is an umbrella term used to connote multiple team members with different specialty, roles and responsibilities.

The primary aim of medical profession is promotion and maintain of individuals health by preventing, diagnosing and treating illness as well as any accidents. Physicians are health professionals with role of diagnosing and treating patients with respect and empathy. They are required to have knowledge and skill to do so (Kasper, Fauci, Longo, Braunwald, Hauser, and Jameson, 2005, p.1).

Canadian Nurses Association (CAN, 1987) as cited by Kozier, Erb, Berman, & Snyder, (2004) defined nursing as “a dynamic, caring helping relationship in which the nurse assists the client to achieve and obtain optimal health” (p.7). The nurse has a role of caregiver, communicator, teacher, client advocate, change agent, leader, manager, case manager , research consumer in the health care team, besides nursing has its own code of ethics and standard of practice all over the world (Kozier, Erb, Berman, & Snyder, 2004, pp.10-12). In short both nurses and physicians have a significant role in the health care institutions. Nurses are expected to care for and uphold patient’s health or wellbeing. On the other hand physicians are responsible for examining patients, diagnose their illness and order medication as well as perform therapeutic or diagnostic procedures.

*Overview of stress*

Stress is a situation when an individual perceive or face a condition that demands resource than the person has. Patel, (1989) defined stress as “any situation in which the individual perceives it as psychologically or physically demanding involves active coping” (p.5). Stress might be caused by internal (personal) or external (social, economic, and political) factors or stressors. The response to these factors or stressors is called coping strategies or coping mechanisms (Kozier, Erb, Berman, & Snyder, 2004, p. 1013)

Patel, (1996, pp.8-14) states that different individuals respond or react to stress in a variety of ways. According to Stranks, (2005, pp.10-11) stress response of different individuals is determined by factors like; power or control over the situation, certainty of the situation, anticipation of the situation and the support that the individual has. Sarafino, (1994, pp.74-75) and Kazmi, Amjad, & Kahn, (2008, pp.135-136) indicates that stress will also be resulted from the interaction of the person and both the physical as well as social environment. Stress is not always negative as it per se rather it has also a good effect in making the individual prudent and increasing his/ her creativity in what the individual is doing (Patel,1996,p.6,and Occupational Safety and Health Council, 2006 p.56).

Sarafino, (1994, pp.74, 98) and Darby, & Walls, (1998, p.23) explained the conceptualization of stress by different scholars in diverse ways. Some described it as a stimulus, others consider it as a response to a stimulus or a given situation and others assume it as a process. However Sarafino, (1994, p.74) defined stress as a perceived discrepant circumstances resulted from an individual’s interaction with the environment, and this will leads to imbalance of the person’s resource and environmental demand. In addition, the

description of stress here is as a situation that is biologically, psychologically and socially demanding in other words stress has biopsychosocial reactions.

Stress in health care settings has significant harmful impacts on health care professionals. Along with this stress in general and work related stress in particular can lead to increased depression, lack of satisfaction on their job, burnout, poor interpersonal relationships and lack of professional competence (Shapiro, Astin, Bishop & Cordova, 2005, p.164 cited Tyssen, Vaglum, Gronvold, and Ekeberg, 2001).

### *Theories of Stress and Coping*

There are different theories in the study of stress and coping. Seley's and Lazarus's theory are the most prominent one in the area. Krohne, (2002 pp.1-4) summarized these theories as *Selye Theory (Systemic Stress)*

This theory is developed by Hans Selye and it explained stress in relation to the biological reactions of the body and he termed this reaction as "General Adaptation Syndrome" (GAS) (Sarafino, 1994, pp.79-80). GAS has three stages which are characterized by patterns of reactions. The first one is alarm reaction; is the stage when the body faces the initial encounter with the stress stimuli. At this stage there will be bodily reactions to fight against the stressor. The second stage is stage of resistance; here the stressor is in place and the body is making an effort either to fight against or adjust with the stimuli. The final stage is the stage of exhaustion; the individual will reach to this stage if he/ she is unable to deal with successfully resist the stimuli and become vulnerable to both physical and mental harm.

### *Lazarus Theory (Psychological Stress)*

Perhaps the previous theory doesn't explain the cognitive process of stress response or reaction. In addition the GAS stages of stress reaction are presented similarly to all kinds of

stressors. It explains stress and stress response in relation to cognition or psychological and behavioral process. The explanation given to stress by this theory is revised and the recent one is stress is a result from the interaction of an individual and his/her environment. The main focus of this theory is the individual's perception of a given stimulus as a stressful or not and the individual's reaction or response to deal with that stimulus (Krohne, 2002 pp.3-6).

#### *Transactional model (theory) of stress and coping*

This model was developed by Lazarus, and Folkman (1984). It is a conceptual framework that is used to evaluate an individual's coping practice of stressful situations (Goh, Sawang, & Oei, 2010, p.3). The main idea of this model is, when an individual is exposed to a stressful situation first he/ she will evaluate the potential harm of the situation. This step is called primary appraisal. Then assess his/her ability and resource to deal with it and make the situation under control which is called secondary appraisal. Finally the individual will select a coping style and will make an effort to cope. Cognitive judgment or process is the one to initiate the coping response of the individual (Goh, Sawang, & Oei, 2010, p.3). This perspective gives attention to the interaction between the external factors, judgment and coping. As to this model the psychological response to stress has a cognitive and behavioral response.

#### *Stress and Coping*

When an individual faces a stress the individual intentionally or unintentionally react in order to manage the situation. This process is called coping mechanism. It is described in a various ways by different scholars but according to Krohne, (2002 p.6); it has a cognitive and behavioral component. In addition, its types could be either emotion focused or problem focused. In emotion focused the individual tries to comfort him or her by reducing the stress response or

internal emotional state. In problem focused the individual tries to change the stress causing environment or try to change the features of stressful situation (Sarafino, 1994, p.140).

An individuals “coping can be determined by factors like the duration of exposure to the stressors, past experience, support system available to the individual and personal qualities of the individual” (p.1020). These personal qualities include the individuals self esteem, locus of control, hardiness and so on. Perhaps coping could be adaptive or maladaptive meaning an individual can effectively deal with the stressful situation and reduce its impacts or became troubled as well as affected by the stressful situation respectively (Kozier, Erb, Berman, & Snyder, 2004, p.1020).

### *Job Related Stress*

It is defined by different bodies in a various manners, (NIOSH, 2008) job related stress is “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.”(p.1). Stranks, (2005, p.2) defined it as “a psychological state which can cause an individual to behave dysfunctionally at work and results from people’s response to an imbalance between job demands and their abilities to cope”. Occupational stress or job related stress will directly pressure health and this impact is observed through some physical and psychological symptoms (Occupational Safety and Health Council, 2006 p.57).

Occupational stress or job related stress is a situation when the stressors are resulted from the working condition or atmosphere conditions that lead to anxiety. This might be a working condition that demands skill or knowledge than the individual has, the worker has little or no control over it, and when the worker has no adequate support in the work place or in the family (Cox, Griffiths, and Cox, 1996 p.3). Job related stress or occupational stress is almost

experienced by everyone but at various degrees and intensity based on occupational differences. The most common occupational stressors are identified as social and psychological related to work overload, role conflict, role ambiguity and physical stressors specifically related to noise and heat. A given situation is considered as a stressful condition if it has impact on the individual's health and wellbeing (Beehr, & McGrath, 1992, p.7).

### *Causes of Job Related Stress among Health Professionals*

Every human being experiences stress and is always resulted from stressors means a situation that informs our body and mind about the upcoming or already happening event with a greater demand than the individual's current resource (Darby, & Walls, 1998, p.17). There are various sources of stress in the health care working environment. To begin with the hospital physical environment, the crowd, the noise, the odor and so on might be some of the causes of stress for health professionals as well as patients (Nelson, West, & Goodman, 2005 p.3). In another study, Stranks, (2005, pp.16-20) described the causes of work place stress as; Physical causes the physical space of the working area means its layout, temperature, light, and noise level . Institutional cause are the management procedures, coordination between different departments, number of staffs, role division in the organization, work load and responsibility given to an employee. The other classification of causes of workplace stress are personal factors like problem of coping with change, difficulty to make decisions, interpersonal relationship with coworkers, role and responsibilities in the family, lack of support from family and friends. As to Sarafino, (1994, p.84) one of the personal factors to job related stress is the individual's health.

There is also other classification of causes of job related stress as the physical and mental demand of the job, the physical working environment, the emotional welfare of the employee,

the social, family responsibility and relationship of the employee, the physical health of the employee and the working institution's condition (Darby, & Walls, 1998, pp.19-20).

Health professionals most of the times deal with both physical and emotional pain of others. They spend more time, emotional, and physical effort to care for others due to this they might overlook the issue of self care and become vulnerable to job related stress (Murray, 2005, p.1). A study by Anderson, Cooper, & Willmott, (1996, pp.88-89) cited Fitter (1987) states that the "potential causes of stress among nurses are accountability for patients' well-being; high workload with exceptionally high peaks; arduous physical nature of the work; shift work, interpersonal conflict (especially with doctors)".

#### *Impact of Stress on Health Professionals*

Working environment has a significant effect of the performance of the employees. Because it could be a source fatigue if it is long working hours or shift work, it might be motivating or demotivating, or stress causing environment (Stranks, 2005, p.3). Job related stress can lead to various physical psychological and social problems among those "depression, burnout, substance abuse, and suicide" are some to mention (Post, & Weddington, 2000, p.70). Seleye (1976) cited by Kazmi, Amjad, & Kahn, (2008, p.135) "health sector is one of the most stressful professions and pointed out the necessity of considering and investigating occupational stress, since performance decline under stressful situations".

Burnout is a state where an individual becomes unable to provide a psychological support or compassion to others. It is related with various factors like; job related stress, work overload, shortage of time, long working hours, lack of working materials (supplies), and lack of support from family, friends' professional colleagues as well as the employer institution (Al-Abudabi, & Rampal, 2010, p.58). It is an observable fact among workers who are engaged in emotionally

taxing and stressful services. According to Maslach and Jackson's (1986) cited by Hansung, & Sun Young, (2009) burnout is expressed as;

“Emotional exhaustion (feelings of being overextended and depleted of emotional and physical resources), depersonalization or cynicism (negative or excessively detached responses to various aspects of the job), and diminished personal accomplishment (feelings of incompetence and a lack of achievement at works)”  
(Hansung, & Sun Young, 2009, p.366).

According to Stranks (2005), job related stress has an eminent harm to both the employee and to the employer. To the employees it can cause ‘emotional, cognitive, psychological and behavioral problems’ this problems will be manifested through lack of motivation, high incidence of error, poor relationship with colleagues patients and family members, and substance abuse, complaining of illness like headache raised blood pressure, digestive disorder and poor performance of the job. On the employer side job related stress can cause some of the following problems high staff turnover, less job performance, less concentration in the work, less satisfaction of clients and staffs( p.5. 12).

Various studies about job related stress among health professionals attribute high stress levels among health professionals to heavy work load, shortage of medical supply, changing working hours, or waiting patients who are suffering and dying due to lack of the required medical support which is very much stressful and catastrophic. Shift-work, a potent cause of fatigue, is increasingly common (Stranks 2005, p.3, Darby, & Walls, 1998, p.7 and Kazmi, Amjad, & Kahn, 2008, p.135).

Shift-work is also a cause of short- and long-term health and safety problems’ (Darby, & Walls, 1998, p.7). Moreover the physical effort that the job requires, lack of sleep, gender, age of

the employee as well as ability to handle a stressful situation determines the way the individual is handling a given job related socio-emotionally challenging circumstances (Darby, & Walls, 1998, p.30)

### *Management of Job Related Stress*

There are physical, psychological and social interventions to manage stress in general and job related stress in particular. As to Mimura, & Griffiths, (2003, p.14) some of the physical stress managements strategies are “physical exercise, listening to music, and relaxation training social support education” are valuable job related stress management techniques. The psychological management strategies include “time management, prioritizing goals, counseling, debriefing and other professional therapies and treatments”. Social management or intervention of job related stress includes provision of social support.

Leka, Griffiths, & Cox, (2000, p.15) discussed about job related stress management at different levels. The first level is preventing stress inducing working conditions; the second level is after the problem has occurred the objective of the management at this level is reducing the level of the stress through training on stress management, assertiveness, provision of counseling and other services. The third level job related stress management is to reduce the effect of the stress this is done through endorsement of job-related health service at the organizational level.

### *Importance of Social and Emotional Support to Cope with Stress*

An individual's response to stress varies from person to person based on physiological, psychological and social factors. The social factors refer to the individual's perceived and actual support gained from others in the form of reassurance, concern, respect, or assistance (Sarafino, 1994, p.105). In other words coping with stress depends on the individual's ability to control emotions and receive social support which may include both formal and informal assistance.

Social support, that is perceived support, might have a direct or indirect importance that can promote the individual socio-emotional wellbeing.

There are different forms of social supports that one can get from different sources. These include; emotional support, esteems support, instrumental support, and network support. The type of social support provided for an individual is determined by the kind of stressful situation that the person is facing. Moreover the type of the relationship the individual has with the support provider for example the kind of social support that one can get from family and coworker is different (Sarafino, 1994, p. 105 and Beeher &McGarth 1990, P. 10).

According to Beeher and McGarth (1990, P.9) social support is the most common strategy to deal with job related stress because it is expected to help; by decreasing the level of anxiety that the individual is experiencing, and by decreasing the power of stress producing work environment. Shapiro, Astin, Bishop and Cordova, (2005, p.165) indicated that health professionals do need support in order to deal with their job related stress. Social support is defined as ‘those aspects of social relationships that provide a sense of self worth and offers resources in tackling life’s troubles’ (Gabe, Bury, & Elston, 2004 p.41). It is very difficult to dichotomize social and emotional support because both are closely related. However emotional support is a kind of support that an individual gets in the form of reassurance, understanding and unconditional positive regard (Gabe, Bury, & Elston, 2004 p.42)

### *Conceptual Framework*

The psychosocial approach which is derived from the psychoanalytic theory (Trevitck 2005, p.272) is the theoretical frame of this study. This approach is chosen because it takes the relationship between the psychological and social circumstances of the individual into consideration. As to Hollis (1977, p.1308) cited by Trevitck (2005, p.272) this approach focus

on “the importance of both internal and external factors” regarding people’s ability to manage stress they are facing in their daily life. Since this study focus on emotional and social practices of the person which is related to the individual’s psychological, emotional and social aspects, so this approach is useful in order to gain a holistic insight on the issue. Furthermore this approach can help to widen the scope of the study around the psychological and social spheres (Kaplan& Coogan, 2005, p.18)

## Methods

### *Study Design*

A qualitative design was used to conduct the study. Qualitative study is best when the issue of concern at hand needs exploration, comprehensive understanding of the context and the phenomenon (Creswell, 2007, p.40 and Maxwell, 2005, p.22). This design is useful in order to get an in-depth understanding of the experience and practices of health professionals and to examine the type of supports they were receiving. It is also more appropriate in terms of documenting rich and detailed information (Snape, & Spencer, 2003, p.2-5).

Qualitative design is chosen due to its flexible nature, helpful to understand real life context and ability to allow the active involvement of the study participants (Creswell, 2007, p.40 and Maxwell, 2005, pp.22-23). Maxwell, (2005, p.22) states that qualitative approach ‘emphasizes on words than numbers’, therefore since the issue of social and emotional engagement is subjective as the result of which, they are more easily expressible in words rather than in numerical terms. Unfortunately the efforts I made to identify previously conducted studies on this issue in Ethiopian context are not successful; therefore the current study is a pioneer in its kind and takes exploratory nature.

Case study design was used to conduct the study. A case study helps examine the experiences of participants and to obtain detailed information and in the real life context (Yin, 2003, pp.2, 13, and Blatter, 2008, p.68). In addition case study can provide robust and important information about the issue by using various information sources (Padgett, 2008, p. 33). This study examined the experiences of fifteen participants. Besides as Yin (2003, p.46), cited Herriott & Firestone (1983). ‘The evidence from multiple cases is often considered more compelling and the overall study is therefore regarded as being more robust’ (Creswell, 2007,

pp.73-74, and Yin, 2003, p.52). Therefore the aim of this study was obtaining rich information on experience and practices of health professionals about their emotional and social support needs.

### *Study Site*

This study was conducted in Tikur Anbessa Specialized Hospital (TASH). The rationale for selecting this research field was its long term experience in service provision as a teaching institute and service rendering organization at national level (AAU Medical Faculty, 2008). The results of the pilot study done by the researcher on health professional working at the hospital also encouraged me to conduct the study in this hospital. As to Maxwell (2005, p.87) “decision about where to conduct your research and who to include are essential part of your research method”.

### *Participants*

The participants of the study were fifteen health professionals: ten nurses and five physicians. The primary rationale for selecting fifteen participants was data saturation. Other factors which were taken into consideration included: willingness to participate, resource and time availability. In addition nine participants were involved in the in-depth interviews and the remaining six participants were involved in the focus group discussions. The identification of participants was done by the researcher.

### *Participant Selection Techniques*

Purposive sampling technique was used order to select participants. According to Maxwell (2005, p.89) a choice for sampling technique should consider the practicability to get the data. Moreover, purposive sampling was done based on the inclusion criteria to enable me to

gain detailed understanding of the phenomena as well as to balances the gender composition of the study participant (Ritchie, & Lewis, 2003, p. 107).

### *Inclusion Criteria*

The participants of this study were ten nurses and five physicians who are working in Tikur Anbessa Specialized Hospital at the time of the data collection process. The participants of the study were recruited based on the following inclusion criteria;

- (1) Willingness to participate in the study.
- (2) Work experience of five to fifteen years.
- (3) The physician participants were postgraduate students in the medical faculty at AAU.
- (4) The nurse participants are employees of TASH.
- (5) The participants were within the 25-45 age range.

These inclusion criteria were used for selection of study participant for both the in-depth interviews and focus group discussions.

### *Participant Selection Process*

Obtaining the cooperation and willingness of the participants especially physician was the difficult part of the research. Following the orientation about the purpose of the study fifteen volunteer participants were selected. That is four nurses and five physicians for the in-depth interview and six nurses for the focus group discussion. Participants were selected from different departments of the hospital.

### *Data Collection Procedures*

After obtaining approval from the ethical review board of the medical faculty (see Appendix seven) communicating with the participants and collection of the data proceeded. A brief pre-interview and pre-focus group discussion introduction was held individually to

introduce the purpose of the study and ask their willingness to participate in the study. Those who are found out willing to participate in the study gave their written consent. The recruitment of participant was challenging and it took about six weeks.

Individual in-depth Interview was conducted with nine participants. The place and time of the interview was arranged according to the convenience to each participant. The researcher set a schedule for the interview with the convenience of the interviewees. All of the interviews were conducted in various department of the hospital. Before starting any of the interviews as well as the focus group discussion, the researcher began with brief description of the study and obtaining written consent (see Appendix one). Audio-recording was used for eight participants who were willing to be recorded. However one interview was conducted with note taking because the participant was not willing to be audio recorded.

After completion of all the interviews, one focus group discussion was conducted (with six nurses). Finalizing of data gathering, transcription has followed. First the interview was transcribed with Amharic language, and then translated into English. Thematic area was developed to categorize the data and make ready for the final analysis. Then proceed to final stage of the study that was data analysis and report writing.

#### *Data Collection Tools*

In this study both primary and secondary data sources were utilized. Primary data was gathered by using in-depth interview and focus group discussion. This was done with the aim of ensuring the trustworthiness of the study by gathering data from multiple sources. The sources of secondary data were journals, books, published and unpublished reports in relation to the topic under study. An in-depth interview was conducted by using an open ended semi structured interview questions (see Appendix three). Focus group discussion was also conducted by using

open ended guiding questions (see Appendix five), with the intention of gaining rich data to answer the research questions. Furthermore the in-depth interview and focus group questions were designed in a flexible manner in order to be easily understood and make the participants interactive.

A focus group discussion was held with six nurses who were not involved in the in-depth interview. This was used to widen the sources of the information and it contributed to cross-check the data gathered from the in-depth interviews. Gathering data from different sources can maximize the trustworthiness of the information and minimize the limitation (Maxwell, 2005, p.93). Though it was planned to conduct a focus group discussion with both groups the physician focus group discussion was not conducted, due to unavailability of participant and shortage of time.

#### *Ethical Considerations*

According to Lewis (2003, pp. 66-67) ethical consideration should be made in every research. The purpose of the study was explained to the participants in the initial discussion. In order to assure the ethical consideration a written informed consent was obtained from every participant after proper explanation. The explanation was about; the purpose of the study, the kind of participation required, how the collected information was going to be utilized and an approximation of how much time was required for interview or focus group discussion.

In order to ensure confidentiality of the information the audio records are handled with utmost care. After completion of the study and the thesis defense, the audio records are going to be destroyed. Furthermore, the issue of protecting participants from harm was also considered. Since participants may share their personal, painful or traumatic experiences they faced in their work place, in order to minimize this emotional harm of participants related to the disclosure of

their experiences. A professional counselor was contacted by the researcher in case counseling was needed after the interview. Nevertheless none of the participants required the service. Moreover the participants were told to take a rest or stop the interview any time and to skip any question they do not want to answer.

### *Trustworthiness of the Study*

As Padgett, (2008, p.184) to assure the trust worthiness of the study, I will give due emphasis for validity threats like “researchers bias and reactivity” to the participants and use different approaches. As Maxwell (2005, p.108) describes the other validity threat is researcher’s bias. However I was consciously trying to be cautious for any tendency of bias towards the study participants.

So as to assure trustworthiness of the study I was employed various techniques of assuring the credibility of the data. These are constructing validity which is done after the transcription of in-depth interviews and focus group discussion it will be checked with one of the participants in order to construct validity. Meaning different data sources and tools were used to construct validity of data (Yin, 2003, p.35-36).

### *Data Analysis*

According to Creswell (2003, p.198), data analysis in qualitative study is not a separate step in the research process rather it is done simultaneously with data gathering and report writing. Therefore, the data analysis phase of this study was an ongoing process. Data gathered in qualitative studies are rich and in-depth, which allows for a meaningful interpretation of the issue at hand (Miles, 1979). As a result, data from the qualitative study needs careful analysis (Cited in Spencer, Ritchie, & O'Connor, 2003, p.203).

First, I organized both the audio recorded interviews and field notes. Since both the in-depth interview and focus group discussion were conducted in Amharic, all the audio records were first translated from Amharic into English and then transcribed into written form and the field notes were arranged based on specific themes. In other words, the field notes were be summarized into categories and then into themes. Then, I read the data repeatedly and organized to get the meaning as well as the general idea of what the participants want to express.

After thoroughly examining the data the necessary coding followed. I, then, organized the data into sub-themes. Later the codified themes were described in narratives form to convey the results of the analysis. At the final, I moved on the meaning derived from the critical analysis of the primary data, the literature and theories.

Cross case synthesis was the main analytic technique. According to Yin, (2003, p.134) this analytic technique is useful method for analyzing multiple cases. Besides ‘the analysis is likely to be easier and the findings likely to be more robust’ (p.134). Three major themes and under them nine sub themes were developed in order to present each participant’s idea and make it ready for the interpretation. These thematic categorizations were done with the purpose of making comparison and searching for a meaning in order to answer the research questions.

#### *Limitations*

This study involved only fifteen health professionals: ten nurses and five physicians. It would have been better if there was an equal composition of both professionals in order to get more information from the physicians’ side. Non-involvement of participant’s families was also another limitation of this study. This would have helped the study get the full picture of health professionals’ socio-emotional challenges and needs.

In addition I was unable to conduct the physicians' focus group discussion due to problem of willingness to participate. It was also a challenge to maintain equal gender composition in the case of physicians.

Another limitation this study faces is that only resident doctors (physicians who are in their specialization training) were included in the study. This was due to time and resource limitations which made it impossible to contact and get the consent of non-resident physicians to participate in the study. This has influenced the quality of the study findings, as the experience of non-resident physicians may be unique. The social and emotional needs of residents may be different from non-residents, as they have lesser work experience, are currently on training and face academic challenges in addition to the socio-emotional challenges of being physician.

### Findings of the Study

The findings on the experience and practice of socio-emotional support for health professionals are presented in the following section. The primary source of the data was in-depth interview and focus group discussion with a total of 15 purposively selected physicians and nurses who are currently working in Tikur Anbessa Specialized Hospital (TASH).

This chapter is classified into two main sections the first of which is about the socio demographic characteristics of the participants. In the second section findings about study participants' experience and perceptions about their profession, the working environment as well as the experience of job related stress and coping mechanisms are presented. The findings are presented and summarized according to the objectives and conceptual framework of the study. Cross case synthesis is used to analyze the findings.

Table 1 summary of the socio demographic and professional information

Participant	Profession	Sex	Age	Marital Status	Year of service	Department
1	Nurse	M	40	Married	15	Operation room
2	Nurse	F	29	Single	7	Surgical ward
3	Nurse	M	45	Married	15	Out patient
4	Nurse	M	43	Married	15	Surgical intensive unit
5	Physician	M	31	Single	5	Paediatrics
6	Physician	M	29	Married	5	Internal medicine
7	Physician	F	29	Single	6	Internal medicine
8	Physician	M	39	Married	11	Surgery
9	Physician	M	32	Single	7	Dermatology
10	Nurse	F	29	Single	08	Neonatal intensive unit

11	Nurse	F	29	Single	09	Medical Intensive unit
12	Nurse	F	30	Married	10	Out patient
13	Nurse	F	29	Married	10	Gynaecology & Obstetrics
14	Nurse	M	27	Single	5	Emergency Surgical Ward
15	Nurse	M	38	Married	15	Cardiac unit

### *Socio Demographic Characteristics of the Participants*

In this study fifteen health professionals have participated. The nurse participants are with in the 27-45 age range and the physicians are within the 29-39 age range of both sexes. Five of the nurse participants are married and the remaining five are single, while in the case of the physicians' two out of the five are married. The gender composition in the nurse participants is equal but in the physician's there is only one female participant. Ten participants of the study are followers of Orthodox Christianity, three of the participants are Protestant, and the remaining two are followers of Islam religions. Regarding the years in service, for the nurses it ranged from 5-15, and in the case of physicians the range was from 5-11 years. All the physicians included in the study and were specialization students in their second and third years. Seven of the nurse participants are BSC degree holders in nursing, and the remaining three are diploma holders in the same field and are currently studying for their BSC's in nursing, public health and health officer.

### *Description of the Profession*

*How do health professionals describe their profession?*

In order to understand the health professionals' experience and practice of socio-emotional need and support, the study findings begin with accounts of physicians and nurses

about their profession. Data from both groups of study participants indicated that the profession has heavy work load, is challenging, stressful, unrewarding and the working environment further presents an inconvenient situation. They also stated that the profession requires serious responsibility and accountability for human life.

*Nurses' description of the health profession:* ten of the nurse participants described their profession as stressful, very difficult, challenging, and requiring a combination of knowledge and skill. Five out of ten nurse participants said that the health profession is a satisfying profession and has its own standard and code of ethics. Nine of the participants agree that nursing knowledge and skills need to be updated consistently with the advancement in the field. Almost all participants agreed that knowledge and skill alone will not be enough to be a good nurse. The profession requires interest, passion and empathy and all said that their profession plays a crucial role in the effective functioning of any health care institutions.

Seven of the nurses reported that they joined training in nursing without knowing anything about the profession and what the duties of nurses are. But they found it interesting profession that has enormous responsibility and that requires commitment. Except three participants, all the remaining participants regret their decision to join the nursing profession, especially when they feel that they are encountered with very stressful working conditions. As it is explained by participant number 3, "Seeing children in pain, suffering, especially witnessing their death is challenging for me. I really feel bad and ask myself why I joined this profession and it makes me wish I was not born."

Different views were reflected on the level of satisfaction derived from the profession. Three of the participants reported a lack of satisfaction, two of the participants have mixed feelings and the remaining five nurse participants reported to deriving a level of satisfaction

from their profession. At least at one point, all of the study participants have had part time jobs in addition to their full time tenure at TASH. However, currently only five of the participants are engaged in additional part time jobs. Four of them are working in two places and one participant is working in three places.

Surprisingly, six of the participants did not know the exact hours per week they are working. Two of the participants said they go home twice a week. Those who stopped working part time job reported that their reason for not working part time job was the stress and exhaustion. However, another participant said that despite the challenges in this profession it is also a privilege to get a part time job and support family.

Furthermore, when asked about work load in the nursing profession in general, and working in TASH in particular some laughed, some paused with a gaze and others got surprised because they thought that everyone knew about the heavy workloads at the hospital. One of the participants said that

The work load in this hospital is very high due to many reasons. One is the high patient admission flowing from all over the country and the other is undefined job descriptions of nurses in the hospital. In addition to the working environment, the nature of the job demands standing for long hours, carrying patients, reassuring patients,...in short working in Tikur Anbessa is 'like donating blood' it is terribly busy and hectic. (Participant number 11, age 29)

All of them attested to the presence of heavy workload and multiple roles and responsibilities. Regardless of this, they reported that their role as well as their professional contribution is not adequately recognized by the hospital and other medical staff especially

among some physicians. A participant shared his experience about the acknowledgement accorded to nurses in this hospital as follows

Some years ago I was working in an out patient department which was in charge of screening patients' referral when they arrive. In this unit one nurse and one physician were assigned to work in the night shift... the nurse's office deprived of the door in order to prevent nurses from sleeping ...taking the door off for me was very inhuman...there are various types of people some might be drunk, aggressive or hostile... we were not safe and secured at that time. Surprisingly we were paid 10 birr (7.5 birr net) for the night duty ...currently there is improvement in the night duty payment which has increased to 42 birr (34.5 birr net). (Participant number15, age 39)

*Physicians' description of the health profession:* All of the physicians described it as a satisfying profession that needs to be practiced with prudence and passion. They also indicated that commitment and responsibility were two important components of the profession. In addition, there is also big social as well as legal responsibility and accountability attached with this profession. The physician is always in charge of leading and coordinating the medical team.

A participant said that medical practice is a team work. It needs to be done in collaboration and careful manner because we are dealing with human life. It is also a profession with a unique experience was the expression of another participant. In the words of the participant:

We are always expected to be with the sick, injured...and come up with a remedy...which is not always possible...after all we are human beings but we are

expected to solve the patient's problem whatever the case...may be this is where the uniqueness of this profession comes from. (Participant number 8, age 39)

Three of the participants joined the health profession as a result of their interest in the area and one participant reported family pressure as the reason why he joined the profession. All physician participants reported that the profession is satisfying despite the huge work load, time pressure and small salary. Two of the participants felt that there is nothing more satisfying than helping the sick; saving lives and seeing patients get well. Furthermore, four of the participants emphasized that if interest in the profession is absent it gets very difficult to give satisfactory service.

There is high work load or burden on physicians in any of health care facilities, especially in governmental ones. One will not even have a specified mealtime due to work load. One participant described his experience as follows

Most of the time we are supposed to see large number of patients with in short time... the time we have for a patient is too short to look into the case. The only thing that we do is... rushing to finish the number of cards assigned to us. Under such circumstances we wish if the patient tells us only what we want to know, briefly, as quickly as he/she can. (Participant number 7, age 29)

Physicians need to have up-to-date knowledge and skills. So in order to get the required knowledge and skill to be a physician you need to pass through various challenges. The medical profession is full of pressure. It starts with the seven years of undergraduate medical school education which was said to be very tough and stressful. In short, the challenge begins in medical school and extends into your professional life. In the words of the participants

This profession puts a big pressure on our social life. We do not have enough time for our family and if our family members do not understand our situation we feel unhappy and stressed. Physicians are supposed to work in the day and night shifts as well as on holydays. This puts the professional under pressure. He/she will be staying away from the family for several days on a regular basis. May be this is more intense because we are post graduate students. When we observe the work loads of our senior staff though they are not working nightshifts they are in on call list for any emergency at nights, weekends, or holidays. (participant number 6, age 29)

So this can create difficulties in fulfilling social roles like visiting relatives, going to social events, and giving enough time for the family. Some of the participants mentioned that it is a privilege to be a physician and that their parents are proud of them. Another participant said the respect that used to be accorded to health professionals, especially physicians, has been declining. All physician participants believe that they have responsibility in health matters of individuals as well as the community.

The salary we are paid and the privileges we are getting are not worth the efforts we make to become physicians and the hectic working environment in which we are operating in. But the outcome of the job gives us satisfaction and encouragement. (Participant number 6, age 29)

In addition salary and benefit issues, poor management was also another challenge mentioned by the participants. This is the reason why, according to some, most health professionals want to leave the governmental hospitals to join either private, non governmental or foreign health institutions.

Treating patients and seeing their improvement is one of the wonderful and exiting experiences in this profession. The profession has a mentally and physically demanding nature. According to one study participant:

There is a very high work load in this profession especially in this hospital our job is not limited by working hours. We do not leave the hospital because our working hour is over if there is a patient that needs your help you are supposed to work. This is because we have responsibility for human life. (Participant number 9, age 32)

### *Understanding the Working Environment*

This section presents the participants' understanding of the working environment in terms of its physical, psychological and social dimensions.

#### *The physical environment*

This subtheme describes the physical setting of the health care environment such as rooms, the ventilation, noise, light, facilities (beds, examination coach etc.) in relation to facilitating the working condition as experienced by the study participants.

All participants except two reported that there is a problem in the physical setting of the outpatient as well as inpatient department. The patient examination rooms, the waiting areas and toilets are not convenient. A participant referred as number 5 revealed that the physical setting of this hospital is not convenient at all. The same physician from paediatrics department said, "The paediatrics outpatient department dozen of sick children are seen in a very small suffocated room which is totally uncomfortable for the patients and for us."

Another physician said that the physical setting makes it very difficult to provide ethical service and respect patients' rights;

Five to six physicians are supposed to work together in a single room in most of the out patient departments with almost little or no space between patients. One patient will listen to another patient's history there is no confidentiality at all. The situation is also very difficult when you want to do a physical examination because there are number of patients in a single room so you are supposed to examine a patient in front of other people which is embarrassing for patients especially to examine female patients. (Participant number 7, age 29)

In addition to what was said by the physicians, the nurse participants also commented on the accommodation issue like the condition of lift, mattress, linen, and beds. One of the nurses said about the conditions.

One can guess the difficulty of moving patients to the operation or X-ray room... Some of the beds are very old and it is very difficult to move their wheels. It requires force to elevate the head and/or the foot of the patient...it is one of the causes of back pain for most of nurses. (Participant number 13, age 29)

Some of the examination and treatment rooms were described by study participants as uncomfortable to examine and treat patients. The settings were said to have significant impact on physician-patient communication. All of them agreed that this makes their job challenging and stressful because they are facing a barrier to treat the patients according to the standards.

However, a participant said that the current physical setting challenges would have been solved if there is a coordinated system between different departments of the hospital and other health care providers. Otherwise the inconvenience created by the physical setting can compromise in the quality of the services. As participant number 9 said, "If you are not able to

examine patients thoroughly you might miss some clues to properly diagnose the patient so you are not working according to the standards.”

Four of the participants said that, it is not easy to generalize about the physical setting or the physical working environment of a big hospital like Tikur Anbessa as being good or bad for the job. The physical settings differ from one department to another department, as some provide good settings while others need improvement. For example participant number one stated that his working environment (operation room) is very good, that it has adequate space, it is clean, inviting and convenient for the work.

### *The Psychological environment*

This subtheme includes health professionals’ thoughts and perception of the emotional working environment.

Eight of the nurse and all of the physician participants repeatedly reported that the emotional working environment of Tikur Anbessa Specialized Hospital is very tense and stressful. According to eleven participants, the reason for this is the fact that this hospital is one of the few referral hospitals in the country. As a result of which the cases that are referred to the hospital are usually critical and serious. In addition to that, the number of patients is large and there is a high work load as compared to any other hospitals. A participant said that

Unlike the other hospitals we see huge numbers of severely injured and chronically ill patients, and deaths. Furthermore, we are also expected to help those patients and reassure them and their families as if we were immune to the depression that ensues after something awful happens to the patients. (Participant number 10, age 29)

The data from both groups of participants has indicated that the profession requires both physical and mental strength. One of the nurse participants said that

The psychological working environment has become challenging because we are at the center of different services. We are supposed to tolerate the co-worker's workload complaints, patients' complaints, their relative's complaint's, and issues of support staffs. In short we are supposed to deal with the challenges from all these angles. (Participant number 15, age 39)

All of the physician participants reported that the working environment is stressful. Even though helping patient gives professional satisfaction and some psychological comfort, there is a continuous stress in this working environment. This was in turn reported to cause inconvenience and challenge in their practice as professionals. It was also said to result in disturbances in participants' relationship with family and friends. As it was said by one of the nurses, "The patient cases are very serious in this hospital and treating the patient in a poor physical set up with out good incentive is discouraging. These make all of us think that we are deficient in our practice. If you ask others all of them would agree that their job is stressful and emotionally taxing." (Participant number 4, age 43)

### *The Social environment*

The findings under this subtheme relate to the interpersonal relationship and interaction of health professionals. That is interaction with the hospital management system, their own families, patients and their relatives and among members of the health care team.

As all noted the interpersonal relationship among the health care team members namely nurses and physicians in this hospital is not collaborative and adversarial. Medical practice is a

team work among all hospital staffs but as all participants agreed there is a challenge of collaboration in this hospital.

All study participants reported that interaction between health care team members and support staffs is important and unavoidable. The nurse study participants reported that though it varies from department to department there is good peer cohesion among nurses and fair support from head nurses. However, most of the participants noted a bad work relationship with physicians. According to one participant

We and the physicians in this hospital lack harmony in work relationships... in terms of sharing information about patients, involvement in decision making... rather they blame us ...for patient mismanagement or neglect. Furthermore our communication with most of the physicians is limited; it is more dictatorial with no involvement on the decision making. As a professional we believe that we need to be involved in the patient issue. Unfortunately our interdisciplinary interaction is more authoritarian rather than collaborative. It lacks work oriented relationship. This kind of relationship has a significant impact on the way we treat our patients, our job satisfaction and motivation. In addition this has an effect in intensifying the job related stress we are facing. Sometimes this dysfunctional communication can pave way for patients' mismanagement. (Participant number 12, age 30)

Participant number 4 shared his experience as follows

Even though we are responsible to attend the patients for 24 hours, our senior physicians have never thought us how to assemble or operate medical instruments

like mechanical ventilator in order to make it ready for use...but when something goes wrong with the patient they are the first to blame us....

The five of the physicians who participated in this study described the interpersonal relationship in the following manner. There is no harmonious relationship among health care team members of TASH. A participant said that this has resulted from lack of clear job description for physicians and the nurses. Participant number 8 described the situation as:

There is no harmonious working relationship among nurses, physicians, and support staffs. They have big difficulty to collaborate. I don't know why staffs... don't understand our aim, which is helping patients...that is it. May be lack of resource, lack of timely and appropriate training for the nurses and the supporting staffs, their small salary, their living condition, ....make them dissatisfied, hostile for patients and unable to collaborate with us....

In addition, one of the participants said that unlike other hospitals here some of the jobs given to physicians are supposed to be done by nurses. According to participants from internal medicine department (participant number 7) in this hospital nurses are not doing their professional job. In addition a participant said that the hierarchical relationship with the nurses is not properly maintained. She further explained this by saying:

It is difficult to know who the medical team leader is. I personally am not clear with the nurses' role in this hospital because most of the time they are engaged in non professional activities like calling patients, giving appointment and so on.

(Participant number 7, age 29)

The junior and senior physician relationship was also identified as hostile. The physicians participated in this study reported that most of the time getting seniors for

consultation is difficult in many departments. This situation becomes difficult when a patient is critical and the junior physician is desperate to consult the senior physician, but he/she cannot be reached. This can lead to a stressful situation for the junior physician that can even lead to client mismanagement.

The other issue on the social environment discussed by study participants related to the relationship of health professionals with patients and their relatives, and how the case of the patient affects the health professionals' social interaction with the patients' families and their own families. A participant stated that, "The interaction with a patient is tolerable and some how not challenging. However, the challenges and conflicts are mostly with their attendant relative's/families." (Participant number 5, age 31)

The nurse participants showed more concern about their interaction with patient's and their families. Most of them reported that their interaction with patients and their relatives is challenging. This is especially the case when patients' family are not properly counselled and told about the disease condition and the prognosis. This conflict with patients' families is attributed to the fact that they (the nurses) are in the frontline and easier to access. However, according to participant number 4, "There are also some patients' relatives who are calm and leave or accept the situation with out complaint."

All the physician participants also share similar fillings with regard to their interaction with the patients and their relatives. This condition contributes to make the working environment stressful and challenging. One of the physician participants described the situation by saying, "When you are working in big cities like Addis Ababa being harassed, undermined, even abused by patient's family is common phenomenon in many hospitals especially the privates hospitals." (Participant number 6, age 29)

Both participant groups said that their interaction with patients and their relative has been affected by bias (negative image) of the community towards health professionals. They also blame the media for building such kind of negative images on the health services. Some said that the mass media is totally against health professionals. As to participant number 13, “Most of the programs aired on the area of health services are one sided. They do not entertain professional ideas in short they are filled with the hasty generalization”. In addition “The media is condemning and ridiculing all of us as a result of unethical practices made by few irresponsible health professionals.” (Participant number 15, age 38)

All of the participants said that they are not spending enough time with their family. They don't think that they are fulfilling their expected family and social responsibilities except supporting them financially. In addition most of them are not involved in any of social events like *edir*, *mahber*, and wedding parties. Some of the participants said that they spend very little time with their family members. Because they are working in different hospitals in order to fulfill their financial needs. One of the participants said that

Dealing with my family is not easy for me because I spend very little time with them though I am doing all this for them I have no leisure time even in the holy days I don't know what my wife and kids are feeling about it.... I can say that I am spending most of my time in hospitals. (Participant number 1, age 40)

With regard to the interaction with the hospital management system all have complaints. Both groups believe that the management system has a significant role in making the working environment better or worse. For example the hospital has a great role in dealing with the major causes of stress like lack and shortage of human and material resources, career development or opportunities for professional development and the like.

The participants noted that lack of medical supplies is very much frustrating. When a health professional is not able to give the best service for your patient, or when the professional is forced to compromise the qualities or the standard of practice this is stressful. One of the nurses says that

Sometimes we will run out of bleach, gloves and other cleaning materials to clean stretchers so when emergency patients came...we let them use the unclean stretchers.... frustrate and distress me.” (Participant number 2, age 29)

Other study participant also mentioned that lack of medical supplies compromises the quality of service and it is demoralizing for professionals. Furthermore, the issue raised by the nurse participants in relation to the management is shortage of nurses and disproportionate allocation of nurses to different departments. Physicians also said that their number is small as compared to the patient population they attend to, but this was taken as a national problem rather than a problem particular to TASH. The physician participants cited the hospital management as the single most responsible body for making their job challenging. The management employs a top down and rigid approach. This has resulted in an inflexible system in the health care setting which has been long ignored and that has further aggravated the problem. There are however hints of some change within the system although this has a long way to go.

Their reflection on career development by the nurses highlighted two view points. Some of the nurses (those who have upgraded themselves to first degree) said that even though it is not satisfactory there is a significant career development in terms of salary, title and other benefits. The others claimed that though they have served the hospital for many years there have been no promotions, refreshment trainings, salary increments, or other attempts at career

development that can boost the nurses' moral and efficiency. Participant number 2 revealed that, "let alone the annual salary increment, part time or extra duty payments are not given after long processes of inconvenience."

All of the physicians said that it is difficult to say that there are any career development opportunities provided by the hospital. They defined career development opportunities in terms of availability factors that can facilitate the careers to flourish such as; scholarships, research grants etc. These are not available or fairly accessed by all employees in a transparent way. In short career development was reported to be very difficult in the hospital.

They said that they are paid less especially when compared with the hardship they have been through to fulfill their professional commitment. According to study participants, their unsatisfactory income has pushed them to work in two even more places to fulfill their financial needs. The data obtained from participants indicates that these inadequacies have contributed to job dissatisfaction among health professionals especially physicians. It has forced them to look for other career options especially outside the clinical setting (especially from governmental hospital) or to migrate to other countries.

The other issue raised by the participants was the lack of legal protection for health professionals. In case of malpractice prosecution Participant number 6 reported that:

These days... we are facing medico legal issues while helping patients...we are not legally protected and yet not properly paid. This is one of the frustrating moments in my professional life ...this has happened to one of my friends..... We are struggling to cope with the high living costs by working day and night in two or three places we are exhausted in those challenges...and yet we face this kind of legal issue it is not easy.

Participants' number 2, 3, 6, 8, 9, 11, 13 and 15 stressed other issues related to the hospital management. One was the lack of a clearly defined job description, which makes their job in this hospital difficult. With the exception of participant number 1 all nurses said that the unclearly defined job content is one of the causes of job related stress and dissatisfaction in their work place. Most of the nurses participated in the study have emotionally expressed their feelings about the disregard, and lack of recognition by the hospital. Despite their roles and contribution on the aim of the hospital that is treating patients and alleviating their sufferings they feel unacknowledged.

#### *Experience of Job Related Stress and Coping Mechanisms*

This section presents the participants' experience of job related stress, their causes and the common coping strategies they apply.

##### *Experience of job related stresses*

Despite a positive regard to their profession, all of the study participants said that they experience job related stresses every day. According to study participants, all of them have faced dissatisfaction, emotionally taxing and stressful working conditions in different times and circumstances.

Most of the nurse participants said that unlike other people, they see people who are suffering, accidents which are really frightening, and are exposed to diseases which are communicable. In addition, both physicians and nurse participants repeatedly mentioned they are prone to high levels stress. That is also compounded with multiple administrative problems. Due to this, most have thought of quitting their job, or change their place of work and even profession. Seven nurse participants of the study have plans to totally change profession but most are looking for jobs in nonclinical areas especially in non governmental organization. On

the other hand the physician participants of this study also have plans to look for better options outside the public sector (governmental hospitals). Some of their plans are either working in non governmental sector or migrating outside the country.

All the nurses and two of the physicians had encountered stressful incidents that happened either in night shifts or in weekends. Some of the stories were very tragic and shocking. As I asked them to share their experiences with regard to any job related stressful or shocking incidents they paused for a moment before they spoke and told me their stories.

Participant number 2 described a stressful incident as follows:

I was on night duty in one of the surgical wards. There was a critical patient that was terminally ill. Initially he was admitted to have surgery then they found out the disease has advanced and the patient will not benefit from the surgery. The patient was attended by his son unfortunately both were not told about the physicians' decision and condition of his health. At that night ...the patient's son came running with panic (shocked) and told us to hurry up to his father. Then I went to the patient room and found out that his father passed away. Afterwards I went to other nurse to call the duty physician... The moment the physician came ...the son realized that his father has passed. Immediately he became aggressive and violent, he picked a knife and came to us and fight with us ....I never felt such kind of fear and stress in my life.... with the help of other patients relatives we were saved. From that time onwards I fear almost all patients' relatives especially when the patient is very critical, or dying (I do have fear if a patient dies his/her relatives might attack me).

Participant number 2, 3, 4, 5, 7, 11, 12, and 15 said that, “Some of the stressful situations are created by the patient’s relatives, whom they try to help and share their pains. That is resulted from their preconceived attitudes about health professionals and this makes them feel bad. Such kind of situations is not easy for us.”

On the other hand, all agreed that when a person is working as a health professional there is always some level of stress that is expected which is not always bad. According to participant number 1 such kind of stress makes the professional alert. Minimal stress enables the professional to take immediate action to save the patients life. However, the kind of stress that is bad is the one that can lead a professional to panic and block their ability to take a swift action. It was indicated by participants’ number 4,5,6,7, 8, and 12, “Stress resulting from lack of resource is the most detrimental”. Participant number 8 expresses his feelings this way, “you have no idea how deep the emotional pain is when you see a patient dying due to unavailability of material.”

Most of the job related stress reported by nurses’ was related to work overload, hostile interpersonal relationships, demanding communication with patients’ relatives, death and grief of patients. On the other hand, most of the job related stress reported by physicians was related to work overload, lack of resource, the need to make immediate decisions (especially when they are unable to consult their seniors) and accountability.

Participant number 3, age 45 also shared his history of stressful incident as follows. Two years ago I was working in two places and attending college education for a BSC in nursing. At that time I was busy, I went to my home only once a week. I almost had no time outside hospitals. One day I had a heart attack. Fortunately, I

survived the attack and I have now realized that it was the result of exhaustion from excessive stress and lack of time to take rest.

Eleven of the participants agreed that sharing the patients' pain, sufferings and misery is unavoidable fact. However the degree varies based on the professionals' personality. Nine of the study participants said that their degree of sensitivity to patients' pain and suffering has decreased over time. Many of them said that it is because of the adaption to every tragic and horrible event. That health professional to some extent develop less feeling about the pains of patients and the concerns of family members' thing. Others said that we are rationalizing it. They also said that these days when they see death of even close relatives or someone they know their reaction is one of indifference. Participants 11, 12, 13 and 14 said that, "we are feeling that some how we are adapting those things and are becoming emotionally numb". Many of the participants still said that it has been too long since they have cried for the death of people they know. They rather try to rationalize the death of that person. "Sometimes it is embarrassing when your feeling is different from those around you. You may be considered as rude by those who do not know the gradual development of such emotion due to our day to day exposure to deal with death." (Participant number 12, age 30)

All of the physician participants had been working in private clinics and hospitals but two of them have stopped working because of the stress and the irresistible 'emotional turmoil' they have been experiencing. They said that when working in a private health care setting, you are required to have double standard which is unethical and quite stressful.

#### *Causes of job related stress*

Both groups (the physicians and nurses) have identified the following factors as causes for job related stress: work overload, lack of resource, the small salary and benefits, lack of

time to fulfil their social responsibilities, lack of sleep, long working hours, small number of health professionals, patients expectations, the community's bias (preconceived negative image) for health professionals, inconvenient working environment, and lack of clear job description.

The nurse participants also identified the following factors as causes; the type of patient's case, the interpersonal relationship with medical team members (mainly with physicians), lack of appreciation (by the hospital and medical team members). Some said low decision making power, caring for dying patient, risk of acquiring diseases, interaction with patient and their relatives (demanding communication with patients relatives), family and social commitment have aggravated their experience of stress. Few cited excessive noise from monitor's and machine's alarm, the nature of the job (the demand to stand for a long time, lift patients). Others noted health professionals' personal life and social commitment, lack of competency, medico-legal case mainly a fear for being accused of malpractices causes for the job related stress they experience.

The physician participants also listed the following factors as causes of job related stress: the pressure to make immediate decisions, excessive responsibility and legal accountability. Some said that the interpersonal relationship between co workers especially with nurses, the monotonous nature of the job also added to the stress. Though community's bias (preconceived negative attitude) for health professionals is mentioned as a cause of stress by both groups, the nurse participants especially stressed the point.

### *Coping mechanisms*

According to study participants, the coping mechanisms/strategies can be classified into two. The first type of coping mechanism is targeted to solve the cause of the stress. Those

participants who are using this type of coping strategy described that when they face any stressful situation in their job they try to identify the cause then try to manage it'. This coping strategy was expressed by two physicians and two nurse participants.

The second category of coping strategies applied by the participants includes trying to minimize the effects of the stress by managing their reaction to the stressor environment. This strategy is used by most of the participants. There are many actions taken to minimize the effect. Some of the actions used by many participants are prayer, and trying to forget the situation. Five of the participants have the habit of discussing the stressful situation with their health professional friends and get relief by sharing their feelings and experiences. The other five participants do not want to talk about the situation with any one; rather they choose to make an effort to forget the situation. They prefer engaging in activities like reading books, watching movies, having fun with non medical professional friends and their families.

The rest of the participants engage in activities like sports, non medical part time jobs and keeping themselves busy. Two of the participants reported that focusing more on the practical job rather than communicating with patients and their relatives is their strategy to reduce the effect of job related stress.

#### *Source of socio-emotional supports*

The family unit was identified as the main source of socio-emotional support for all of the participants next to friends. Some prefer friends who are non medical professionals because they can talk about issues outside of the medical profession which keeps them in relax mood. On the contrary, some prefer friends who are in the same profession because they can share them their experiences with someone who can understand what they have gone through. Seven of the participants do not want to share their job related stress with their families because they

have noticed that their reaction is quite sympathetic and they became disturbed. As reported by most of the participants the kind of socio-emotional support they get from their family is unconditional positive regard, love, care and concern. One of the participants said that

I used to tell a stressful situation in my workplace to my sisters...and somewhat get relief, but as time went I realized that they are still affected by the situation I told them even after I managed to forget it. Afterwards I stopped telling them what happened in my work place. (Participant number 2, age 29)

Most of the participants use their friendship as a source of socio-emotional support. With regard to institutional/formal socio-emotional support, services like counselling and debriefing, almost none of the participants have any idea about it. Ten of the participants reported that such kind of service might help. However two physicians said that this might be helpful for nurses and the support staffs not for physicians. The findings showed that all of the physicians assume either have enough knowledge or can manage their job related stress they are facing by themselves. Few of the nurses also reported that they are capable of managing the job related stress they are facing.

## Discussion

In this chapter the experiences and practice of socio-emotional support received by health professionals will be presented in light of established knowledge. There are differences in the experience and practice of socio-emotional support among the study participant. These differences will be analyzed according to the thematic areas identified in the previous chapter in relation to the research objectives and in light of the conceptual framework and reviewed literatures.

This facilitates the understanding of the factors that contribute to the socio-emotional challenges of health professionals, the way they relate their socio-emotional challenges to their working environment, the practical measures/ coping mechanisms they use to address their socio-emotional support needs, and the sources of socio-emotional support for enabling the health professionals cope with their job related stresses.

### *Description of the Profession*

As the findings of the study indicate the participants' description of their profession was in terms of work load, commitment, benefit, responsibility, satisfaction, working environment, required knowledge and skill.

The description forwarded by the nurse study participants showed that their profession is stressful, challenging and difficult and that it requires commitment, responsibility and consistent knowledge and skill upgrading. They also noted that interest, passion and empathy are very important things for a nurse to serve his/her patients holistically. The Canadian Nurses Association (CAN, 1987) as cited by Kozier, Erb, Berman, and Snyder, (2004) defined nursing as "A dynamic, caring helping relationship in which the nurse assists the client to achieve and obtain optimal health" (p.7).

The nurse participants described their profession as requiring them to fulfill many important roles. Similarly, Kozier, Erb, Berman, and Snyder, (2004, p.10-12) state that nurses have multiple roles like caregiver, communicator, teacher, client advocate, leader, manager, case manager change agents, and research consumer in the health care team. However, none of the participants mentioned their expected roles like change agents, and research consumer but limited their definition of the nurses' role to that of a care giver. This can imply that the nurses awareness on those roles are either limited or they are not exercising those roles.

Having little control of the job you are doing is one of the causes of job related stress (Cox, Griffiths, and Cox, 1996, p.3). It also makes the working atmosphere inconvenient and leads the worker to experience anxiety. The study showed that most of the nurse participants have multiple roles and responsibilities. They also noted that their involvement in decision making and control over their work is minimal. The findings of the study showed that this factor has contributed to the socio-emotional challenges of the study participants.

The medical profession requires teamwork. A team is a group working together to achieve a common goal (Barrett, Sellman, & Thomas, 2005, p10). Failure to collaborate or to work hand in hand for a common objective has an effect on the outcome of team efforts. However as to the description of the study participants there is a significant problem to collaborate and work as a team harmoniously.

The physician participants of the study described their profession as unique, satisfying and requiring vigilance. According to them, the health profession requires determination, commitment, passion and knowledge beginning from the undergraduate education. They are charged with the responsibility of diagnosing, treating, making decisions, leading and coordinating the healthcare team. They also noted that there is a legal accountability attached to

the practice. Furthermore, they stated that their profession is stressful, loaded with many responsibilities physically and mentally challenging.

The National Institute for Occupational Safety and Health (NIOSH) (NIOSH, 2008 p.9) states that medical practice has both physical and psychological demands which makes health professionals namely nurses and physicians vulnerable to emotionally detrimental situations like high level of stress and various stress related psychological as well as physical health problems. As it is mentioned earlier the findings of this study confirmed that health profession is stressful and emotionally taxing. In addition, all study participants stated that there is high work load, demand for working long hours, getting small salary and challenge of working in inconvenient environment.

The entire participants over all description of their profession are supported by many literatures. However both groups do not describe their professional endeavours in relation to their profession's ethical values and codes. For example did not mention ethical dilemma as a cause of job related stress. Unlike the studies by Kazmi, Amjad, & Kahan, (2008, p.135) which mentions ethical dilemma as one cause of job related stress for health professionals. Six of the nurse and three of the physician participants gave descriptions of their profession's responsibility to promote good for the society.

#### *Understanding of the Working Environment*

The findings on the working environments will be discussed in relation to the sub themes presented in the findings section. Participants understanding of the working environment will be discussed in light of related reviewed literatures.

### *The physical environment*

The findings of the study depicts that the physical working environment of this hospital is inconvenient for thirteen participants of the study. On the other hand two participants said that it is difficult to say totally inconvenient but the physical setting is different from department to department, it needs some improvement and change. In addition a good physical setting can promote communication with the patient. That is very much important to patients compliance and good outcome Ratanawongsa, Roter, Mary, Beach, Laird, Larson, Carson, et.al (2008, P.1581). The participants of the study also mention similar issue that goes in line with this literature.

Wamai (2009, p.279) also indicates that, the Ethiopian healthcare system is poorly financed. As compared with neighbouring countries and weak in relation to health care supplies of both human and material resources required for the medical service. I assume that performance will be affected by impoverished facilities, inconvenient physical working environment as a result of meagre national resource that seriously affects the health professional to patient relations leading to socio-emotional challenges and job dissatisfaction.

Poor working condition can create an environment leading to anxiety and stress (Cox, Griffiths, & Cox, 1996 p.3.). According to the findings this situation is considered as a stressful condition by the study participants has impact on the individual's socio-emotional wellbeing. This goes in line with literature by Beehr, & McGrath, (1992, p.7) about one of the most common occupational stressors is the physical working environment.

### *The psychological environment*

The perception and experience of all study participants in relation to the emotional working environment is; stressful, hectic and emotionally challenging. That has a tremendous

effect in their socio-emotional wellbeing. This is also supported by the description of Shapiro, Astin, Bishop & Cordova, (2005, p.164) cited Tyssen, Vaglum, Gronvold, and Ekeberg, (2001) by saying stress in health care settings has significant harmful impacts on health care professionals.

All of the study participants perceive their working environment as stressful, emotionally taxing and they are facing stress every day of their professional life. Van Servellen, Topf, and Leake, (1994, P.35) cited Lazarus (1966) and Selye (1956) indicate that an individual's repeated exposure to stressful environment will increase the risk of developing stress.

### *The social environment*

Findings of the study revealed that health professionals face different challenges in their social relationships and interaction. That is with coworkers, clients and their relatives, families and the hospital management.

Most of the participants face role ambiguity (conflict) or the challenge of compromising between two or more incompatible duties. This conflict exists especially between their social roles and professional duties. Fulfilling family responsibility and social obligations is challenging due to their work schedule. Those who are married experienced more challenge as compared to those participants who were single at times of data collection. They leave almost all social duties and responsibilities to their spouse. Fortunately most of the married participants were males and they do not face as many challenges. Because traditionally they are the bread winners and it is culturally accepted to let wives handle social duties.

As the data indicates twelve of the participants reported that their relationship with the hospital management is not harmonious. The reasons the findings showed are; vague job

description, poor problem solving environment, and unavailability of human and material resources. This is the other issue that was mentioned by the participants as exacerbating the stress in the working environment.

The study indicates that there is problem in the interpersonal relationship among the health care members especially physicians and nurses. Most of the participants have noted that they have difficulty to collaborate due to absence of harmonious work relationship. However Barrett and Keeping, (2005, p.18) indicate that difficulty in inter professional working relationship will hinder the utilization of knowledge and skill by the different professional groups.

Lack of recognition or acknowledgement by the hospital and by their coworkers especially physicians was also another socio-emotional challenge for the nurses. That might be one of the causes for the lack of collaboration among members of the health care team.

In general the data showed that health professionals' physical, psychological and social working environment is stressful and socio-emotionally challenging. This has a significant effect on the wellbeing of both patients and health professionals. This goes in line with the propositions forwarded by Messener (1993, p.10-11) and Van Servellen, Topf, and Leake (1994, p. 35) that problems of socio-emotional needs will lead health professionals; to treatment errors or medical mistakes (like giving the wrong medication to the wrong patient), prescribing wrong medication, reduced concentration on their job, irritability, anger, substance use or abuse, patient mishandling, job dissatisfaction, and various stress related health problems. Unlike the previously mentioned studies the participants did not mention on the impact of socio-emotional challenges leading to treatment errors or medical mistakes and substance abuse.

*Experience and Practice of Socio-Emotional Challenges**Experience of socio-emotional challenges*

All participants repeatedly noted that they are experiencing job related stress almost every day. This is consistent with the work of Beehr and McGrath, (1992, p.7) that job related stress or occupational stress is almost experienced by almost everyone but at various degrees and intensity based on occupational differences. These experiences include high work load, long hours on duty, and assuming numbers of competing duties among others. Beehr and McGrath, (1992, p.7) further explain that the most common occupational stressors. These are identified as social and psychological related to work overload, role conflict, role ambiguity and physical stressors specifically related to noise and heat. The data also depicted that those who work additional part time jobs experience more job related stress than others.

The findings have showed diminished feelings of compassion among six of the nurse participants. That eight of the nurses have a plan to change their career; they experience a diminished feeling of accomplishment. In addition to that twelve participants perceive community attitude towards their profession to be negative. According to Maslach and Jackson (1986) cited by Hansung, and Sun Young, (2009, p.366), burnout is expressed in difficulty to provide compassionate service, focusing more on the negative features of the profession, and failure to see ones accomplishment. So some professionals are showing typical signs of burnout as to the findings of the study. On the other hand study by Kazmi, Amjad, & Kahan, (2008, pp.135-136) showed that treatment errors, lack of concentration are some of the effects of improperly handled job related stress. However most of the participants of this study did not raise those issues as a problem. May be this has resulted from limited awareness on the issue.

*Causes of job related stress*

In categorizing the causes of job related stress or socio-emotional challenges, most participants attributed source of stress to external causes. Thirteen participants mentioned that the working environment, the job content, the client's case, interpersonal communication and the small salary as causes. None mentioned individuals' personality, experience and social support absence/availability as a factor for job related stress. However, Patel (1989, p.5) said that stress might be caused by a combination of internal (personal) or external (social, economic, and political) factors or stressors. In addition the psychological and the environmental factors are intertwined in stress management and coping issues (Trevitck, 2005, p.272).

Physicians and nurses descriptions' and prioritization of causes of job related stress are not entirely the same. Even if there are factors or causes both groups identify in common, the way a given cause is seen by one group is different from how the other sees it. What appears to be stressful to the nurses group is not stressful for the physicians and vice versa. Patel, (1996, p.8-14) states that different individuals response to stress in a variety of ways.

The nurses' or physicians' position in the healthcare team hierarchy can also determine the way they respond to the stressful situation. Stranks, (2005, p.10-11) also argued that stress response of different individuals is determined by factors like; power or control over the situation, certainty of the situation, anticipation of the situation and the support that the individual has.

Unfortunately the study showed that there is a tendency of generalization among health professionals about the community's attitude towards health professionals. This negative generalized attitude has an impact on the interaction with patients as well as their relatives.

### *Coping Mechanisms*

Coping mechanism is the response to stressors (Kozier, Erb, Berman, and Snyder, 2004, p. 1013). It has both cognitive and behavioral components (Krohne, 2002, p.6). According to the findings, the coping styles that are used by the participants is primarily emotion focused. The data showed that most of the times they try to comfort themselves by reducing the stress response or internal emotional state. Avoidance or distracting themselves from the stressful situation by engaging in other activities, social diversion or having time with friends outside the medical circle are the dominant strategies used by both groups. There are few participants who are using problem focused coping mechanism. In problem focused coping mechanisms the individual tries to change the stress causing environment or try to change the features of stressful situation (Sarafino, 1994, p.140).

The study also showed that evaluating the situation, assessing their ability and resource and coping is the process used by the participants. Cognitive judgment or process is the one to initiate the coping response individual (Goh, Sawang, and Oei, 2010, p.3). However as the findings of the study revealed that most judge the situation as difficult to deal with or change.

While examining the type of communication, tolerance to patients and their relatives that participants have currently using as compared to previous times was also examined. The findings from the two groups show different results. The physicians' reported that their level of tolerance has increased and the type of communication they apply has become more patient and client centered. However all of the nurse participants, with the exception of one, reported that their tolerance level has decreased and that they currently prefer to make their communication with patients and their relatives very minimal and precise.

*Socio-emotional support*

The findings of the study showed that friends and family are the common source of socio-emotional support for the entire participants. All said that they believe that their friends and families are the source of their social support because they feel that they are always there for them. Study by Sarafino, (1994, p.105) also indicates that social support have a direct or indirect importance to promote the individual socio-emotional wellbeing. Social support is either perceived or actual support gained from others in the form of reassurances, concern, respect, and unconditional positive regard.

While examining the use of socio-emotional support across gender categories, the female participants reported to using their family as their primary source of support, whereas most of the male participants reported to turn to their friends for social support.

Most of the participants did not have much knowledge about formal or institutional socio-emotional support services. Coping with stress depends on the individual's ability to control emotions and receive social support, which may include both formal and informal assistance.

Some of the physicians did not think formal socio emotional services like debriefing and counselling would be useful in providing them with socio emotional support. Most of the study participants said that they are capable of managing their job related stress by themselves. According to Estryin-Behar (cited in Rhoads, 1977) "denial and suppression of stress are common defence mechanisms. Physicians attempt to repress their problems by distancing themselves from their emotions".

## Conclusion and Implication

### *Conclusion*

This study will provide some insight about the socio-emotional challenges and socio-emotional support needs of health professionals in Ethiopia. The study focuses on the experience and practice of socio-emotional support of health professionals who are currently working in Tikur Anbessa specialized hospital. It explored; factors that contribute to the socio-emotional challenges of health professionals, their sources of socio-emotional support, their coping mechanisms/strategies they use to deal with the job related stress, and their experience of job related stress.

The study indicated that health professionals are facing high level job related stress, due to their exposure factors that contribute to the socio-emotional challenges. These factors are; work overload, lack of time, long working hours, inconvenient working environment, lack of resource, shortage of health professionals, small salary and benefits, lack of clear job description, and negative attitude of the community to health professionals. Eight health professionals have developed symptoms of burnout. In addition the results of the study showed that health professionals exposure to job related stress has lead them to job dissatisfaction, frustration and pushed them to look for another options outside the public sector (governmental hospitals). In addition nurses exposure to job related stress has lead them to be impatient to their patients and their families.

The small payment for health professionals was also found to be a factor for their engagement in part time work and adds on the job related stress they are facing. It is indicated that there is significant interpersonal problem between nurses and physicians. These are lack of harmonious working relationship and difficulty to collaborate. Having such kind of problem is

serious issue that can lead to patient mishandling and neglect. Especially in countries with shortage of health professionals utilizing them properly should be the prior step to promote the health of the community. Though there must be a hierarchical system in any given institution it must not be an obstacle to achieve the goal of the organization. The traditional dominance by a given group should be relinquished and give way for collaboration. Besides all health professionals should treat each other with dignity and respect.

Therefore interventions should be designed to address both the internal and external factors and causes of job related stress. The employer should be responsible for evaluating and managing the environmental factors contribute for stress that happen on the professionals. Assistance is required for the employees to boost their internal factors to properly cope with the job related stress and work effectively. Otherwise the cost of improperly managed or unaddressed socio-emotional need will be immense.

According to the study, almost all nurse participants felt that their work didn't receive adequate recognition in the hospital. They believe that their professional contribution has not received adequate acknowledgement. This has contributed to their plans to leave the public sector as well as the profession. Because of their interpersonal problems with coworkers, with the hospital management system, most of the nurses and some of the physicians have been facing socio emotional challenges. However, recognition was not an issue for physicians rather lack of legal protection. The perception by both physician and nurse participant of the study about their community's negative attitude towards them will pave way to the diminished trust in health professional patients' relationships.

Job related stress is caused by both internal (personal) and external (environmental) factors. Coping is determined with the interface between the internal and external factors

meaning the psychological and social factors. According to the results of the study friends and family are the common source of socio-emotional support for health professionals.

Finally, the study findings showed that the majority of health professionals' use emotion focused coping mechanism and some use problem focused coping mechanism in order to deal with the job related stress. In other words most of the professionals are using a kind of instant remedies that may not be sustainable, even dangerous in the long run. The impact is both for the health professionals and patients. However studies by Krohne, (2002 p.6) and Sarafino, (1994, p.140) indicates that using emotion focused coping most of the time has an effect as time goes because the issue is not processed well.

### *Implications*

The findings of the study indicate that there is need to provide a socio-emotional support to health professionals. These demands have to be addressed using different approaches. As well as to devise a national socio-emotional support intervention plan that helps to utilize the small number of health professionals in the country. Although making the hospital working environment completely free of stress is impossible but we can reduce its level and train the professionals to make their response to the stressful situation; safe, healthier, rational and not affecting people around them. In other words enabling health professionals manage the job related stress in a productive way is crucial.

### *Social work Implications*

Social justice, promotion of social change and solving human interaction problems are some of the values of the social work (Trevitck 2005, p.1). Health professionals who are exposed to psychological occupational hazards need to be seen as vulnerable groups, who are affected by various socio-emotional challenges. Therefore social work intervention in the health care

environment is mandatory. As this study indicates, the socio-emotional support of the health professionals through providing services like debriefing or counselling, as well as providing training health professionals on stress management, client handling, assertiveness and collaborative team working could be one of the roles for social workers.

Besides the role of social work in the Ethiopian context should be more than patient financial welfare in the hospitals. Social workers should involve in the psychosocial care and support of the health care team through training health professionals on; (a) what is stress, what are the causes? (b) stress management techniques, the importance of socio-emotional support (c) how to communicate with clients, their relatives, and coworkers (d) assertiveness in order to develop their interpersonal skill to reduce stress caused by interpersonal conflict (e) team work and positive of collaboration will help to maximize their efficacy. Health care social workers do have a role of advocacy for the patients; provide psychosocial, as well as material supports for both health professionals and patients. All the roles are targeted towards making the patients outcomes good. So making the health professionals efficient through provision of socio-emotional support to both parties will improve the interaction between and lead to a better outcome. It will also change the misunderstanding between the health professionals and the community.

### *Research Implications*

There are many studies in the health sector on occupational health and safety but all focus on the physical safety. Only few focus on the psychological safety as well as wellbeing of health professionals. This study has explored experience and practice of socio-emotional support for health professionals. However the sample size was small and it has included only physicians who are on specialization training and nurses. Therefore a wide-ranging study that includes all

health professionals' (pharmacists, radiographers, laboratory technicians, physiotherapists and others) would help to better understand the socio-emotional support need of the sector. In addition study that includes patients and health professionals' families would also help to have a better intervention plan to promote the socio-emotional wellbeing of health professionals.

### *Policy Implication*

In my opinion Ethiopian health professionals are expected to make an effort to fulfill the health care demand of the nation under challenging socio-emotional circumstances. Even though the Ethiopian health policy states promotion of occupational health and safety as one of its priorities, practically more focus is provided to the physical occupational health and safety issues. In this regard, psychological occupational health issue should also receive enough attention. The findings of this study indicate that the psychological or emotional occupational health and safety is overlooked. This indicates that the concerned bodies need to give attention and take a close examination of the problem.

Consequently, the Ethiopian government particularly Federal Ministry of Health should develop a policy on the health and safety of health professionals. The ministry should also clearly state a national level strategy that will ensure the socio- emotional wellbeing of health professionals. In addition every health care institution should be legally responsible for developing organizational level interventions that are aimed at both reducing the common causes of job related stress and enhancing the employees' socio-emotional wellbeing to cope with the job related stress effectively.

## References

- Addis Ababa University Medical Faculty. (2008). *Tikur Anbessa Specialized Hospital, a 34 years Journey*. Addis Ababa: Addis Ababa University Printing Press
- Al-Abudabi, A. S., & Rampal, G. K. (2010). Prevalence and associated factors of burnout among Doctors in Yemen. *Journal of Japan Society for Occupational Health*, 52, 58-65 :Retrieved from [http://joh.med.uoeh-u.ac.jp/pdf/E52/E52\\_1\\_08.pdf](http://joh.med.uoeh-u.ac.jp/pdf/E52/E52_1_08.pdf)
- Anderson, W. J. R. , Cooper, C. L. and Willmott, M.(1996). ‘Sources of Stress in the National Health Services: A comparison of seven occupational groups’, *Work & Stress*, 10: 1, 88 — 95
- To link to this Article: DOI: 10.1080/02678379608256787
- URL: <http://dx.doi.org/10.1080/02678379608256787>
- Barrett,G., Sellman, D., & Thomas, J. (2005) *Interprofessional Working in Health and Social Care; Professional Perspective*. New York. Palgrave Macmillan.
- Barrett,G., and Keeping, C. (2005). In *Interprofessional Working in Health and Social Care; Professional Perspective*. New York. Palgrave Macmillan.
- Blatter, K. J. (2008). Case Study. In L.M. Given (ed), *The Sage Encyclopedia of Qualitative Research Methods* (Vol 1&2). (p.68-69). Los Angeles: Sage publications
- Beehr, T. A., and McGrath, J. E. (1992). 'Social Support, Occupational Stress and Anxiety'. *Anxiety, Stress & Coping*, 5: 1, 7 — 19 to link to this Article: DOI: 10.1080/10615809208250484 URL: <http://dx.doi.org/10.1080/10615809208250484>

Cox, T., Griffiths, A., and Cox, S. (1996). Work- related stress in Nursing: Controlling the Risk to health. International Labour Office: Geneva.

Creswell, W.J. (2003). *Research design; qualitative, quantitative, and mixed methods approaches*: (2nd ed). USA: SAGE publications, Inc.

Creswell, W.J. (2007). *Qualitative Inquiry and Research Design, Choosing among the five approaches*. (2nd ed). London: SAGE publications

Central Statistical Agency. (2006). The 2005 Ethiopian Health and Demographic Survey. Addis Ababa, Ethiopia

Darby, F., & Walls, C. (1998). Stress and Fatigue. *Their Impact on Health and Safety in the Workplace*. Information for occupational health professionals, human resource practitioners and others. New Zealand: Retrieved from <http://www.osh.dol.govt.nz/order/catalogue/pdf/stress.pdf>  
<http://heapro.oxfordjournals.org/content/21/4/346.full>

Estryn-Behar, M. (1998). Occupational Stress. In *Encyclopedia of Occupational Health and Safety*. 4<sup>th</sup> ed. Jeanne Mager Stellman and Michael McCann. International Labour Office; Geneva

Federal Ministry of Health (FMOH). (1993). Health Policy of the Transitional Government of Ethiopia, Addis Ababa.

Federal Ministry of Health. (2008/9). Health and Health Related Indicators. Addis Ababa.

Gabe, J., Bury, M. & Eliston, A. M. (2004). *Key Concepts in Medical Sociology*. Sage Publications, London

- Given, L., M. (ed).(2008) *The Sage Encyclopedia of Qualitative Research Methods* ( volume 1&2). Los Angeles: Sage Publications.
- Goh, Y.W., Sawang, S., & Oei, T.P.S. (2010). The Revised Transactional Model (RTM) of Occupational Stress and Coping: An improved process approach. *The Australian and New Zealand Journal of Organisational Psychology*, 3, 13–20. DOI 10.1375/ajop.3.1.13
- Hansung, K., and Sun Young, L. (2009). 'Supervisory Communication, Burnout, and Turnover Intention Among Social Workers in Health Care Settings', *Social Work in Health Care*, 48: 4, 364 — 385. DOI: 10.1080/00981380802598499
- Hutchison, E. (1999). *Dimensions of Human Behavior and Social environment*. USA, Pine Forge Press.
- Kaplan, M. D., and Coogan, L. S. (2005). The Next Advancement in Counseling: The Bio-Psycho-Social Model. Retrieved from <http://www.counseling.org/Resources/Library/VISTAS/vistas05/Vistas05.art03.pdf>
- Kasper, L.D, Fauci, S.A., Longo, L. D., Braunwald, E., Hauser, L.S., Jameson, L.J. (2005). *Harrison's Principles of Internal Medicine*. New York: McGraw-Hill medical publishing division
- Kazmi, R., Amjad, S., & Kahn, D. (2008). Occupational Stress and its Effects on Job Performance a Case Study of Medical House Officers of district Abbottabad, *Journal of Ayub Medical Collage*, 20(3), 135-139 Abbottabad Pakistan: Retrieved from <http://www.ayubmed.edu.pk/JAMC/PAST/20-3/Rubina.pdf>
- Krohne, W. H. (2002). *Stress and Coping Theories*. Johannes Gutenberg-Universität Mainz Germany: Retrieved from [http://userpage.fu-berlin.de/~schuez/folien/Krohne\\_Stress.pdf](http://userpage.fu-berlin.de/~schuez/folien/Krohne_Stress.pdf)

- Kozier, B., Erb, G., Berman, A., & Snyder, S. (2004). *Fundamentals of Nursing: Concepts, Process and Practice*. Seventh ed. New Jersey Pearson educational, Inc
- Lazarus, R. S. (1999). *Stress and Emotion; a new synthesis*. USA: Springer publishing company.
- Leka, S., Griffiths, A., & Cox, T. (2004). *Work Organization & Stress. Systematic Problem Approaches for Employers, Managers and Trade Union Representatives: Institute of Work, Health & Organizations United Kingdom & WHO*
- Lewis, F. (2003). Design Issues. In J. Ritchie and J. Lewis (ed), *Qualitative Research Practice. A Guide for Social Science Students and Researchers*, (p.66-67).London: Sage publications
- Maxwell, J.A. (2005). *Qualitative Research Design: An interactive approach* (2<sup>nd</sup> ed.). Thousand Oaks: Sage Publications Inc.
- Mc Vicar, A. (2003). Work Place Stress in Nursing; a literature review, School of health care Practice . *Journal of Advanced Nursing*, 44(6), 633-642. UK: Retrieved from <http://onlinelibrary.wiley.com>
- Messener, E. (1993). *Resilience enhancement for the resident Physicians*. Durant: Essential Medical Information systems Inc.
- Mimura, C., & Griffiths, P. (2003).The Effectiveness of Current Approaches to Workplace Stress Management in the Nursing Profession: an evidence based literature review. *Occupational Environmental Medical journal*, 60, 10–15. doi: 10.1136/oem.60.1.10 .Retrieved from <http://oem.bmj.com/content/60/1/10.full.html>
- Murray, R. (2005). Managing Your Stress. A Guide for Nurses. *Working well initiative Royal College of Nursing*. UK: Retrieved from [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0008/78515/001484.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0008/78515/001484.pdf)

- Nelson, C., West, T., & Goodman, C. (2005). *The Hospital Built Environment: What Role Might Funders of Health Services Research Play?*. The Lewin Group, Inc. AHRQ Publication
- NIOSH. (2008). *Exposure to Stress, Occupational Hazards in Hospital*. USA: 1-13 Retrieved from <http://www.cdc.gov/niosh>.
- Occupational Safety and Health Council. (2006). *Work Stress Management Do It Yourself Kit*. Retrieved from [http://www.oshc.org.hk/others/workstress/public/doc/workstress\\_e.pdf](http://www.oshc.org.hk/others/workstress/public/doc/workstress_e.pdf)
- Padgett, D. K. (2008). *Qualitative Methods in Social Work Research*. Thousands Oaks: Sage Publications, Inc.
- Patel, C. (1989). *The Complete Guide to Stress Management*. UK: Vermilion
- Post, M. D., & Weddington, H. W. (2000). Stress and Coping of the African American Physicians. *Journal of the National Medical Association*, 92, 70-75
- Rantanawongsa, N., Roter, D., Beach, C. M., Laird, L.S., Larson, M. S., Carson, A.K. & Cooper, A. L. (2008). Physicians Burnout and Patient –Physician Communication during Primary Care Encounters; 23(10), 1581-1588. John Hopkins University Baltimore USA: Retrieved from <http://www.springerlink.com/content/f8666jkg64216660/> <http://www.springerlink.com/content/0884-8734/>
- Ritchie, J. & Lewis, J. (2003). *Qualitative Research Practice; A guide for social science students and researchers*. New Delhi: Sage Publications.
- Ritche, J., Lewis, J., & Elam, G. (2003), Designing and Selecting Samples. In J. Ritchie and J. Lewis (ed), *Qualitative Research Practice. A Guide for Social Science Students and Researchers*, (p.107). London: Sage publications.

- Samuel , G., Asfawossen, G/Y , Yayehyerad, K., , Yemane, Y., Aklilu, S. , Hilay, D., and Awash, T.(2007). Human Resource Development for Health in Ethiopia: Challenges of Achieving the Millennium development Goals. *Ethiopian Journal of Health Development*; 21(3), 216-231
- Sarafino, P. E. (1994). *Health Psychology; Biopsychosocial interactions*. USA: John Wiley & sons, Inc.
- Shapiro, L.S., Astin, A.J., Bishop, R.S., Cordova, M. (2005). Mindfulness-Based Stress Reduction for Health Care Professionals: Results from a Randomized Trial. *International Journal of Stress Management*, 12(2), 164–176. Retrieved from [citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.167.5977...](http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.167.5977...)
- Snape, D. and Spencer, L. (2003). The Foundations of Qualitative Research. In J. Ritchie and J. Lewis (ed), *Qualitative Research Practice. A Guide for Social Science Students and Researchers*, (p.2-5).London: Sage publications.
- Spencer, L., Ritchie, J., & O'Connor, W. (2003). Analysis: Practices, Principles and Process. In J. Ritchie and J. Lewis (ed), *Qualitative Research Practice. A Guide for Social Science Students and Researchers*, (p.200-201).London: Sage publications
- Stranks, J. (2005). *Stress at Work: Management and Prevention*. Elsevier Great Britain.
- Tietjen, L. Bossemeyer, D. and McIntosh, N. (n.d). *Infection Prevention; Guidelines for Healthcare Facilities with Limited Resources*. United States Agency for International Development jj
- Trevithick, P.C. (2005). *Social Work Skills: A practice Handbook (2nd ed)*. New York: Open University press.

- Van Servellen, G., , Topf, M., and Leake, B.(1994). 'Personality Hardiness, Work-Related Stress, and Health in Hospital Nurses'. *Hospital Topics*, 72: 2, 34 — 39. To link to this Article:  
DOI: 10.1080/00185868.1994.9948484 URL:  
<http://dx.doi.org/10.1080/00185868.1994.9948484>
- Wamai G.R. (2009). Reviewing the Ethiopian Health Care System Development. *Journal of international community*, 52(4), 279–286. Retrieved from  
[http://www.med.or.jp/english/journal/pdf/2009\\_04/279\\_286.pdf](http://www.med.or.jp/english/journal/pdf/2009_04/279_286.pdf)
- WHO .(2006). *World Health Report*. Retrieved from  
[http://www.WHO.int/topics/health\\_workforce/en/index.html](http://www.WHO.int/topics/health_workforce/en/index.html).
- WHO.(2011). *Health topics*. Health workforce. Retrieved [http://www.WHO.org/health\\_workforce.mht](http://www.WHO.org/health_workforce.mht).
- Yin, R. (2003). *Case Study Research: Design and Methods*. Thousand Oaks: Sage Publications, Inc.

## Appendix One

### Informed Consent

My name is Medhin Selamu, and I am a post graduate student at Addis Ababa University School of Social Work. I am conducting a qualitative study on experience and practice of socio-emotional support for health professionals. I am doing this study for partial fulfillment of my master's degree in social work. The purpose of this study is to understand the socio-emotional experience of health professionals (physicians and nurses) during their professional life.

The study's findings will have different purposes; it can assist health professionals to be aware of their socio-emotional needs and help them evaluate their socio-emotional support practices, it alerts health care facilities and authorities' about the importance of socio-emotional support for health professionals in general and physicians and nurses in particular to improve the quality of health services.

Your participation in the study will involve an interview or focus group discussion. The in-depth interview is with an estimated length of one hour and half. This interview will be audio recorded for later analysis. The focus group discussion will also be estimated to take one and half up to two hours and it will also be audio recorded for later analysis. This study poses little to no risk to its participants since asking personal and stressful situations might be traumatic but the researcher in collaboration with professional counselor will prepare a counseling session when it is appropriate. Besides I will do my best to ensure that confidentiality is maintained by not citing your actual name within the study report. You may choose skip any question that is not interesting to you or quit the interview session at any time.

If you have any question or concerns, you may contact the researcher by the following telephone number 0911685300 Medhin Selamu or my Advisor Dr. Wassie Kebede by the phone

number 911 44 27 01. By signing below you agree that you have read and understood the above information, and would be interested in participating in this study.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Appendix Two



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Appendix Three

In-depth Interview Guide

- 1. Demographics
  - a. Age
  - b. Sex
  - c. Marital status

- d. Religion/ Spirituality how do you explain yourself in terms of spirituality?
  - e. Profession
  - f. Educational level
  - g. Department (where you are working)
2. Professional practice/ experience and description of the job
    - a. Can you tell me about your profession? What is the most important thing for you in your profession?
    - b. How many years you have been practicing in health profession?
    - c. How do you describe your job
      - Too much or too little work
      - Physical working conditions (the physical setting)
      - Time pressures
      - Decision making
      - Responsibility
      - Accountability
    - d. How is your work load in terms of; hours per week you are working, number of patients you are seeing/serving in a day, can you give me more description about it?
    - e. Do you think your medical practice or being health professional is satisfying for you, your patients or your families? Why do you think so?
    - f. Have you ever questioned your decision to join medical/health profession? If yes what was the reason for questioning your decision to join health profession?
  3. Understanding of working environment
    - a. How do you describe your working environment in terms of;

- The physical and mental efforts that is demanded to do your job
  - Its physical environment or setting and accommodations
  - The hospital management, carrier development, salary,
  - You and your colleague motivation to work
  - Number of medical and support staffs, and availability of medical supplies
  - Your social role and responsibilities as well as your emotional wellbeing etc
- b. Do you think you are facing role conflict and role ambiguity in your job? Would you please explain it more?
- c. Do you think your working environment is stressful or emotionally taxing?  
Could you please elaborate this?
- d. What are the possible causes of job related stress in your work place?

Can you explain it more? Is it due to;

- Collaborative interdisciplinary relationships like nurse to physician or with nurse to nurse or physician to physician or other health care team members.
- Social and interpersonal relationships among the team members.
- Lack of competency and/or knowledge among the medical team members.
- Lack of resource, both human and material.
- Your social and family responsibility or commitments.
- Patients' expectation, patient's relatives' expectation and behavior, or other. Or other

Do you really consider all this as socio-emotional challenges in your work place?

#### 4. Experience of stress and coping mechanisms

- a. Have you ever experienced job related stress? Or do you remember any job related occasion that stressed you?  
  
What happened in the episode mentioned?  
  
When was the time?  
  
What happened at the moment?  
  
What was your experience at that time do you became irritable? Became easily upset with small events or unhappy with your job, or life?  
  
Have you ever lost your interest in health profession due to such kind of events?  
  
Have you ever think about quitting?
- b. What are the events that were related with the stress?
- c. How do you manage when you face job related stress or the previously mentioned incidents? How do you react to the situation?
- d. Have you ever used any substance or prescription drugs with out any medical indication in order to cope with job related stress?
- e. What are the common sources and kind of support when you are stressed with your job?  
  
Do you please explain the kind of support you need?
- f. Do you think you have enough socio-emotional support to cope with occupational stress due to your profession?
- g. Do you have any idea about stress management techniques like debriefing, and counseling?
- h. Have you ever received a formal institutional socio-emotional support from the hospital you are working in?

- i. What is your opinion about debriefing and counseling about its use as a formal tool of socio-emotional support for health professionals?
5. Causes of job related stress
    - a. Do you think the dependant, independent or interdependent function of your profession as cause of stress? For example low participation in decision making,
    - b. Do you think the content of your job (your job description) predispose you for stress or socio-emotional challenges?
    - c. How can you describe your role in the health care team?
    - d. Do you think you have enough recognition in your work place? Do you take this as a cause of stress?
    - e. Do you think your role in the health care team has contributed to the social and emotional challenges faced in the work place?
    - f. What are the common causes of stress at your work place besides what we have discussed? Would you please explain it more?
    - g. Do you think it is possible to classify the causes of stress in your workplace as caused by;
      - The hospital management (lack of resource, lack of incentives, career development, promotion, recognition).
      - The relationship with the health care team (physician vs. nurse and so on).
      - Patient issue (stressful cases, treating dying patients, financial problem etc),
      - Legal issue (fear of malpractice suit) .....probe
      - what about social interaction (level of family support, etc)

- h. Do you think your communication; tolerance level (patience) to your clients and their families is changed across time? If yes what are the possible reasons?
6. What do you think the socio-emotional needs of health professionals in your work place?

Appendix Four





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## Appendix Five

### Focus group discussion guide

1. Demographics
  - a. Sex
  - b. Marital status
  - c. Educational level
  - d. Department (where you are working)
2. How do you explain your working condition as health professionals in Tikur Anbessa Specialized Hospital?
  - a. In terms of work load, can you give me more description about it?
  - b. In terms of staffing (number of staffs, inter group conflict like nurses and physicians, competency of staff members etc )
  - c. In terms of availability of materials required for your medical service (medical supplies)
  - d. In terms of payment
  - e. In terms of your professional commitment (according to medical or nursing ethics)
  - f. In terms physical setting (environment)
  - g. In terms of the physical and mental effort it requires

3. Do you think your medical practice or being health professional is satisfying for you, your patients or your families?
4. Have you ever questioned your decision to join medical/health profession? What was the reason for questioning your decision to join health profession?
5. Do you think you are facing role conflict and role ambiguity in your job? Would you please explain it more?
6. Do you think your working environment is stressful or emotionally taxing?  
Could you please elaborate this?
7. What are the possible causes of job related stress in your work place? Can you explain it more? Would you please describe the event?
8. What is your experience regarding their job related stress?
  - a. Have you ever thought medical practice as stressful? Why?
  - b. What do you think the causes are?  
  
 Probing questions; was it related with dealing with death and dying?  
  
 Was it related with patients' expectation?  
  
 Was it conflict with coworkers?  
  
 Is it due to lack of resource?  
  
 Is it related lack or shortage of knowledge about what you are practicing?  
  
 Is it the physical demands of the job?  
  
 Is it workload or work pace?  
  
 Is it the work schedule?
  - c. How do you manage when you face job related stress?
  - d. Do you have any idea about institutional socioemotional support?

- e. How do you see the role of social workers in the socio emotional support of health professionals' in the hospitals?
- 9. how do you describe the circumstances in your working environment to deal with work related stress (work culture, social net work)
- 10. What do you think the socio-emotional needs of health professionals in your work place?

Appendix Six



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Appendix Seven  
Ethical clearance

	<b>Addis Ababa University Medical Faculty Institutional Review Board</b>	SOP# AAUMF 008 <b>Version 2.0</b> <b>Effective date:</b> 1 Feb. 2009 Page 13 of 13
	<b>Title:</b>  3.2. Use of Study Assessment Form	

**ANNEX 3**  
Form AAUMF 03-008

**IRB's Decision**

Meeting No: 036/2011 Date (D/M/Y): \_\_\_\_\_  
 Protocol number: 020/11/Ext. Assigned No.....

<b>Protocol Title:</b> Experience and practice of social and emotional support for Health professionals in Ethiopia.	
Principal Investigators:	Medhin Selamu
Institute:	AAU
Elements Reviewed (AAUMF 01-008)	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Not attached
Review of Revised Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Previous review:
Decision of the meeting:	<input checked="" type="checkbox"/> <b>Approved</b> <input type="checkbox"/> Approved with Recommendation <input type="checkbox"/> Resubmission <input type="checkbox"/> Disapproved

- I. Elements approved-
1. Protocol Version No. ....
  2. Protocol Version Date.....
  3. Informed consent Version No. ....
  4. Informed Consent Version Date .....
- II. Obligations of the PI-
1. Should comply with the standard international & national scientific and ethical guidelines
  2. All amendments and changes made in protocol and consent form needs IRB approval
  3. The PI should report SAE within 10 days of the event
  4. End of the study, including manuscripts and thesis works should be reported to the IRB
- III. TO ESTM

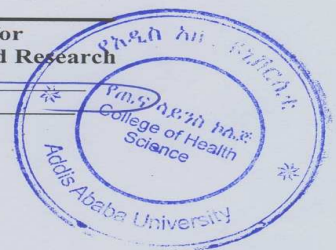
Institution Review Board (IRB) Approval: Period from **17/06/2011** to **16/06/2013**

Follow up report expected in  
 3 Months \_\_\_\_\_ 6 months  9 months \_\_\_\_\_ one year \_\_\_\_\_

**Chairperson, IRB**  
 Prof. Yeweyenhareg Feleke  
 Signature \_\_\_\_\_  
 Date: **17/06/11**



**Associate Dean for Postgraduate and Research**  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_



Declaration

I, the undersigned Medhin Selamu, hereby confirm that this study in the title “Experience and Practice of Socio-emotional Support for Health Professionals in Ethiopia” is carried out by me, and any material used in this study are properly acknowledged.

Name Medhin Selamu

Signature\_\_\_\_\_

Date: July 2011