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*THE PSYCHOSOCIAL PROBLEMS OF EMPLOYEES
EXPERIENCED WORK RELATED ACCIDENTS: THE
CASE OF SOME SELECTED ORGANIZATIONS IN ADDIS
ABABA.*

*BY
MOGES BEKELE*

*A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE
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PSYCHOLOGY.*



JUNE, 2009

ADDIS ABABA

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EXPERIENCED WORK RELATED ACCIDENTS: THE CASE OF
SOME SELECTED ORGANIZATIONS IN ADDIS ABABA.

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LIST OF ACKRONYMS

- FGD- Focus group discussions
- ILO- International Labor Organization
- WHO- World Health Organization
- STI- Soft tissue injury

Abstract

The study investigated the psychosocial problems of employees who had experienced work related accidents in the last twelve months in two selected organizations in Addis Ababa.

In this regard, the manifestations of psychosocial problems such as stress, family related problems, the possible causes for work related accidents and the intervention strategies of organizations in focus to mitigate the psychosocial problems of employees who had experienced work related accidents were studied.

In this study, 103 participants were participated (89 respondents for self reported questionnaire, 2 supervisors as key informants and 12 FGD participants).

The descriptive survey research method was employed for this study and two sets of questionnaire, which contained the socio-demographic information and the stress symptom scale, were utilized for data collection.

The finding of the study revealed that employees who had experienced work related accidents manifested a moderate level of stress. Although, it was not statistically significant, the finding of the study revealed that participants with different backgrounds such as sex, age, education, marital status and employment were manifested a moderate level of stress.

It was also found out in the findings of the study that causes for work related accidents include factors such as high work pace, absence of support from supervisors and long working hours. Regarding family problems in connection with work related accidents, the study revealed that conflict of responsibilities, domestic violence, difficulties in daily life logistics and decline of interest for family hobbies were among the factors manifested by the discussants.

Concerning the intervention strategies employed by the organizations in focus to mitigate the psychosocial problems of employees with work related accidents, the study revealed that redistribution of work among colleagues, prioritization of tasks, provision of appropriate training and building team work were the most discussed issues by the FGD participants.

The finding of the study implies that work related accidents has associations with stress though it is in a moderate level and is not statistically significant based on a one-way ANOVA analysis. Considering the findings obtained, it was recommended that the organizations should employ different approaches such as integration of the counseling service with the existing health service programs by giving due attention for the psychosocial well-being of employees with work related accidents.

CHAPTER ONE

1. Introduction

1.1 Background of the Study

Work related accidents are considered as a major problem resulting in serious psychosocial and economic consequences that could be prevented if appropriate measures are taken (Ashi Bhattacharjee, 2003). Annually, through out the world, work related accidents are estimated to cause over 160 million people to fall ill while over 1.2 million people are estimated to die every year (WHO/ILO report, 2001). The estimated economic loss caused by work related accident was equivalent to 4.2% of the world's gross national product (ILO, 2003 report). It is also estimated that exposures for work-place accidents could have diversified negative effects for not realizing the national aspirations. According to Ali (2003), the suffering in terms of human life is enormous, while the economic costs of the failure to ensure occupational health are so great that they may undermine national aspirations for sustainable economic and social development.

Currently, working environments are significantly changing with the introduction of new technologies, materials and work processes. Changes in work design, organization and arrangement can produce new risk areas that can result in increased stress levels and may finally lead to a serious deterioration of psychological health (Levy & Wegman, 1995).

A report by the European Agency for Safety and health at work (2007), states that the main psychosocial risks are related to new forms of employment contracts, job insecurity, work intensification, high emotional demands, and violence at work and poor-work life balance.

Many studies indicate that work-related stress is one of the biggest occupational safety and health challenges of the today's world. In EU member countries, for instance, stress is the second most reported work place related health problem, which is affecting 22% of EU workers ((Alli, 2000).

In line with this issue, Muchinsky (2003) indicated that psychological problems in connection with work related accidents have been identified among the ten leading work-related problems in the United States. The Author further suggests that stress and psychosocial factors play a far more central role in chronic psychological problems than they do acute and infectious disease. As a consequence, both employees and organizations have become increasingly aware of the negative effects of work-related accidents that cause stress and psychosocial problems (Muchinsky, 2003).

Among the different forms of psychological problems experienced by employees in different organizations, stress is common (Muchinsky, 2003). It is also documented in different studies that workers can experience stress and minor depression symptoms when they are exposed to staff shortages, harassment, noise, accidents and other forms of hazards (Olishifski, 1979).

According to Levi L. (1997), stress often leads to negative psychosocial problems. Among the psychosocial problems that are resulted from work-related accidents, a general decrease in enjoyment of life, changes in sexual activity, conflict with family and co-workers could be mentioned as examples (Elshaug, 2004).

The multi-faceted impact of work related accidents is estimated to be 10 to 20 times higher in developing countries, where the greatest concentration of the world's labour force is located (WHO, 2005). Moreover, this significant proportion of the world's labour force does not have accesses to occupational safety services (ILO, 2007).

Only 5 to 10 percent of workers in the developing world and 10 to 20 percent of those workers in the developed world could have accesses to some kind of occupational health and safety services (A. Baron, 2003). According to Levis and Trends (2001), workers engaging in different organizations in the developing world are exposed to various types of work related accidents, illness, stress or death because of low educational status, inadequate training and exposures for work processes.

According to a study conducted among 268 smaller industrial workers in Norway, accident rate of 317 per 1000 exposed workers was observed in one-year period. A study carried out in Thailand in 2001 also reported that there were 189,621 cases of occupational accidents registered. Of this number, 607 were deaths, 20 cases of disability, and 48,078 cases of over 3 days lost from work (Smith, 2004).

A study conducted in the United States also showed that the rate of work related accidents were 75 per 1000 exposed workers per year (Smith, 2004). Studies that are available on industrial accidents in Africa indicated that work related accidents appeared with greater frequency and severity. The accident rate among small industrial workers in Zimbabwe was 131 per 1000 exposed workers per year (Loewenson, 1998). The accident rate in Nigerian factories was 22 per 1000 exposed workers per year (Afamdi, 2001).

In Ethiopia, limited attempts had been made so far to investigate work related accidents and their psychosocial problems. There is no adequate local research available in Ethiopia which indicates the responses of organizations in addressing the psychosocial problems of their employees when they came across work related accidents apart from the provision of physical treatment.

1.2 Statement of the problem

Although the psychosocial problems of work related accidents are expected to be a common phenomena of workers who are engaging in organizations in every part of the world, the problem is still significant in the developing world where there is an increasing demand for adaptation of workers, the over-riding of traditional values, the re-orientation of the occupational health system and generally poor working conditions (Robbins, 1996).

Traditionally, the focus of occupational health and safety initiatives is on chemical, biological and physical exposures, while the psychosocial risks at work that are resulted from work related accidents are still largely neglected and their causes and consequences are insufficiently understood (Robbins, 1996).

In industrialized countries, people are becoming more familiar with the psychosocial problems of work related accidents and know how to manage it (A. Baron, 2003), however, in the developing world this may not yet be the case. In developing countries the largest part of the work force is self-employed, occupied in small companies and home industries (Robbins, 1996). They belong to the "informal" sector of the economy. These companies or individuals often lack the resources and infrastructure to protect their workers from work related accident and its psychosocial problems and their groups of workers are difficult to reach both in terms of information dissemination and assistance (Muchinsky, 2003).

Work related psychosocial problems is often made worse in developing countries by a broad spectrum of factors outside the work environment from gender inequalities, poor paths of participation and poor environmental management of industrial pollution to illiteracy, parasitic and infectious diseases, poor hygiene and sanitation, poor living conditions, inadequate transportation systems and general poverty (A. Baron, 2003).

To alleviate and properly address the multi-faceted psychosocial problems of work related accidents such as stress, anxiety, depression, a general decrease in enjoyment of life, conflict with family, friends and co-workers, one of the most important steps is to carry out such a study.

1.3 Research Questions

This study raised the following research questions:

1. Do workers with work related accidents manifest psychological problem?
2. Do workers with work related accidents face family related problems?
3. What are the possible causes for work related accidents?
4. What intervention mechanisms did the organizations employ to address the psychosocial problems of their employees?

1.4 Objectives

1.4.1 General objectives:

The general objective of the study is to assess the psychosocial problems of workers who experience work related accidents in some selected organizations in Addis Ababa.

1.4.2 Specific objectives:

1. To identify whether employees with work related accidents manifest stress.
2. To identify whether work related accidents brought family related problems.
3. To identify the possible causes of work related accidents.
4. To identify intervention strategies employed by the organizations in focus to buffer the psychosocial problems of their employees.

1.5 Significance of the study

As has been described by different researchers, the psychosocial problems of work related accident is a pattern of physiological, emotional, cognitive, behavioural and social reactions to some extremely taxing aspects of work content, work organization and work environment. When people experience the psychosocial problems of work related accidents, they often feel tense and distressed and feel that they cannot cope with the situation (Muchinsky, 2003).

Taking in to account its importance, the study has explored the psychosocial problems of work related accidents and hoped that it will help to develop a kind of shared understanding about the issue under discussion among the concerned bodies.

Further more, the results of this study is hoped to help in the following conditions:

- It discloses the risk of workers in connection with the psychosocial problems of work related accidents.
- It paves the way for those who are ready to carry out activities like psychosocial interventions to make the work environment conducive and healthy.
- It might also be useful as a supplementary research finding regarding the psychosocial problems of work-related accidents in the Ethiopian context for those interested to undertake a similar study on workers engaging in different organizations.

1.5 Delimitations

The study was carried out on 89 workers, 2 key informants and 12 FGD participants in the two organizations found in Kirkos and Akaki sub cities of Addis Ababa city Administration. The study has attempted to assess merely the psychosocial problems of work related accidents on those workers who had already experienced the problem. To be specific, the study has delimited itself in addressing stress (psychological problem) and family related social problems in connection with work related accidents.

1.6 Limitations

Although the researcher has tried to administer the study, shortage of time, to take limited number of participants and lack of willingness by some organizations were among the major limitations faced. In addition, the study is largely depended on other countries experiences since there are no local reference materials available in the area.

1.7 Operational Definitions:

- Psychosocial problems: for psychological problems (stress), and social problems (Family relationship problems).
- Occupational health: a broad-based concept that refers to the mental, emotional and physical wellbeing of employees in relation to the conduct of their work.
- Work stress: A psychological problem due to work related accidents.

CHAPTER TWO

2. Review of Related Literature

2.1 Overview of the manifestations of work related accidents worldwide

Different sources of literatures indicate that the consequences of occupational hazards on the psychosocial wellbeing of workers may not become apparent for many years.

According to Alli (2003) occupational stress can be the cause for the psychosocial adjustment problems of workers engaging in different organizations. Inline with this, Levi, (1984) states that when there is a perceived imbalance between demands and environmental or personal resources, reactions may include: physiological responses such as increased heart rate, blood pressure as well as secretions of stressor hormones that influence the psychosocial wellbeing of workers.

Moreover, people who are exposed to work related accidents could manifest emotional responses such as feeling of nervousness or irritation; cognitive responses like narrowing of attention and perception, forgetfulness (Levi, 1984). The researcher further explains that people who are exposed to stressful conditions could still react aggressively and also show impulsive behaviour (Levi, 1984).

According to various sources of literatures, stress occurs in many different circumstances but it is particularly strong when a person's ability to control demands at work is threatened. In illustrating the negative consequences of work-related stress, Muchinsky (2003) reported that fear of negative consequences resulting from performance failure evoke powerful negative emotions of stress, anxiety, anger and irritation.

Regarding the psychosocial adjustment problems of workers in connection with stress due to work related accident, it is reported that the experience of stress is intensified if no support or help is available from colleagues or supervisors (Muchinsky (2003). According to WHO report (2007) social isolation and lack of cooperation also increases the risk of prolonged stress at work, as well as the related negative health outcomes and increases further accident risk.

These days, working environments are significantly changing with introduction of technologies, materials and work processes. Changes in work design, organization and management can produce new risk areas that can result in increased stress levels and may finally lead to a serious deterioration of mental and physical health (A. Baron, 2003).

A report by the European Agency for safety and Health at work (2005) indicates that the main psychosocial risks are related to injuries, new forms of employment contracts, job insecurity, works intensification, high emotional demands, violence at work and a poor work-life balance.

More over, job insecurity, multiple jobs or high work intensification can all lead to work-related stress which put workers health in danger by exposing them for work related accidents (ILO, 1986).

In illustrating the negative effects of stress due to work related accident on workers health, Levi (1984), explains that high work load and inflexible working hours make it more difficult to achieve a descent work –life balance particularly for women, who often still face a "double shift": first at work, then at home. According to the researcher, this condition can still lead to stress and other negative effects on people's health, especially when there is no possibility for the employees to adjust the working conditions to their personal needs. The researcher above also states that when stress persists or occurs repeatedly, it can have various negative effects on workers health, which may lead to varying health problems affecting physiological and psychological health, as well as the workers cognition and behaviours.

It can also be noted that psycho-social and organizational hazards are not only causes for psychological health, moreover, sickness absence due to mental health, musculoskeletal or cardiovascular problems which are associated with work-related accidents may lead to work disability or death (WHO, 1994).

The focus of this study is to assess the psychosocial problems of work-related accidents by giving due emphasis for stress that can be assessed at a level of self report. Literatures indicate that, in addition to anxiety and over exposure to the more tangible hazards of work, the evidence suggests that work related accidents could expose employees to experience certain psychological problems such as stress, and in return, job dissatisfaction and ill-health would be the result (Rantanen, 2000).

In line with this issue, A. Baron, (2003) stated that employees who experienced work related accident could manifest a non-clinical symptoms of stress which includes absence and reduced availability for work, high staff turn over, poor time keeping, disciplinary problems and an increased incidence of harassment and aggression.

The psychological aspects of work have been the subjects of research since the 1950s. A large body of evidence now identifies a common set of potentially hazardous work characteristics. The dominant view is that work related stress is more strongly related to job factors or aspects of work environment than personal or biological factors. But still its association is too high with work related accident (Rantanen, 2000).

2.2 Causes of Work-related Stress

When people experience work-related stress, they often feel tense and disturbed and feel that they cannot cope (WHO/ILO, 2008).

Due to Globalization and changes in the nature of work, people in developing countries have to deal with increasing work related stress. In industrialized countries people are becoming more familiar with what work-related stress is and how to manage it (WHO annual report, 2005), however, in developing countries this may not yet be the case.

According to WHO team of researchers report (2007), along with existing difficulties in controlling other occupational risks, there is a lack of awareness of work-related stress and shortage of resources to deal with it.

In developing countries, since the majority of workers are belonging to the informal sector of the economy, the largest part of the workforce is self-employed, occupied in small companies and home industries (world health organization, 1994).

According to some literatures reviewed (ILO annual report, 1994) these companies or individuals often lack the resources and infrastructure to protect their workers or themselves from work-related stress and their groups of workers are difficult to reach both in terms of information dissemination and assistance.

In addition, the lack of policy development in relation to psychosocial risks and work-related stress makes it difficult for companies of all sizes to put into place effective control strategies to deal with these issues.

On top of that, the situation is made worse by the lack of occupational health services coverage. World Health Organization (2003) estimated that world wide only 5-10% of the workers in developing countries and 20-50% of the workers in industrialized countries have access to adequate occupational health services.

According to Barry and S. Levy and David H. Wegman (1995) stress reactions may result when people are exposed to risk factors at work. The researcher further explains that stressful reactions may be emotional, behavioural, cognitive and or psychological in nature. In line with this, Olishifski, (1979), states that when stress reactions persist over a longer period of time, they may develop into more permanent, irreversible health outcomes such as chronic fatigue, musculoskeletal problems or cardiovascular disease.

Although individual and organizational characteristics play a role in the development of work-related stress, the majority will argue that work-related stress results from the interaction between the worker and the conditions of work (Olishifski, 1979).

Views differ, however, on the importance of worker characteristics and working conditions as the primary causes of stress. These differences, according to ILO annual report (1986), are important since they suggest and lead to different ways to prevent the sources of stress at work.

One view promotes that individual differences of the worker such as personality, age, education, experience and coping style are most important in predicting whether certain job specifications will result in stress or not Muchinsky (2003). However, the prevailing view based on evidence is that certain working conditions are stressful to most people.

After a comprehensive review of literatures, Williams and Cooper (2002) suggested that half of the literatures they reviewed supported the theory that stressful working conditions are related to psychosocial hazards such as too high or too low job demands, a fast work-pace or time pressure, lack of social support, job insecurity, psychological harassment and poor communication which in turn expose employees for work related accidents. Generally, work-related psychosocial issues and its negative effects are among the most rarely dealt occupational safety issue world -wide (ILO, 2008).

2.3 Family related problems of employees with work related accidents

As many workplaces have changed in recent years, workers could face the psychosocial adjustment problems. Regarding the changes of workplace environment, it is stated in one source as cutbacks, privatization, reorganization and downsizing have contributed to a heightened sense of job insecurity, which in turn, can be a significant factor for the psychosocial adjustment problems of workers (Cox and Griffiths, 2004).

When workers begin experiencing work-related stress, it can spill over from work and have an impact on workers lives with their families and friends and with stress, especially with toxic stress, workers continue to suffer outside their working hours.

Different studies have revealed that work related stress could be the possible cause for the psychosocial adjustment problems of individuals through affecting their personal and family relationships.

Regarding the psycho-social problems of workers in connection with stress due to work related accident, it is reported in one source that the deterioration resulted from work related accident lead individuals to develop stress which reveals itself in relationship problems, family breakdowns, domestic violence, increased use of drugs, and alcohol, isolation and withdrawal from personal relationship, reduced interest in sex and other psycho-social outcomes (Cox and Griffiths, 2004).

In addition, these researchers further explain that stress can also contribute to exhaustion and fatigue, causing workers to lose interest or feel too tired for personal or family hobbies and recreational activities.

Through out the world, there is a growing acceptance that accidents and ill-health at work impact not only on the lives of individual workers, their families and their potential for future work, but also the productivity and profitability of their organizations or enterprises and ultimately the welfare of the society in which they live (L.R.Murphy, 1998). In this regard, the ILO firmly believes that work-related accidents and its psychosocial problems as well as ill health can be indeed and must be prevented.

2.4 Intervention mechanisms of organizations to minimize the incidence of work - related accidents and its associated psychosocial problems

The ILO report generated in 2007 on this issue explains that to make an intervention strategy a reality, action is needed at international, regional, national and organizational levels to achieve this. Yet, globally, the statistics appear to show an increasing trend in work place accidents and diseases (ILO, 2009).

The effects of workplace stress costs employers a huge amount of money every year world wide in lost productivity, medical costs, absenteeism and accidents (Lawless, 1991). The researcher further explains that the effects on employees can also result in a myriad of negative effects of psychological problems such as stress, anxiety, depression and substance abuse.

To combat the effects of counter productive workplace accident based stress, according to Williams and cooper (2002) employers should become proactive in promoting employee's happiness and good health by implementing stress relief initiatives that help employees manage their personal lives and accident related stress.

According to Murray and Lopez (1996) programs such as supportive work policy, effective management communication, health insurance coverage and flexible scheduling of work hours are some of the possible intervention strategies organizations should employ in order to buffer the psychosocial problems of work related accident.

Regarding the intervention mechanisms, WHO (2003) stated that the action to be implemented should secure management commitment and organization-wide support to address stress, raise awareness on the psychosocial problems of work-related accident, addressing the work-home interface, ensure employees involvement towards the action to be taken, set goals with time limits and designing an action plan.

In line with this issue, Murray and Lopez (1996) suggested that organizations should proactively act in order to avoid the multi-faceted impacts of work related accidents, which possibly affect both employees and the organizations productivity. ILO on its 2003 annual report confirmed that organizations must exert their utmost efforts at least to reasonably minimize the incidence of work related accidents and the problems reflected on their employees by taking in to account the possible causes of work related accidents.

Above all, according to Murray and Lopez (1996) organizations must incorporate and properly implement preventive strategies in connection with work related accidents to enable employees work in an environment that is conducive and inviting as well.

CHAPTER THREE

3. Methodology

3.1 Research Design

In this study, a descriptive survey research method was employed. Mainly quantitative research method was used to describe and interpret the current psychosocial problems of workers who experienced work related accidents. In addition to this, qualitative research method was also used to analyse and describe the data gathered about the psychosocial problems of work related accidents from key informants and FGD participants in the selected organizations.

3.2 Participants of the Study

The participants of the study were drawn from two organizations (Addis Ababa Abattoirs and Matador Addis). A total of 103 participants were involved in the study who are 2 supervisors, 12 FGD participants (workers representatives, safety officers and clinic heads) and 89 employees in those two organizations.

The majority of the participants of the study were males and the remaining proportions were females. Concerning the age ranges of the participants, the majority were within the age ranges from 36 to 45. As far as the educational status was concerned, most of the participants were above high school level. Regarding marital status, a significant proportion of them were married and the second significant proportions were also single. In connection with employment type, the largest proportions were permanent employees.

3.3 Sampling Technique

The study was exclusively focused on workers who had experienced work related accidents. Lists of organizations who have reported work related accidents in the last twelve months were collected from the city government of Addis Ababa Labour and social Affairs office. This office reported that Addis Ababa Abattoirs and Matador Addis Tire Industry had reported large cases of work related accidents with in the last twelve months. Taking into consideration the large number of cases reported to the Addis Ababa city Government of Labour and Social Affairs Office from the above two listed organizations, purposive sampling method was employed to choose the two organizations. In the selected two organizations, totally there were 1404 employees. Of which, 589 employees were experienced work related accidents in the two organizations selected for this study.

From the first organization where 369 experienced work related accidents, 60 participants were selected randomly. Similarly, using random sampling technique, 29 participants were selected from the second organization where 193 employees experienced work related accidents. All together 89 participants who had experienced work related accidents were selected using random sampling method. In addition to this, one supervisor from each organization was selected using purposive sampling technique. On top of that, 12 FGD participants (workers' representatives, administrative representatives, safety health officers and clinic heads) were selected using purposive sampling technique.

3.4 Data Collection Instruments

A total of two measuring instruments were applied to gather the required data. Of which, the first one was about the socio-demographic characteristics of the participants such as age, sex, marital status, educational status, monthly income, time on the job, job content and others. The second part of the instrument was designed to measure work stress symptom. It was a 10-item scale developed by Osterman (1992) and has a five-point response format ranging from "never"(0) to "very often"(4) and has a reliability value of .82.

The stress symptom scale is translated into Amharic and three language experts from two high schools checked the content validity. Finally, pilot test was conducted on a sample of 30 who had experienced work related accidents in the last twelve months and .76 reliability value was found. This suggests that high reliability was obtained using pilot study and the questionnaire was administered to the participants. In addition, five Focus group discussion items were prepared and held to collect data from the Focus group discussion participants.

3.4.1 Scoring Procedure

According to Osterman (1992), the scoring procedure of the stress symptom scale employed is classified in that a score from 0-10(shows stress is not a problem), a score ranges from 11-20(shows a mild level of stress for a person who experienced work related accident), a score ranging from 21-30(indicates a moderate level of stress) and a score ranges from 30-40 indicates that stress is a major or sever problem.

3.5 Data Gathering Procedure

The required data for the study were gathered from 103 participants using 30 background information items, 10 self-report scale items and 5 Focus Group Discussion items. Two research assistants were chosen from those selected two organizations and given instructions on how to administer the questionnaire.

These assistant researchers were selected from the two organizations based on the recommendations given by the safety and health officers working in the organizations. Those 89 selected participants filled out 40 questionnaire items (30 background and 10 self-report scale items) based on the instruction given by the respective research assistants. The research assistants were told to administer and return back the questionnaires to the researcher with care. Although the instruments applied for this study were prepared to be self administered, it was applicable merely for those literate participants. So, to address those participants who are not educated, data collectors were recruited and given orientation as to how they collect data taking into consideration the need to read the questions for the respondents aloud, explaining the content as per required and recording the responses given by the respondents. 12 FGD participants and 2 supervisors (key informants) had also involved in this study.

3.6 Method of Data Analysis

Since the design of the study is a descriptive survey research, both quantitative and qualitative methods of data analysis were used. Specifically, percentage was used to describe the results obtained from the responses of questionnaires given by the participants. The results of Focus Group Discussion were analysed qualitatively.

Chapter Four

4. Results and Data Presentation

4.1 Socio-demographic characteristics of respondents

Table1: Age of respondents

Age Groups	No	%
18-25	4	4.50
26-35	26	29.20
36-45	34	38.20
46-55	23	25.80
Above 55	2	2.20
Total	89	100.00

As can be seen from Table 1 above, the majority of the participants' age ranged from 36 to 45, which accounts for 38.2% and 26-35 that also accounts for 29.20%.

Table 2: Sex of Respondents

Sex	No	%
Male	60	67.40
Female	29	32.60
Total	89	100.00

Regarding the gender aspect of the participants of the study, as clearly seen in Table two above, 60 of them are males (67.4 %) and the remaining 29 respondents are females (32.6 %).

Table 3: Educational status of respondents

Educational Status	No	%
Illiterate	1	1.10
Reading & writing	1	1.10
Elementary school	1	1.10
Secondary school	16	18.00
Diploma graduate	46	51.70
University graduate	16	18.00
Others	8	9.00
Total	89	100.00

As the data described above in Table three concerning the education background of the participants of the study, most of the respondents are above secondary school. Of which, 46 respondents (51.7%) are diploma graduates and 16 respondents (18%) are also university graduates. Of course, there are respondents who are not in a position even to read and write although they represent a small number out of the total number of participants.

Table 4: Marital status of respondents

Marital Status	No	%
Single	28	31.50
Married	51	57.30
Divorced	9	10.10
Married but separated	1	1.10
Total	89	100.00

Table 4 showed that the marital statuses of the participants of the study (57.30%) were married and a significant proportion of the participants (31.50%) were also single. The remaining participants were divorced (10.10%) and married but separated (1.10%).

Table 5: Employment of respondents

Employment	No	%
Permanent	85	95.50
Contract	4	4.50
Total	89	100.00

Above Table 5 showed that a large number among the participants of the study were permanent employees (95.5%) and only the remaining insignificant proportion of the participants were workers on contractual basis (4.5%).

4.2 Respondents Result on Self-Report Scale items

Table 6: Respondents Stress Level

<i>Score category</i>	<i>N_o</i>	<i>%</i>	<i>Remark</i>
0-10	1	1.1	None
11-20	26	29.2	Mild
21-30	58	65.2	Moderate
31-40	4	4.5	Sever
<i>Total</i>	89	100.00	

Based on the results presented above in Table 6, most of the participants show a moderate stress level (65.2%) and the second significant proportion of the participants (29.2 %) also manifest a mild level of stress. In addition, 4.5 % of the participants manifested a sever level of stress.

4.3 Cross Tabulation of work stress level

Table 7.1: Cross tabulation of work stress level by sex (percentage)

<i>Sex</i>	<i>Stress Score category</i>	<i>N_o</i>	<i>%</i>
<i>Male</i>	0-10	9	10.11
	11-20	21	3.59
	21-30	19	21.34
	31-40	3	3.37
<i>Female</i>	0-10	2	2.24
	11-20	1	1.12
	21-30	27	30.33
	31-40	1	1.12
<i>Total</i>	-	89	100.00

As Table 7 above indicates, relatively the highest proportion of female participants (30.33%) manifest a moderate level of stress and also 21.34% of male participants did manifest the same level of stress.

Table 7.2: Cross Tabulation of work stress level by sex (one-way ANOVA)

Sex	Mean square (bg)	(dfbg)	F	Sig.
Male	0.480	1	1.544	0.217
Female				

Table 7.2 showed that there was no statistically significant difference between males and females in their stress level ($x=0.4880$, d.f. =1, $p>0.05$).

Table 8 .1: Cross tabulation of Stress level by Education Status (percentage)

<i>Education Status</i>	<i>No</i>	<i>%</i>	<i>Stress level</i>
Illiterate	1	1.10	<i>none</i>
Read and write	1	1.10	<i>none</i>
Secondary school	9	10.11	moderate
	7	7.86	mild
Diploma	32	35.95	moderate
	14	15.73	mild
University	5	5.62	mild
	11	12.35	moderate
Total	-	89	100.00

According to the data described in Table 8.1 above, the level of stress shows an increasing pattern following the increasing level of the educational status of the participants involved in the study.

Table 8.2: Cross tabulation of stress level by education status (one-way ANOVA)

Education status	Mean square (bg)	(dfbg)	F	Sig.
Illiterate	0.773	6	1.544	0.217
Reading and writing				
elementary				
secondary school				
diploma				
university				

As stated in Table 8.2 above, there was no significant effect of educational status concerning the level of stress in any of the groups ($x=0.773, d.f.=6, p>0.05$).

Table 9: Cross tabulation of stress level by marital status (percentage)

Marital status	Respondents		Stress Level
	No	%	
Married	51	57.30	Mild
Single	28	31.50	Moderate
Divorced	9	10.10	Sever
married/separated	1	1.10	Moderate
Total	89	100.00	

According to the data presented in Table 9 above, those participants who are single and divorced manifested a moderate and sever level of stress respectively.

Table 9.1: Cross tabulation of stress level by marital status (one-way ANOVA)

Marital status	Mean square(bg)	(dfbg)	F	Sig.
Married	0.758	3	2.552	0.61
Single				
Divorced				
Married/separated				

Based on the data presented above in Table 9.1, there was no significant effect of accident related stress in any of the marital status groups($x=0.758$, d.f.3, $p>0.05$).

Table 10: Respondents response for family related problems

Items	No	%
Conflict of responsibilities	43	48.31
Domestic violence	11	12.35
Difficulties in daily life logistics	20	22.47
Decline of interest for family hobbies	15	16.85
Total	89	100.00

Table number 10 showed that employees who experienced work related accidents are also facing conflict of responsibilities (48.31%), difficulties in managing their daily life logistics (22.47%) and the other significant proportion of them has also shown a decline of interest for family hobbies (16.85%).

Table 11: Possible Causes for work related accidents

Items	Respondents	
	No	%
High work pace	34	38.20
Absence of support from supervisors	38	42.69
Long working hours	13	14.60
Psychological harassment	4	4.49
Total	89	100.00

The data presented in Table 11 above regarding the possible causes of work related accidents, the participants responded that absence of support from supervisors (38%), high work pace (38.20%) and long working hours (14.60%) are some of the significant responses obtained in order of importance.

Table 12: Intervention mechanisms employed by the organization to address psychosocial problems

Items	Respondents	
	No	%
Redistribution of work among colleagues	10	11.23
prioritization of tasks	19	21.34
provision of appropriate training for employees	31	34.83
Building team work	29	32.58
Total	89	100.00

Concerning the intervention mechanisms that should be employed by the respective organizations, as per the data presented in Table 12 above, the participants responded that provision of appropriate training for the employees (34.83%), building team work (32.58%) and prioritization of tasks (21.34%) are among the responses given by the participants accordingly.

Chapter five

5. Discussion

The study attempted to assess the psychosocial problems of employees and the intervention mechanisms of organizations towards alleviating the problems of their employees who had come across work related accidents in the two organizations selected for this study.

In this study, the major findings obtained through applying various data collection tools from the participants in focus are discussed in accordance with the stated research questions.

The discussion part of the study focuses on explaining the results obtained from the analysis concerning the stress level of the participants in connection with work related accidents, the major and possible causes of work related accidents, family related problems with regard to work related accidents and the intervention mechanisms employed by the organizations in focus.

On top of that, perceptions of supervisors and the organization's safety officers regarding the psychosocial problems of employees who had experienced work related accidents are discussed here.

5.1 Socio-demographic characteristics of the participants

Regarding the sex distribution of the participants in the study area, the findings indicated that males are by far greater than the number of females participants. As the findings of the study indicated, the educational level of the participants ranges from illiterate to university graduate levels. Specifically, a significant portion of the participants is a diploma graduate and the majority of them from the remaining participants include high school and university graduates respectively. In relation to marital status, the majority of the participants are married and single respectively.

5.2 Respondents Stress Level

Results of this study showed that about 55.10 % of the participants reported a moderate level of stress. The reported level of stress in this study can be considered moderate into the score of the scale employed, but must be taken in to account because of its possible adverse impacts.

The research conducted by Levi (1984), by taking 548 participants as a sample of the study indicated that employees who had experienced work related accidents manifested very high levels of stress at work.

But in this study the results are found to indicate there is such a link between work related accidents and stress level. However, more in-depth research would be necessary to clearly investigate and establish a casual link between any of the demographic and psychosocial problems of work related accidents measured against the stress level.

5.3 Work related accident stress level by Sex

The results of the study indicated that female participants were manifested relatively higher level of stress based on the scale employed while male participants did manifest a lower/mild level of stress. In line with this finding, other researches in the area confirmed this result in that female employees are generally experienced and express stress related problems greater than male (Kanppinen, 2003).

This study also shows that 19% of the participants out of the 29 female participants have experienced a moderate level of stress, which is considered as a major problem as per the interpretation of the scale employed. This finding is supported by the previous study that females revealed a significant level of stress when they came across work related accidents (Giuffrida, 2001).

5.4 Stress due to work related accidents by marital status

The results of this study showed that marital status was related to the reporting of stress with those who were divorced or separated generally having a higher proportion in the higher reported stress score category. Previous researches in this regard showed that those participants who were getting problems in connection with their marriage manifest psychosocial problems when they came across work related accidents (Williams and Cooper, 2002).

In addition to this, the findings of the study also revealed that there was generally higher level of proportions of in the high reported stress level in those above secondary school participants. Those in the middle age categories and employees on permanent basis were also generally higher proportions in the high stress level (moderate to severe). But the researcher, in the above cases, could not be able to get literatures to support or negate what is found in this study.

In general, the psychosocial problems of workplace accidents among employees of different organizations who had experienced workplace accidents are found to be moderate. So, by the observation that the researcher did during the visit to carry out interview and other data collection activities, it was observed that the atmosphere was very friendly and people working in those organizations were found to be very cooperative each other. The structure of the organizations were very good and the rules and regulations for each employee are equal and there is no condition like" that of rigid rules and lack of participation of employees in decision-making.

The organization core values are both held and widely shared where a strong culture had a great influence on the behaviour of its members because the high degree of sharing feelings and intensity creates an internal climate of high behavioural control (Robbins, 1996).

From the organizations stand point, management may not be concerned when employees experience low to moderate levels of stress. The reason is that such levels of stress, whatever the causes might be, is functional and lead to higher performance. When there is workplace accident, it causes stress but as human beings are adaptive, they can manage it (Tehrani, 2004).

On top of that both of the organizations provide health facilities and other fringe benefits for their workers at times of crises as reported by the supervisors. In addition, the majority of the participants had experienced a kind of soft tissue injury (STI) cases which did not cause them to develop a serious psychological problem. It was also seemed that the organizations gave due emphasis for their employees and the presence of safety officers could be taken as an indicator of their concern towards the health conditions of their employees.

5.5 The psychosocial problems of employees with work related accidents and interventions needed by the organizations

While justifying the need to address the psychosocial problems of workplace accidents, most of the FGD participants indicated that workers experienced workplace accidents need to be supported by their organizations and professionals in their area to get ameliorated from the feelings of the accident occurred. The participants also noted that if the organizations are failed to support their workers who are exposed to workplace accidents, the organizations themselves could be affected due to costs associated with increased absenteeism, staff turn over, reduced performance and productivity, increased unsafe working practices and additional accidents and so on.

Similarly, the FGD participants have highlighted the fact that the psychosocial problems of workplace accidents may lead to varying health problems affecting physiological and psychological health as well as the workers cognition and behaviour.

Virtually, all focus group participants coined that one should not make the mistake of thinking about the psychosocial and organizational hazards solely as risks to psychological health.

According to the FGD participants and the key informants, when the psychosocial problems resulted from work related stress does not decrease and continues over prolonged periods, employees who had experienced work related accidents do not have enough time to recover from the psychosocial problems they are exposed for.

These problems, according to the FGD discussants, may eventually cause mental and physical disorders resulting in sickness and absence from work and work disability.

Wide array of challenges were mentioned as deterring factors in keeping employees healthy. These challenges, come from work related accidents and its negative psychosocial consequences. In most FGD participants, although it is not possible to give one specific prescription for preventing the incidence of work related accident and buffer its negative psychosocial effects, the participants indicated that it is possible to offer guidelines for the prevention of the psychosocial problems of work related accidents.

While stating the role of the organizations and the preventive strategies that should be kept in place to keep the work force healthy and productive as well, some of the FGD participants underlined that as the basic foundation of a healthily challenged workforce, employees have to be motivated, feel safe in their job, be satisfied and perceive to have control over their work.

According to the FGD discussants, prevention of the psychosocial problems resulted from work related accident, therefore, is an important undertaking that should involve a stepwise process.

All of the FGD participants and the key informants unanimously agreed on the importance of the preventive steps that should be taken by the organizations to significantly minimize the incidence of work related accidents and buffer its adverse effects in connection with the psychosocial problems that the employees who experienced work related accidents are suffering from.

Of the possible preventive steps the organizations should take in to account, according to the discussants, the following would be the most important and practical ones. These steps include ensuring the management commitment to address work related stress, raise awareness of workers as well as employers to enable them understand exactly about the causes, consequences, costs and solutions of the psychosocial problems of work related accidents. In addition, the participants also pointed out that the organizations should gather evidence of signs of the psychosocial problems of their employees so that they can react in a timely manner to address the problem.

It was expressed by the participants that sickness absence due to mental health, musculoskeletal or cardiovascular problems may be the result and eventually work disability or death will be the consequence.

So the FGD participants have largely agreed with the idea that employees who had experienced workplace accidents should get appropriate support for maintaining their physical health and psychosocial wellbeing.

5. 2 Causes of workplace accidents

The FGD participants have underpinned that employees could be exposed for workplace accidents due to various reasons. Some of the reasons they mentioned include, too high job demands, a fast work pace or time pressure, a lack of control over work load and process, lack of social support from work mates or supervisors, irregular working hours (especially shift work), and being exposed to unpleasant or dangerous physical conditions and not being able to control them. The participants noted that there should be prevention strategies that might focus on changing working condition or job redesign.

Most of the FGD participants further explained that the psychosocial problems of work place accidents have also associated with family responsibilities and other social roles. These problems, according to the participants, ask for prevention strategies, which should promote work-life balance and focus on the provision of support for people to enabling them combine work with family responsibilities.

According to most of the FGD participants, the causes of work related accidents, although individual and organizational characteristics play a role in this regard, the majority argued that work related accidents are resulted from the interaction between the worker and the conditions of work. Views differ, however, on the importance of worker characteristics versus working conditions as the primary cause of the problem in focus. These differences, according to the key informants in this study, are important since they suggest and lead to different ways to prevent the source of work related accidents and thereby to assess and ameliorate the psychosocial problems of resulted fro the issue under discussion

Further more, in one FGD, the participants indicated that employees working in stressful working conditions appear to be exposed for work related accidents. The risks they face are generally of a chronic, long lasting nature, herewith implying negative health consequences and associated psychosocial problems.

Almost all of the participants in this study believed that work related accident may additionally result from a poor balance at the home-work interface, with particularly severe consequences when poor living conditions converge.

Chapter SIX

6. Summary, Conclusions and Recommendations

6.1 Summary

The aim of this study was primarily to assess the non-clinical psychosocial problems of workplace accidents among workers experienced the problem in order to ascertain whether employees who experienced work place accidents manifest a significant level of stress or not. In addition, this study was also intended to determine if each of the participants demographic variables (such as sex, age, marital status, employment and education) have a significant relationship with a considerable level of stress.

Different Studies demonstrate that the prevalence of work related stress was higher for workers who are engaging in different organizations. Stress at work might be resulted from an inadequate work design, bad work organization and work management interacting with individual characteristics.

So as to see the psychosocial problems of workplace accidents, 89 participants were drawn from two organizations using a random sampling technique. A comprehensive self-report instrument including socio-demographic and occupational characteristics used to gather the data. This instrument was composed of objective questions about socio-demographic and occupational characteristics such as sex, age, marital status, educational status, time on the job or stay in the organization, employment type and monthly income.

The second part of the instrument was about work stress symptom scale, which was composed of 10 items. Each question of the scale presents a situation of exposure to stress and answers the employees perception about this situation in their daily work through a 5-points scale ranging from (0) never to very often (4).

The findings of this study reveal that there is an association between the demographic variables and scores on stress symptom scale. But the relationship among the demographic variables and the scores did not indicate a strong relationship, which enables the researcher to establish a link.

6.2 Conclusions

Based on the findings, the researcher concludes the following:

- The reported level of stress at work in connection with work place accidents can be considered low/moderate into the scale, but must be taken into account because of its possible adverse effects.
- Assessment of family related problems as indicators of their psychosocial well-being reveals that employees with work related accidents manifested conflict of responsibilities, domestic violence, difficulties in daily life logistics and decline of interest for family hobbies.
- This study also indicates that absence of support from supervisors, high work pace, long working hours and psychological harassment are the possible causes for work related accidents.
- More over, this study also reveals that there was less reliance on the redistribution of work among colleagues, absence of prioritization of tasks, provision of appropriate training for employees and building team work as a coping and preventive strategy by the organizations to maintain the psychosocial well-being of their employees.

6.2 Recommendations

Based on the findings of the study, the researcher has the following recommendations:

- Although the level of reported stress is moderate, in view of the effects deriving from continuous exposure, the researcher suggests that the implementation of measures aiming to improve the psychosocial well-being of employees should be in place.
- Since this study reveals that employees with work related accidents manifested family related problems, appropriate intervention has to be taken before the problem gets worsened. Thus, any organization (governmental or non-governmental), which claims to be considerate of the welfare of employees, should facilitate conditions in which these employees get special services like counselling and health care.
- The organizations should employ approaches to undertake a risk assessment, examining sickness absence levels and employees feedback. Thus, based on the results of the risk assessment, managers, supervisors and safety officers should act together to proactively address the possible causes of work related accidents and make the working environments conducive and inviting.
- There has to be a clear-cut stand on the part of the organizations to put in place interventions strategies to enable employees with work related accidents cope with the psychosocial problems. To this end, workers' representatives and the concerned government bodies should deal with the managing bodies of the organizations to make preventive and coping strategies a reality.
- On top of that, the researcher has recommended that further study should be carried out to investigate the psychosocial problems of employees with work related accidents in a more intensive and comprehensive manner.

REFERENCES

- Addis Ababa City Government Labour & Social Affairs Office (2003). A Study on the effects of light on workers in printing enterprises, Addis Ababa.
- Ali O. (2003). Fundamental Principles of Occupational Health and Safety, International Labour Office Geneva.
- Ashi Bhattacharjee(2003). Relationships of job and some individual characteristics to occupational injuries in employed people.
- Afamdi O.Ezenwa(2001). A study of fatal injuries in Nigerian factories
- A. Baron and Greenberg (2003). Understanding and managing the human side of work; New Jersey, U.S.A.
- Barry S. Levy & David H. Wegman(1995). Occupational Health: Recognizing and preventing work-related Disease, U.S.A.
- Cox T. and Griffiths (2004). Psychosocial and organizational hazards.
- Caufield N, Dollard M, Elshaug A(2004). Review of Occupational Stress interventions in Australia International Journal of Stress Management, Vol 11 No 2 149-166.
- European Agency for safety and health at work (Report 2007)

Giuffrida A. Iunes R.F and Saved off W.D (2001): Economic and Health Effects of Occupational Hazards in Latin America and the Caribbean. Inter-American Development Bank, Washington D.C

ILO, (1986,1994,2001,2003,2007,2008,2009): Psychosocial factors at work: Occupational safety and Health, Geneva, Switzerland.

L.R Murphy(1998). Workplace interventions for stress reduction and prevention.

Levi L.(1997). Psychosocial environmental factors and psychologically mediated effects of physical environmental factors.

Lawless,P.(1991).Employee burn out: Americas newest epidemic.

Levi, L. (1984,1995): Stress in Industry: Causes, Effects and prevention Occupational Safety and Health Series, No.51, Geneva, Switzerland.

Levis and Trends (2001). Rates of injury within small and large manufacturing work places.

Lowewinson RH.(1998).Health impact of occupational risks in informal sectors in Zimbabwe.

Murray,C. and Lopez(1996). The Global Burden of disease;Boston Harvard University press.

Muchinsky M. Paul (2003). Psychology Applied to work, an introduction to industrial & Organizational Psychology, University of North Carolina, U.S.A

Olishifski B. P.E (1979): Fundamentals of industrial hygiene, Second edition Chicago, U.S.A

Professor Tom Cox and Dr. Amanda Griffiths, (2004): work related stress in nursing, controlling the risk to Health, London.

Rantanen, J.(2000) . Impact of Globalization on occupation Health; Singapore.

Smith PM.(2004).Examining the association between physical work demands and work injuries between men and women.

Tehrani, N.(2004). Recovery, rehabilitation and retention: maintaining a productive workforce. A guide. London: Chartered Institute of personnel

WHO team of researchers (1994, 2003,2007): Raising Awareness of stress at work in developing Countries, Geneva, Switzerland.

World Health Organization (1994,2003,2005,2007): Global Strategy on occupational Health for all: the way to health at work. Geneva, Switzerland.

Williams, S. and Cooper, L. "Managing Workplace Stress", England: John Wiley and Sons, Ltd, 2002

Appendix-A

Assessment questionnaire to identify the demographic and adjustment status of the participants

Objective: Here under are items focusing on your personal life experiences or events that you have come across while working in the factory for the purpose of obtaining appropriate information for this study. The research to be carried out is intended to assess and describe the psychosocial effects of work-related accidents. Since your genuine response is absolutely important for the realization of the study, I would like to extend my thanks in advance for your unreserved cooperation. Please, therefore, provide your response to the questions by marking "x" on the space provided.

Part I: Background Information

1. Sex _____
2. Age _____
3. What is your marital status?
 - a) Single b) married c) divorced d) widowed
 - e) Married but separated
4. What is the level of your educational status?
 - a) Illiterate b) reading and writing c) elementary school d) secondary school
 - e) diploma graduate (10+3) f) university graduate
 - g) others, please specify _____
5. For how long did you stay in the factory?
 - a) For one year b) for 2-3 years c) for 4-5 years d) 6-10 years e) more than 10 years
6. How much is your monthly income? _____
7. What type of job are you assigned for? Please list.
 - a)-----
 - b)-----
 - c)-----

- a) Yes, regularly---- b) Sometimes----- c) no-----
20. Do you receive support from your supervisor and /or colleagues?
a) Yes, regularly----- b) Sometimes----- c) no-----
21. Do you have enough time to get your job done properly?
a) Yes, regularly----- b) Sometimes----- c) no-----
22. Are you exposed to unfavourable physical conditions in your work (for example unfavourable noise, radiation, chemicals, constant repetitive work, etc)?
a) Yes, regularly----- b) Sometimes----- c) no-----
23. Are you isolated from others during work?
a) Yes, regularly----- b) Sometimes----- c) no-----
24. Do you experience violence from customers, clients or members of the public?
a) Yes, regularly----- b) Sometimes----- c) no-----
25. Is your work security good?
a) Yes----- b) no -----
26. Is it likely that during the next couple of years you will be in the present job with your current employer?
a) Yes -----
b) I do not know-----
27. What are the causes of work related accidents?
a) High work pace
b) Absence of support from supervisors
c) Long working hours
d) Psychological harassment
28. What family related problems do you encountered so far, which is resulted from work, related problems?
a) Conflict of responsibilities
b) Domestic violence
c) Difficulties in daily life logistics
d) Decline of interest for family hobbies

29. What are the intervention mechanisms employed by the organizations to prevent the psychosocial problems of work related accidents?

- a) Redistribution of work among colleagues
- b) Prioritization of tasks
- c) Provision of appropriate training
- d) Building team work

30. What mechanisms do the organizations facilitate to enable workers participate to secure their right during their stay in the organization?

- a) Organize programs to enable workers discuss about their problems on quarterly basis
- b) Workers participate in the organization's decision process via their officially appointed representatives
- c) Workers have exposures to update their knowledge through exploiting various opportunities availing in the organization
- d) Organize experience-sharing forums with workers engaging in other organizations

APPENDIX-B

Work Stress Symptom Scale K. Bjorkqvist & Osterman, Abo Academy University, Finland (1992)

Have you, due to stress at your workplace, suffered from any of these symptoms during the last twelve months?

Your age: ____ years your sex: female ____ male ____

Answer by marking the alternative that comes closest to your own experience.

0=never, 1= seldom, 2= occasionally, 3= often, 4= very often

- | | | | | | |
|---|---|---|---|---|---|
| 1. Exhaustion----- | 0 | 1 | 2 | 3 | 4 |
| 2. Difficulties to concentrate----- | 0 | 1 | 2 | 3 | 4 |
| 3. Weariness and feebleness----- | 0 | 1 | 2 | 3 | 4 |
| 4. Insomnia----- | 0 | 1 | 2 | 3 | 4 |
| 5. Nervousness ----- | 0 | 1 | 2 | 3 | 4 |
| 6. Irritation----- | 0 | 1 | 2 | 3 | 4 |
| 7. Depression----- | 0 | 1 | 2 | 3 | 4 |
| 8. Indifference towards everything----- | 0 | 1 | 2 | 3 | 4 |
| 9. Reduced work performance----- | 0 | 1 | 2 | 3 | 4 |
| 10. Reduced self confidence----- | 0 | 1 | 2 | 3 | 4 |

Appendix-C

FGD guiding points

1. What are the possible causes for work related accidents?
2. What are the coping mechanisms or strategies does the organization employ in order to help workers come out of the psychosocial effects of workplace accidents?
3. What preventive mechanisms should the organization employ to avoid work related accidents?
4. What are the social problems that workers who experience work related accidents are facing?
5. Is it possible to avoid work place accidents? If so, how?

Appendix – E

Demographic Questionnaire – Amharic Version

መጠይቅ- ዓላማ:- ከዚህ በታች የተመለከቱት ጥያቄዎች በሥራና በግል ህይወትዎ ያጋጠመዎትን ክስተት የሚጠይቁ ሲሆኑ አላማውም ለጥናት የሚሆን መረጃ ለመሰብሰብ ነው። የሚጠናው ጥናት አብይ አላማው በስራ ላይ የሚያጋጥም አደጋ የቱን ያክል ለጭንቀት እንደሚዳርግ ለመዳሰስ በመሆኑ የዕርስዎ ሃቀኛ መልስ ለጥናቱ ስኬታማነት ላቅ ያለ አስተዋፅኦ ስላለው በቅድሚያ ላመሰግን እወዳለሁ። መልስዎን በመልስ መስጫ ሳጥን ውስጥ የ"X" ምልክት በመጠቀም መጻፍ ይችላሉ።

1. ያታ _____
2. ዕድሜዎ ስንት ነው? _____
3. የጋብቻዎ ሁኔታ ምን ይመስላል?
 1. ያላገባ
 2. ያገባ
 3. የፈረሰ ጋብቻ
 4. ሌላ ካለ ይግለፁ _____
4. የትምህርት ሁኔታ ምን ይመስላል?
 1. ያልተማረ
 2. ማንበብና መጻፍ የሚችል
 3. ከ1ኛ-6ኛ
 4. ከ7ኛ-10ኛ
 5. ዲፕሎማ (10+3)
 6. ዲግሪ
 7. ሌላ ካለ ይግለፁ _____
5. በድርጅቱ ለምን ያክል ዓመት በሥራ ላይ ቆይተዋል?
 1. አንድ ዓመት
 2. ከ2 -3 ዓመት
 3. ከ4-5 ዓመት
 4. ከ6-10 ዓመት
 5. ከ10 ዓመት በላይ
6. የወር ገቢዎ /ደመወዝዎ/ ምን ያህል ነው? _____
7. የተመደቡት የሥራ ዘርፍ ምንድን ነው? _____
8. ቀጥሎ ከተገለፁት መካከል የእለት ዕለት ህይወትዎን ይበልጥ የሚገልፀው የቱ ነው?
 1. የድካም ስሜትና የጉልበት ዕጥረት
 2. ለመወሰን መቸገር
 3. የኃላፊነት መደራረብ
 4. ለመቋቋም የሚከብድ ስሜት
9. መደበኛ ስራዎ በቤተሰብዎና በዕረፍት ጊዜዎ ላይ ጫና ይፈጥራል?
 1. አዎ
 2. አልፎ አልፎ
 3. አይፈጥርም
10. የሥራ ቅጥር ሁኔታዎ ምን ይመስላል?

1. ቋሚ ሰራተኛ 2. የኮንትራት ሰራተኛ 3. ሌላ ካለ ይግለፁ _____

11. ምክንያታዊ በሆነ አግባብ የሚሰማዎትን ጉዳይ ለቅርብ አለቃዎ በግልፅ የመናገር ልምድ አለዎት?

1. አዎ 2. አልናገርም

12. በሥራ ተቆጣጣሪዎ አሉታዊ ትችት ሲገጥምዎት ምን ይሰማዎታል?

1. በጣም እናደዳለሁ 2. በመጠኑ እናደዳለሁ 3. በጥቂቱ ንዴት /ብስጭት/ ይሰማኛል

13. በቀን ውስጥ ባከናወኑት ተግባር ይደሰታሉ?

1. ዘወትር 2. አልፎ አልፎ 3. በተወሰነ አጋጣሚ

14. የሚሰሩት ስራ ከተቀመጠለት ጊዜ በልጦ ያውቃል?

1. ብዙ ጊዜ 2. አልፎ አልፎ 3. በተወሰነ አጋጣሚ

15. የሀይወትዎን ግብ ለማሳካት በሚያስችልዎ ትክክለኛ ጎዳና ላይ እገኛለሁ ብለው ያስባሉ?

1. አዎ 2. አይደለሁም

16. በስራዎ ለሚያሳዩት ብቃትና ቁርጠኝነት ተገቢውን ግምት ተሰጥቶኛል ብለው ያስባሉ?

1. አዎ 2. አላስብም

17. በስራዎ ባለዎት ብቃትና ተነሳሽነት ተገቢውን ቦታ አግኝቼአለሁ ብለው ያምናሉ?

1. አዎ 2. አላገኘሁም

18. በድርጅቱ በሚደረገው የውሳኔ አሰጣጥ ሂደት ይሳተፋሉ?

1. አዎ 2. አልሳተፍም 3. አልፎ አልፎ እሳተፋለሁ

19. በስራዎ የሚፈጠር የስራ ብዛትን /ጫናን መቀነስ ይችላሉ?

1. አዎ 2. አልችልም 3. አልፎ አልፎ

20. ከሥራ ተቆጣጣሪዎ /የቅርብ አለቃዎ ድጋፍ ይደረግልዎታል?

1. አዎ 2. አይደረግልኝም 3. አልፎ አልፎ ድጋፍ አገኛለሁ

21. ሥራዎን በአግባቡ የሚያከናውኑበት በቂ ጊዜ ይሰጥዎታል?

1. አዎ 2. አይሰጠኝም 3. አልፎ አልፎ

22. በሥራዎ ምክንያት ምቹ ላልሆኑ ለምሳሌ እነደ ኬሚካል፣ ከፍተኛ የድምፅ ጩኸትና ከፍተኛ ሙቀት ወዘተ የመጋለጥ እድል ያጋጥምዎታል?

1. አዎ 2. አያጋጥመኝም 3. አልፎ አልፎ እጋለጣለሁ

23. በስራ ላይ እያሉ ከሌሎች ተገልለው የሚሰሩበት ሁኔታ ያጋጥምዎታል?

1. አዎ 2. አያጋጥመኝም 3. አልፎ አልፎ

24. በስራ ላይ እያሉ ከደንበኞች ወይም ከስራ ባልደረቦችዎ ሁከት የሚያጋጥምበት ሁኔታ አለ?

1. አዎ 2. አያጋጥመኝም 3. አልፎ አልፎ ያጋጥማል

25. የሥራዎ ቀጣይነት አስተማማኝ ነው ብለው ያምናሉ?

1. አዎ 2. አይታወቅም

26. በሚቀጥሉት አመታት አሁን በያዙት ሥራ እቀጥላለሁ ብለው ያስባሉ?

1. አዎ 2. አይታወቅም

27. በሥራ ላይ የሚያጋጥም አደጋ ከቤተሰብ ህይወት ጋር ያለው ትስስር ምን ይመስላል?

1. የኃላፊነት አለመጣጣም ያስከትላል
2. የቤት ውስጥ ግጭት እንዲፈጠር ያደርጋል
3. በዕለት ዕለት የኑሮ መስተጋብር ላይ ችግር ያጋጥማል
4. በቤተሰብ ዙሪያ ፍላጎት መቀነስ ያስከትላል

28. ለሥራ ላይ አደጋ ማጋጠም መንስኤው ምን ይመስልዎታል?

1. ከፍተኛ የስራ ፍላጎት/ጥድፈያ የበዛበት አሰራር
2. የቅርብ አለቃ ክትትል ማነስ
3. ለረጅም ሰዓት ያለረፍት መስራት
4. በሌሎች የሚፈጸም የስነ ልቦና ተፅእኖ

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29. ድርጅቱ በስራ ላይ የሚፈጠር አደጋ የሚያስከትለውን ማህበራዊና ስነ ልቦናዊ ችግር ለመከላከል እያደረገ ያለው ጥረት ምን ይመስላል?

1. ሥራን ማከፋፈል
2. ሥራን ቅደም ተከተል አስይዞ መፈጸም
3. ለሰራተኞች ተገቢ ስልጠና መስጠት
4. በሰራተኛው መካከል የመግባባት ስሜት በመፍጠር የቡድን ስራን ማጎልበት

30. ሠራተኞች በሥራ ላይ እያሉ መብቶቻቸውን እንዲያስከብሩ ከማድረግ አንፃር ድርጅቱ ምን እያደረገ ነው?

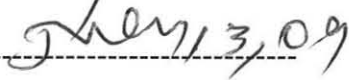
1. በየሩብ ዓመቱ ሰራተኛው የሚወያይበት የጋራ መድረክ ይዘጋጃል
2. ሠራተኞች በወኪሎቻቸው አማካኝነት በድርጅቱ የውሳኔ አሰጣጥ ጉዳይ ላይ ይሳተፋሉ
3. ሠራተኞች እውቀትና ክህሎታቸውን የሚያሻሽሉበት እድል ተመቻችቶላቸዋል
4. የልምድ ልውውጥ መድረኮች ይዘጋጃሉ

Declaration

I hereby declared that this Thesis is my original work and that all sources of material used for this Thesis have been duly acknowledged.

Name: Moges Bekele

Signature: -----

Date: -----

Place: Addis Ababa University

I, the undersigned, declare that this Thesis has been submitted for examination with my approval as a University Advisor.

Name: -----

Signature: -----

Date: -----

Place: Addis Ababa University