

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING & MIDWIFERY

**WORK RELATED STRESS EXPERIENCED BY
MIDWIVES CARING FOR EXPECTANT MOTHERS
CONFIRMED WITH COVID-19 DURING THE CHILD
BIRTH AT EKA KOTEBE GENERAL HOSPITAL, ADDIS
ABABA, ETHIOPIA, 2021: A QUALITATIVE STUDY.**

BY:

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**A RESEARCH THESIS TO BE SUBMITTED TO ADDIS
ABABA UNIVERSITY, COLLEGE OF HEALTH
SCIENCES, SCHOOL OF NURSING AND MIDWIFERY,
DEPARTMENT OF MIDWIFERY, IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR
MASTER OF SCIENCE DEGREE IN MATERNITY AND
REPRODUCTIVE HEALTH NURSING.**

JUNE, 2021

ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY
COLLEGE HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCE
DEPARTMENT OF NURSING AND MIDWIFERY

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**THESIS REPORT TO THE SCHOOL OF GRADUATE STUDIES
OF ADDIS ABABA UNIVERSITY, IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS
SCIENCE DEGREE IN MATERNITY AND REPRODUCTIVE
HEALTH NURSING.**

MAY,2021

ADDIS ABABA UNIVERSITY

APPROVAL BY THE BOARD OF EXAMINATION

This thesis by Yared Shiferaw is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in maternity and reproductive health nursing.

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DECLARATION

Letter of declaration

By my signature below, I declare and affirm that this is entirely that this thesis is my original work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis, and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. This thesis has been accepted as a partial fulfillment of the requirement for graduate degree from the Addis Ababa university, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. It has never been presented and submitted in a whole or in part, in this or any other university for the award of degree, diploma or other qualification certificates.

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ACKNOWLEDGEMENT

First of all, I would like to thank almightily “God” the most gracious and the most merciful for his kindness, love and help for my health and achievement.

Second, I would like to forward my thanks to Addis Ababa University College of Health Sciences, school of nursing and midwifery, department of midwifery for giving this chance to attend master’s program in maternity and reproductive health nursing and Eka Kotebe General Hospital for sponsoring me.

I would like to express my deepest gratitude to my major advisor Mrs. Roza Teshome (BSc, MSc. asst prof., PhD fellow) and co-advisor Mrs. Addishiwet Fantahun (BSc., MSc.) for their continuous support, patience, motivation, enthusiasm, and immense knowledge and their guidance helped me throughout this study period.

Finally, I would like to thank for research and training center officers of Eka Kotebe General Hospital for their permission of data collection and my study participants who have been working in COVID-19 treatment center for their cooperation of giving detailed information regarding their experiences towards work related stress.

ACRONYMS

2019-NCoV - 2019 novel Coronavirus

COVID-19 - Coronavirus disease-19

HCoV-HKU1 - Human corona virus Hong Kong University1

HCoV-NL 63 - Human Coronavirus Nether Land 63

HCoV-OC43 - Human Coronavirus Organ Culture 43

HCWs - Healthcare workers

MERS-CoV - Middle East Respiratory Syndrome Coronavirus

PPE - Personal protective equipment

SARS-CoV - Sever acute respiratory syndrome coronavirus

WRS - Work related stress

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ABSTRACT

Background: CIVID-19 is a new disease that infects a large number of people, killing a ratio of whom every day in the world. The nature of the health institution and healthcare system are considered as a high risk and intensive work area for work related stress. But still there is limited data about work related stress of midwives especially during COVID-19 pandemic in Ethiopia.

Objective: To explore the work-related stress experienced by midwives caring for expectant mothers with COVID-19 during child birth at Eka Kotebe General Hospital, Addis Ababa, Ethiopia.

Method: This study was performed by descriptive phenomenological research design. 11 midwives were purposively selected who gave care for labouring mothers confirmed with COVID-19, at Eka Kotebe General Hospital, from 08 February to 08 March 2021, with in depth interview. The analysis was conducted with thematic analysis and ATLAS. ti 8 qualitative software was used to support the analysis.

Results: The results of this study were summarized in to three major themes. Firstly, psychological feeling which consisting of negative and positive feelings of respondents to wards accepting the anti-epidemic tasks. Secondly, work related stressors which included effects of the epidemic, administrative gaps, nature of the epidemic and its concerns, work load, nature of work, and lack of needs were the main causes of for work related stress from this study result. Finally, coping strategies which contained distraction, expression of feelings, normalization and refusal to dwell on the experiences.

Conclusion: This study showed that the midwives experienced a variety of work-related stressors during care of child birth for pregnant mothers with COVID-19. Through proper planning by authorities, it is possible to manage possible causes of work-related stress for midwives and improve their mental health status.

Keywords: COVID-19, Work related stress, Midwives, Child birth, Eka Kotebe, Qualitative.

1. INTRODUCTION

1.1. Background

There are hundreds of viruses that are part of the families of coronaviruses and only six (229E, NL63, OC43, HKU1, SARS-CoV and MES-CoV) have however been reported to cause mild to severe human respiratory tract infections (1). Once again, a new extreme coronavirus 2 (SARS-CoV-2) acute respiratory syndrome has arisen and induced an infectious disease called coronavirus disease 2019 (COVID-19) (2). It is a mild to severe respiratory illness that is caused by Coronavirus-2 and it was first detected and reported in December 2019, from Wuhan city, China (3).

In January, 2020, WHO declared the outbreak of a new Coronavirus disease to be a Public Health Emergency of International Concern (4). After the dramatic progress of COVID-19 outbreak from China to different countries worldwide, and it was finally declared as a global pandemic on March 11, 2020.

Africa is the last continent to be struck by the pandemic. The continent confirmed its first case of COVID-19 in Egypt on 14 February 2020, and the first case of an Italian patient traveling to Nigeria from Italy on 25 February 2020 was recorded from sub-Saharan Africa in Nigeria on 27 February 2020 (5). On 18 April 2020, a total of 19895 confirmed cases, including 1,017 deaths and 4,642 recoveries, were registered by African CDC from 52 African countries (6). In Ethiopia, the first case was reported in March 13, 2020 and on June 8, 2020, a total of 2156 COVID-19 cases and 27 deaths were recorded (7).

This pandemic has highly compromised the healthcare system including healthcare workers (8). WHO has focused on the high burden of COVID-19 on HCWs, and taken an action to address the immediate needs to save lives and prevent a serious impact on physical and mental health of HCWs (9). Healthcare workers (HCWs) caring for COVID-19 patients are under increased psychological pressure, and experience high rates of psychiatric morbidity, resembling the situation during the previous severe acute respiratory syndrome (SARS) and influenza epidemics (10).

In Ethiopia, following the outbreak of COVID-19 officially announced on 13 March 2020, (11), there is a number of cases have been recording and it causes individuals to

suffer from different mental health problems such as anxiety, stress, depression, panic and fear. This resulted in health care workers have a potential psychological problem due to high risk of exposure to the virus. They have the additional tasks of working as the frontlines, with increase work burden, to treat and protect patients and their communities. This is evidenced by study done in Ethiopia, there is risk of increased stress, anxiety, depressive symptoms and the need for sick due to the intense workload, risk to one's own health and at the same time, the worry about one's family (12).

Work related stress refers to the physical and emotional reactions that occur when health care workers' and resource imbalance with the demands and requisites of their work (13).The signs and symptoms of WRS may be physical like; Fatigue, headache, sleeping difficulties, heart palpitations etc. and psychological symptoms such as depression, anxiety, irritability feeling being of overwhelmed and unable to cope and the behavioral symptoms like; disinterest, aggression, drop in work performance, problem with interpersonal relationships, mood swings/ irritability and isolation (14).

WRS may be arisen where work demands of various types and combinations exceed the persons capacity and capacity to cope and also it can be caused by several events like; long working hours, conflicts with co-workers or job insecurity (15). The nature of the health profession and healthcare system are also some of the contributors to work related stress (16).It is also linked to low job satisfaction, reduced productivity and an increase in occupational accidents. Previous studies during viral outbreak have showed that frontline HCWs have high risk of infection and other adverse mental health outcomes (17). Stress in the workplace is associated with a number of health problems in employees(18).

1.2. Statements of the problem

Work related stress is recognized as the main challenge for health workers throughout the world and has negative emotional, physical, and psychological effects on the healthcare workers (19). It is a growing problem around the world that affect not only the health and wellbeing of the employees but also the productivities of the organizations (15). Its values are recorded to be \$5.4 billion annually worldwide, which is one of the most widely recorded workplace health concerns,(20).WRS in

developing countries is one of the areas which have not yet been quantified due to lack of enough evidences on exposure or causality, important exposures and outcomes(21).

Evidence shows that midwives may experience psychological distress resulting from their work and working cultures and they may continue to work when they do not feel well enough, which is not conducive to providing high-quality maternity care (21). Midwives are one of the core professionals responding to the pandemic (22). The study done in United Kingdom reported high levels of stress, anxiety, depression and burnout among midwifery staff which were exacerbated by pandemic disease (23).

Midwives in work related stress have been known to “suffer in silence” while caring for women and their families (21). The recurrence of stress episodes in midwifery practice can be seen as an insignificant and standard part of the job and there is an assumption that midwifery is always a privilege, which may not allow the profession to fully appreciate the emotionally challenging nature of the work (21).

Women are still getting pregnant, still giving birth, and they and their families still need midwifery support and care (22). Midwives are, as the first and most effective providers of midwifery care, play significant roles across the pregnancy, labour and birth, and postnatal care (24). Thus, midwives play a critical role in ensuring that the needs of women are met and that the care they receive is the individualized and woman-centered. Midwives may be at high risk of psychological distress due to the nature of their work, because the psychological wellbeing of maternity staff is directly related to the safety and quality of maternity care services. But still their psychological wellbeing remains under-researched. Therefore; new research and revised national strategies are required to support midwives in psychological distress.

Generally, the work of midwives is acknowledged as emotionally demanding (25). Caring for women and their families requires midwives to deal with anxiety, pain, fear and sometimes grief, as well as excitement and happiness (25).Difficult and stressful situations like a pandemic, and the mental and physical exhaustion that often accompanies midwives in these workplace circumstances can contribute to a lack of motivation, loss of concentration, frustration, and even illness, which negatively affects not only the midwife but also the women in their care (26).

What is already known, Midwives as the first and most effective providers of obstetric cares, play significant roles in the process of labour and childbirth and, as well as perinatal outcomes. This study has added the psychological wellbeing of the midwives related to work-related stress who have been providing childbirth care to women with a confirmed COVID-19 infection.

The above review findings of psychological problems among midwives have indicated that, there are limited scope of information about prominent causes and effects for WRS, coping mechanism and psychological feelings among midwives who care birth for mothers infected with COVID-19 in most affected several countries, including Ethiopia. Therefore, Given the possibility of future pandemic, more research is needed to address these gaps by investigating route problems of WRS qualitatively to improve midwives' psychological wellbeing.

1.3. Significant of the study

This study has a great significance concern for midwives to address early psychological support by focusing on: creation of safe psychological environment, strong leadership, clear organizational strategies for staff wellbeing, consistent communication and significant team support.

At the same time, it provides a base line data to Ministry of health bureau and other health care institutions on gaps about current level of work-related stress among midwives towards caring birth for mothers with COVID-19 infection.

Moreover, the findings of the study will be used by Policy makers and different stakeholders as it provides a baseline data which may help them in designing and develop work related stress reduction management programs for hospital-based health workers in the study area and to develop suitable recommendations based on the findings of this study of work-related stress.

Furthermore, the findings from this study will benefit for researchers who are interested in the field by providing information regarding work related stress among midwives attending for laboring mothers with confirmed COVID-19 in the study area.

2. LITERATURE R8EVIEW

2.1. Overview of work-related stress of health care workers

Work related stress is the worldwide epidemic disease assessed recently due to the nature of work activities and can lead to long-term truancy and work disability (18). It is occurred when the employees experience unpleasant emotional states like tension, frustration, anxiety, anger, and depression (27). work related stress in the hospital is a nosocomial stress due to different causes such as; work over load, job insecurity, under – staffing, use of redundant equipment, lack of proper resources, poor relationship with colleagues, workplace death boring work, harassment, discrimination, poor promotion, poor managerial relationship with staff, poor working environment, excessive/prolonged working hours (18). It is a growing problem around the world that affect not only the health and wellbeing of the employees, but also the productivity of the organization (27). Healthcare workers working in quarantine areas must always maintain close contact with infected cases. In this dangerous condition, medical staff become mentally and physically exhausted, and therefore experience an increased risk of insomnia due to high stress (28).

In quantitative studies shown that the incidence of work-related stress occurs in Health Care Providers is quite high. A previous Study in Toronto documented that healthcare workers reported significantly higher levels of burnout psychological distress, and post-traumatic stress 13–26 months after the SARS outbreak and they were more likely to reduce patient contact and work hours to report behavioral consequences of stress (29). This is supported by other study done in China showed that frontline healthcare workers caring directly for COVID-19 patients experienced stress, anxiety, insomnia and manifested higher level of mental health problems than those in secondary roles (30). The other literature done in China indicated that health care providers had 34.4% minor disturbances, 22.4% had moderate disorders ,6.2% had severe disorders during the virus outbreak (31).

Another study has been claimed that the medical care workers experienced a high level of psychological distress, anxiety, depression, and post-traumatic stress during or even after the outbreak of the COVID2-19 disease(32).

A cross-sectional study of job related stress among nurses done in South West Ethiopia suggested that the highest level of job related stress was on the sub scale of dealing with death & dying mean score of 62.94 % followed by uncertainty regarding patient treatment 57.72 % and workload 57.6 % while job related stress from sexual harassment had the lowest mean score of 46.19 % (33). Other quantitative research in Ethiopia has shown that psychological distress was associated with younger age, having insomnia, not having a daily update on COVID-19, and feeling stigmatized and rejected in the neighborhoods because of hospital work (34).

2.2. Factors associated with work related stress

2.2.1. Socio-demographic Characteristics

Socio-demographic in this study composed of several variables: gender, age, work experience, level of education, marital status, profession and department of work. Because of HCWs are exposed to stress, it is important to understand the relationship between work related stress and these socio-demographic variables (18).

Study done by ue, J, et al., have stated that being female nurse appeared to confer greater risks to mental health problems and coping strategies differ amongst doctors, nurses and other healthcare workers (35). Besides this, other evidences reported by Spoorthy MS, et al. sociodemographic variables like gender, age, department of work and psychological variables like poor social support, were associated with the developments of anxiety, stress, depressive symptoms and insomnia in healthcare workers (36). Psychological problems in medical staffs can increase in women, married and divorced, works as a nurse and doctor (31). The other research done in Indonesia stated that there is a relationship between sex ($p = 0.001$), age ($p = 0.028$), Health Care Providers ($p = 0.014$) and workplace ($p = 0.08$) with the anxiety level of Health Care Providers in the COVID-19 pandemic period, but there is no relationship between education ($p = 0.063$) and marital status ($p = 0.213$) (37).

2.2.2. Hospital factors

At the work place, healthcare workers require a support system to promote their mental wellbeing and their activity need to be continually monitored - this is crucial during health emergencies (38).

Evidence in China stated that factors for medical staffs during an outbreak of COVID-19 were high level of mortality of HCWs, including uncertain quarantine duration, inadequate medical supplies, fears of infection, stigma and discrimination (39).

A quantitative study at Pomeranian Medical University in Poland showed that healthcare workers who are exposed to SARS-CoV-2-infected patients at emergency wards, infectious wards, and intensive care units are at a much higher risk of showing symptoms of anxiety, depression, and sleep disorders than healthcare workers working in other wards (40). The study done at Mianyang Central Hospital, in China found that heavy workload, shortage of personal protective equipment, and inadequate support were contributed to different levels of psychological stress (41).

2.2.3. Environmental factors

Maintenance of social contact is increasingly challenging in the context of social distancing requirements and, anecdotally, there are reports of healthcare workers experiencing social stigma and abuse due to public fears of contracting the virus from those with greatest exposure (34). Study done in Morocco found that feelings of being inadequately supported by the hospital in 42%, fear of taking home infection to family members or others in 80%, being isolated, feelings of uncertainty and social stigmatization in 43% were contributed to develop psychological stress of medical staff who participate in the fight against COVID-19 (42).

2.2.4. Special conditions

According to the studies in Toronto during the SARS epidemic, stated that the main cause of work related stress among healthcare workers were worrying about their own health or their family members' health and being isolated (43). One study reported that the proportion of HCWs who worried about their own health and their families' health has reached 2 out of 3 (44).

A qualitative study from Iran showed that nurses' experiences that the main cause of stress were fear of infecting the family, about time wasting, fear of being contaminated, the emergence of obsessive thoughts, the bad feeling of wearing personal protective equipment, and the public ignorance of preventive measures (45). This finding is supported by other evidence that nurses are stressed about epidemic situations, including

worrying about getting infected or inadvertently infecting others and caring for an infectious yet dying patient (46).

Similarly, other study was done in China; the main source of work related stress among frontline healthcare workers caring for COVID-19 patients came from the fear of being infected, the fear of family members being infected, and the discomfort caused by protective equipment (47).

3. OBJECTIVES

3.1. General objectives

To explore the work-related stress experienced by midwives caring for expectant mothers with COVID-19 during child birth at Eka Kotebe General Hospital, Addis Ababa, Ethiopia.

3.2. Specific objectives

- 1) To examine psychological feeling of midwives Caring for expectant mothers confirmed with COVID-19 during child birth.
- 2) To describe the causes of work-related stress experienced by midwives Caring expectant mothers confirmed with COVID-19 during child birth.
- 3) To explore ways of coping strategies of work-related stress experienced by midwives Caring expectant mothers diagnosed with COVID-19 during child birth at selected hospital for this study.

4. METHEDODOLOGY

4.1. Study setting and period

This study was conducted at Eka Kotebe General Hospital, Addis Ababa, Ethiopia. Addis Ababa is the capital and largest city in the country of Ethiopia. It is located on a well-watered plateau surrounded by hills and mountains, in the geographic center of the country. Administratively, it is divided in to ten sub cities and 116 Woreda with an area of 540 Square kilometers and hosting more 4,794,000 populations (48). There are 8 federals, 6 regionals, above 38 private hospitals, and more than 850 private clinics which provide different health services. There is also a total of 86 public health centers which provide services.

There are three public hospitals in Addis Ababa, which provide obstetrics care for mothers confirmed with COVID-19 such as Eka Kotebe General Hospital, St. Paul's Hospital, and St. Peter Hospital; From these, Eka Kotebe General Hospital was purposively selected for this study.

The selected study area was Eka Kotebe General Hospital. It is a government Hospital which is located 10km west to Addis Ababa University, in Yeka sub city of Addis Ababa, Ethiopia. Eka Kotebe General Hospital incorporates a mental institution in its premises. It was assigned to offer services in mental health and general medical services from its operation began in 2017 before becoming a quarantine and treatment center for COVID-19. Following the outbreak of COVID-19, the psychiatric and other general medical services hurriedly transferred in to a treatment center for COVID-19. There are 32 midwife staffs who have been giving obstetrics care during COVID-19 pandemic at this study area.

The study was conducted from 08 February to 08 March 2021.

4.2. Study design

This study was performed by a descriptive phenomenological research design, which was a qualitative research approach to achieve the objectives of the study. The purpose of this phenomenology in this study was to gain a deeper understanding of midwives' WRS experience,(49) towards attending labouring mothers with confirmed COVID-19.

4.3. Study participants

All diploma, BSc., and MSc., midwives who were engaged in maternity care services for caring pregnant mothers diagnosed with COVID-19 at Eka Kotebe General Hospital and those who fulfilled the inclusion criteria were considered as study participants.

4.4. Sampling methods

The study sample was consisted of midwives who had been attending for labouring mothers diagnosed with COVID-19. Purposeful sampling method was used to select the eligible midwives who had an able to provide rich information to the research questions. Participants were eligible to participate in the study based on they were selected purposively and their willingness to participate in the study. Before the participants' interview, the principal investigator communicated the director of the hospital, showed him the ethical approval and explained the objective of the study. The director introduced the investigator to the other midwifery staffs and also explained the schedules when activities of the data collection performed. Based on the given information, the investigator settled appropriate time to approach and interview the participants accordingly based on the inclusion criteria. Then investigator approached and asked potential participants for their willingness to participate in the study. The number of participants (sample size) was determined based on the saturation of coming ideas from the respondents. Data collection was stopped after 11 interviews, at which answers from the last two respondents seemed to repeat information gained earlier and no new concepts is being heard (49).

4.5. Eligibility criteria

4.5.1. Inclusion criteria

- a. Both male and female participants qualified as a midwife (diploma, BSc., and MSc.) and who gave care for labouring mothers confirmed with COVID-19.2
- b. Participants who were taken informed consent to participate in the study.

4.5.2. Exclusion criteria

Participants who didn't give maternity care for labouring mothers and those who were not in a condition to answer the questions were excluded from the study.

4.6. Data collection tools and procedures

The data were collected via an individual, in-depth face to face interview technique by semi-structured questionnaires in order to give the participants freedom for creativity in their responses (49). The interview was made in February and March, 2021. The interview contained open-ended questions to different topics covering demographic characteristics, midwives' psychological feeling, causes of work-related stress and coping mechanisms of midwives related to their work-related stress when caring for labouring mothers who were diagnosed with COVID-19.

At the beginning of each interview, the participants were asked to describe one of their normal working days. Then, they were asked to express and explain their experiences of WRS towards caring for labouring mothers with confirmed COVID-19. For this reason, the following questions were prepared as an Interview guides: 1) What are your main psychological feelings due to caring of labouring mothers diagnosed with coronavirus disease? 2) Could you tell me the causes of your work-related stress when caring for labouring mothers diagnosed with COVID-19? If possible, please describe the examples of work-related stress for yourself. 3) What are your coping strategies after you faced work related stress when caring for labouring mothers who have been infected with coronavirus disease? Although the investigator has other key questions (probing questions), the questions (largely) were based on the interaction between the interviewer and the interviewee during the interview.

Before beginning the research interviews, the pilot interviews were tested with two participants other than the main participants. The interview process and questions were modified in line with these Pilot interviews.

The principal investigator conducted the interviews in Amharic in a quiet and private place., without interruptions and during participants' off-times after having appointment. Different locations were utilized to conduct the interviews including home (5 interviews), department office (3 interviews), and workplace (3 interviews). The interviews were recorded by tape recorders. At the same day, they were transcribed word by word and were used as the primary research data. By choosing probing questions, the researcher directed the interview to achieve the objectives of the study and the interviews lasted for 38 to 70 minutes.

4.7. Method of data analysis

The analysis of the data were started simultaneously with data collection and data was inductively analyzed following the principles of thematic analysis (50). The researcher used systematic approach with the following six steps: Step 1: Verbatim transcription and in this step, the audio recordings of individual interviews were transcribed and translated verbatim from Amharic to English, imported in to Atlas ti 8 Qualitative data analysis software by principal investigator; Afterwards, the consistency between the recordings and the transcripts was checked by other qualitative experts. Step 2: Data were coded and organized in meaningful and systematic way. After uploading the translated data into the software, data was coded line by line. Code book was developed after interviewing a few study participants to guide the researcher made sure that coding consistency is in-place throughout the data analysis process. Emerging ideas during the interview were added to the code book and similar ideas were merged to previous codes After the researcher coded the transcripts independently, he came together with other qualitative researchers to make a joint decision regarding the codes. Step 3: Themes were then obtained from the coded data, the researcher checked the codes for clarity and consistency by selecting a given text, several codes were combined into a single theme. Step 4: Reviewing themes. The researcher tested themes were useful and accurate representation of the data. Step 5: The researcher interpreted the coded data and described the themes and categories of the data. In this step, the final lists of themes were named and defined. The acquired themes and codes were examined by an expert, experienced academician apart from the main researcher, and the results were determined to overlap. Step 6: The researcher wrote up the analysis of the data.

Researcher notes and memos were also linked to their documents to assist analysis. Coding was carried out primarily by the investigator and another researcher also coded some of the translated data and differences in the identified codes among the coders were resolved through discussion and coding with the investigator was revised and discussed to clarify the research findings. 34 Identified codes were categorized based on their similarities and then themes and subthemes were emerged. Relevant quotations of the participants' expressions have been used in the presentation of study findings.

4.8. Trustworthiness

In order to determine the accuracy and reliability of the data, the criteria of credibility, transferability, dependability, and confirmability were considered (49).

Credibility: Before starting the actual data collection, the investigators first get familiarized with the study setting and create a rapport with relevant people and attendants in the COVID-19 treatment center. The investigator had taken advanced qualitative research trainings and experience on qualitative data collection and analysis. Member check were used after the formation of primary codes. The principal investigator also emailed the text interviews to the participants and asked them to determine whether or not the extracted codes were consistent with their viewpoints and experiences. Finally, and when necessary, data interpretation was corrected based on the participants' comments.

Transferability: Intertextual participant statements were quoted directly, and detailed definitions were developed between the studied context and the study itself. Audio records of participants' interview, notes taken during the interview and transcription verbatim was saved for cross checking the process and sustain consistency of the interpretations. Another researcher also coded some of the translated data and a difference in the coding with the investigator was revised and discussed to clarify the research findings.

Dependability: Was achieved through inter-coder consistency and by sending all data collected tools, the raw data, the encodings made during the analysis phase and the drawn inferences to the researchers not involved in the research as an external audit.

Confirmability: It was ensured to maintain reflexivity and avoid investigators' own opinion from affecting the study data by precisely reviewing interview transcripts, comparing codes with the raw data, and checking the findings with the participants' views several times. This process was confirmed by supervisor and other researchers who were also competent in qualitative research for the external validation.

4.9. Ethical considerations

This study was conducted after full approval and ethical clearance was obtained from Addis Ababa University, College of health sciences, school of nursing and midwifery.

Written request to conduct the study was made to Eka Kotebe General Hospital and the permission to conduct the study was granted by this selected Hospital.

Before participants signed the consent form, which was written in Amharic, the researcher ensured that participants were understood the information given by using the language of the choice and at the level of their understanding. The study participants were given consent forms to sign indicating their voluntary participation in the study and permission for the audio recording of the interviews. The participation in this study was voluntary; The participants were free to withdraw at any moment during the study if they felt uncomfortable.

To ensure that the participants' rights to anonymity and confidentiality were protected, the researcher took the following measures: The participants assured that all of the information given by them would be treated in strict confidence and would only be used for the purpose of the study; The researcher made sure that the collected raw data were kept safe and confidential, locked up in a secure place and the files were password protected, and names of the participants were not written in study records and data were reported in a manner that doesn't identify or link the participants with the information.

4.10. Dissemination of the study

The result of this study has been disseminated to Addis Ababa University College of Health Sciences, School of Nursing and Midwifery and Eka Kotebe General Hospital. Attempts to publish parts of the research findings in reputable local and/or international journals will finally be made.

5. RESULTS

The purpose of this study was to explore midwives' work-related stress experience caring of child birth for a pregnant woman diagnosed with COVID-19. In this study, the researcher enrolled five males and six females with the mean age of the participants was 31 years old (range 24-43 years). The working experience ranged from 1 to 14 years (average=7.1 years) working as a midwife. Majority of participants possessed a bachelor's degree and three of them have master degree. Four midwives were married with children, one married midwife without children and the others were unmarried without children. There were 2 coordinators and 1 head midwife.

The findings of this study have been presented in two sections. The first portion provides findings related to the individual and professional characteristics of midwives, and the second portion presents the themes and subthemes with possible codes.

5.1. Socio demographic profiles of the midwives.

The individual and professional characteristics of the midwives caring for COVID-19 patients are given in Table 1 bellow. During the interviews, this study observed that the sampled midwives were both sad and stressed due to the morbidity, mortality and unpredictable risks of the pandemic. It was also determined that they were tired because of worsening working conditions, but they were still willing to combat the pandemic.

Table.1. Baseline characteristics of midwives who care child birth for a pregnant woman infected with COVID-19 at Eka Kotebe General Hospital, Addis Ababa, Ethiopia, 2021(n=11).

Pa. No.	Age	Gender	LE	WE	Marital status	Position
1	26	Male	First degree	5	Unmarried	Midwife
2	29	Female	First degree	7	Unmarried	Midwife
3	32	Male	First degree	5	Unmarried	Midwife
4	26	Male	First degree	1	Unmarried	Midwife
5	37	Female	First degree	8	Married WC	MC
6	28	Female	Second degree	5	Married WC	Midwife
7	28	Female	First degree	7	Unmarried	MC
8	24	Female	First degree	8	Unmarried	Midwife
9	42	Male	Second degree	14	Married WC	DH
10	43	Male	Second degree	12	Married WC	Midwife
11	33	Female	First degree	6	Married WTC	Midwife

Key: Pa. No-Participant number WC-With children, MC-midwife coordinator, WTC-without children, DH-department head, LE - level of education, WE-working experience.

5.2. Emerged Themes

Based on the data analysis, work related stress of the midwives caring child birth of pregnant mothers diagnosed with COVID-19, as well as the midwives' opinions about their psychosocial feelings, causes of work-related stress and coping strategies, were gathered into three themes: Psychological feelings, possible work-related stressors and coping strategies with work related stress of the midwives. These themes with some sampled quotations have been illustrated by the respondents below. The themes, sub themes and codes identified for each theme are presented in Table 2 bellow.

Table. 2. Themes, subthemes, and codes with its description identified through interviews with midwife staff who care child birth for a pregnant woman diagnosed with COVID-19 at Eka Kotebe General Hospital, Addis Ababa, Ethiopia, 2021.

Theme	Sub-theme	Code	Description
Psychological feelings	Negative feeling	Fear	Participants' felt a sense of dread as they work at the COVID- 19 Center to care child birth.
		Anxiety	Participants' anxiety with the care of pregnant mothers who have been infected with COVID 19.
	Positive feeling	Happiness	The feeling of the respondent because of they care labouring mothers who have been infected with COVID-19.
Work related stressors	Effects of the epidemic	Bad feeling of clothes	The physical discomforts of personal protective equipment when the respondents wear it during working time to care COVID-19 infected labouring mothers.
		Maternal death	The death of pregnant mother is being increased due to COVID-19 infection.
		Media death report	Listening to COVID-19 death reports in the media causes stress for respondents.
		Social stigma	Discrimination of the participant on various transport services and rent house due to their work in COVID-19 treatment center.
	Administrative problems	Management gaps	Gaps that are being appeared under the managers who lead the hospital.
		Inappropriate decision	The decision being given by the managers doesn't consider the situation of the respondents.
		Delayed risk allowance	Risk allowance is not paid to employees on time.
		recycling process	Non-reusable personal protective equipment are being recycled without standard.
		Lack of forum discussion	Lack of forum meeting between leadership and staff regarding their work.
	Lack of needs	Lack of PPE	No availability of personal protective equipment that used to protect from COVID-19.8
		Lack of vital sign instruments	Shortage of monitors and pulse oximetry in the labour and delivery ward.
		Lack of taking meal	Lack of eating or drinking when they want during care of COVID-19 infected pregnant mothers.
		Lack of toileting	Participant's inability to urinate or defecate during their working time.
	Nature of work	Worry for two souls	Participants' thinking beyond their ability to accept responsibility for two lives (both the maternal and child life).

		Child birth procedure	The labouring procedure is being difficult, complicated and more blood business process for respondents.
		Maternal additional demands	Labouring mothers who have been infected with COVID-19 needs more oxygen and energy.
	Work load	Exhaustion	Excessive fatigue of the respondents due to the nature of their work and the clothes they wear.
		Lack of manpower	Shortage of midwives who care for COVID-19 infected pregnant mothers.
	Nature of the virus and its concerns	Global phenomenon	Worldwide coverage of COVID-19, including Ethiopia.
		Unknown dimensions	Unclear characteristics of COVID-19 including its symptom, way of transmission...
		Ways of transmission	The virus can be transmitted though breathing and touching easily.
		Concern for self	Fear of respondents for themselves not being infected or died by the virus because of they have been working COVID-19 treatment center.
		concerns for family	Participants' fear for their family not to be infected with the virus because of them.
		concerns for community	Participants' anxiety for the community not to be infected because of them.
Coping strategies	Distraction	Religious practice	Doing religious activities such as praying and prostrating to reduce stress.
		Classical music	Listening to classical music to cope work related stress.
		personal hygiene	Participants' bathing the whole body as soon as leaving from work.
	Expression of feelings	Communication	Talking on the phone or face to face in case of stress; Sharing feelings with family or friends to decrease stress.
	Normalization	Convince oneself	Participant convince themselves that they have a full responsibility to do the work; giving care for labouring mothers as a midwife.
	Refusal to dwell on the experience	Refuse to recall experiences	Participants doesn't want to remind about the work after left from it.
		Refuse to talk experiences	Not wanting to be talked about work because it can be stressful to talk about it after left work.

5.2.1. Theme 1: psychological feelings

In this study observed that most interviewed midwives frequently mentioned as they had positive feelings in and for their work and aimed to create a positive atmosphere so that the mothers could feel safe. They expressed as they love their work and have a positive view to care childbirth. This is supported with the quotes as 26 years old midwife stated:

“At this COVID 19 medical center, I delivered a pregnant mother with COVID 19 and... this is my first feeling of happiness; I am very happy to be able to fulfill my responsibilities in this time when so many people are worried ”(Interview 1, 26 years).

Some other respondents also reported as they had negative emotion during this anti-epidemic tasks especially during early stage especially due to worldwide coverage of media report about the outbreak of the virus and for its unknown features. Regarding this, one of the midwives noted:

“The first thing I felt when this epidemic entered our country was the fear and anxiety of an expert. The disease has been widely reported in the international media and in the local media, due to this I was very worried because I did not know about it before” (Interview 9, 42 Years).

5.2.2. Theme 2: Work related stressors

Based on this study, all Participants reported about their possible causes for work related stress and they noted regarding of administrative issues/hospital factors such as lack of needs, over supervision and work load, environmental factors such as social stigma, and they also mentioned other especial causes for their stress like; nature of the virus and their concerns for themselves, their family and for community at large.

Administrative problems

It is important for employers to recognize as work-related stress as a significant health and safety issue. An organization can and should take steps to ensure that employers are not subjected to unnecessary stress. According to this study, one of the sources of midwives' work-related stress was related to the organizational problems. The working environment and the management system play an essential role in ensuring the quality of care rendered by midwives and the enhancement of the professional development of the midwives.

According to this study, participants stated that lack of support from managers and the way they have been being treated by their leaders affected their morale, and further compromised maternity care delivery system and it is a source of stress for frontline health care workers. During the interview many participants expressed a need for support from their managers especially during this epidemic. One participant noted to this issue and its impact in the increased stress of the midwives:

“ . . . there is a need for an administrative staff member to support the front-line health care workers but there is none”(Interview 2, 29 years).the same participant also continues: “ . .It was something that caused me psychological stress on the part of the administration; There were times when I said, 'I wish I hadn't done this job. . . there is no governing body that understands the concerns of the staff.”

Besides this, another midwife cited as:

“What I mentioned at the hospital level, for example, is that there is a problem with the way they treat frontline healthcare workers; Coincidentally, if you are 5 minutes 10 minutes late or leave early due to various personal problems, their action will not take into account our situation and they come to us through Supervision, through other officers, and they put psychological stress on us” (Interview 9, 42 years).

Most of participants also reported related to delay of their risk allowance as the important cause of stress and loss of concentration on work. They mentioned that their risk payment is delayed up to 6 months and this causes psychological impacts for them:

“ ...Secondly, in terms of payment, we are under risk and you do not know when you will die and they don't pay us on time, they don't pay up to 5-6 months of risk payment. This reduces our focus on our work and it also affects us because of the psychological impact on our social life”(Interview 10, 43 years).

Another aspects of the administrative issues that recognized by the participants was as there is no forum discussion between administrative staffs and frontline midwives about any relevant issues in a work place but as the participant siad they work only under the interests of the leaders and this causes stress for some midwives. A midwife explained, the managers feel as a good management system when they are doing their best of

interest and this is challenging condition for the midwives. A 43 years old married participant pointed this:

“. . .On the other hand, we do not have to discuss with the relevant management about what is wrong, what are the gap for both management system and other workers at the staff forum on a regular basis, but we are working under their own interests” (Interview 10, 43 years).

Workload

According to this study, the participants frequently mentioned as workload was one of the leading causes of work-related stress among midwives due to understaffing. This resulted in headache, exhaustion and frustration for them. A midwife pointed to this issue that lack of manpower is main issue and this causes not to give quality of care for childbirth.

“There are times when we serve 18 mothers with only two midwives; This thing is hard: For one thing, many mothers live on an oxygen machine, on the other hand we have a mother who is going into labor to give birth by caesarian section; There is also a mother who gives birth again with spontaneous vaginal delivery; Because of this, it is very difficult to care” (Interview 8, 24 years). She also mentioned: *“Now it is very difficult because there is a shortage of manpower.. .After I left from work, I felt headache and dizzy. I have a long way to go to get home from work, so I get tired of breathing.”*

Lack of needs

The results of this study have revealed that midwives struggling with the COVID-19 outbreak with the lack of psychosocial support and adequate resource supplies. All participants mentioned that there was lack of PPE, lack of self-care, shortage of manpower and time management problems in their organization and these are the highest determinants for stress which has been expressed by participants. PPE like; Microgard gowns, N95 masks, face shields, googles, and boots, is likely effective in protecting health care providers from COVID-19. However, not always adequate PPE available, causing consequently in many midwives a feeling of lack of environmental protection and safety measures. All the participants remembered these logistic scarcities as a main source of work-related stress. They are not able to work efficiently and

effectively due to the absence of these tools needed to work. For example; As a 42 years old married male participant reflected this:

“For me, there is still a shortage of PPE, which I would like to address as a cause of work-related stress related to maternity services. . . there is a shortage of protective clothing such as microgards, they are being reused out of use and I do not believe they are safe and as a result I am afraid of getting infected”(Interview 9, 42 years).

Most participants also reported, as they have heightened tension about recycling methods of protective materials. Above half of the participants expressed that the way of recycling methods of Microgard gowns, N95 masks, head covers and other face shields are out of standard. These participants described having serious concerns about non-reusable materials, they should not be used again but they are being used without standards to be used. For example, Microgard gowns, head covers, N95 masks etc. are only used once, but they say as they use them more often. According to these participants’ speaking, these protective clothes are old and torn so they cannot protect against the virus. One participant quoted these:

“... materials are re-used without standard how they use...in our setup but later re-used without their standards to used. We are concerned about how it is being re-used; It is especially difficult to use a mask reused, which means that the other mask can reach me. These things cause stress, it makes me feel like I am being exposed to the disease”(Interview 7, 28 years).

Another 28 years old female midwife added:

“... You just think how I do it, some of the masks they give us are so old and thin; ...the micro guard gowns are also old and torn that you worry about is this can protect me from COVID 19?”(Interview 6, 28 years).

As another midwife pointed out about lack of vital sign instruments, she emphasized that they couldn’t monitor their patients’ vital sign timely due to lack of the necessary equipment to measure:

“...The main cause of anxiety is especially due to lack of vital sign measurement devices such as monitor and pulse oxy meter and despite these items present, many of

them are damaged and non-functional. This means that we do not finish our work on time because we often give medication and take vital signs on time but there is a shortage of equipment and it has its own psychological distress on our suffering”(Interview 8, 24 years).

Based on this study result, lack of self-care is the most frequently mentioned by respondents as it was the most important sources of work-related stress. Basically, failing to give psychological needs such as eating and drinking and toileting when we want leads to a sense tiredness and other health complications and furtherly cause stress. most participants reported as they become “hungry and thirsty, unable to defecate and urinate” during working time and this was the most important source of work-related stress for the midwives. A 42 years old respondent stated that:

“...Another thing I would like to mention is that the time we spend working is very long and it is very stressful, we are very anxious, we cannot use it when we are hungry and thirsty, and we are very anxious because we cannot defecate when we want to defecate or urinate.”(Interview 9, 42 years).

Nature of the virus and its’ concerns

Under this theme, three sub-themes were emerged like; nature of the virus, concern for self, and concern for the society.

Nature of COVID-19

Data analysis showed that many dimensions of the disease were unknown. The disease has currently no treatment, and it has a different nature compared with other similar infectious diseases. Furthermore, protocols and guidelines for its management are incomplete. It is a new emerging disease that has a high transmitting rate, and mortality rate. The participants have stated that pandemic feature of the virus, high spreading and mortality rate and yet no specific treatment, the disease affects many people from all social and age groups were causes of work-related stress. One participant referred to this issue and its impact in the increased stress of him:

“For me, the work related stress associated with this work is a global phenomenon of the disease, especially since it has entered our country and is killing many people,

and because of its transmission, for example, by air born and contact with the body” (Interview 3,32 years).

Regarding unknown dimensions of the virus, the disease has currently no treatment, and it has a different nature compared with other similar infectious diseases. Furthermore, protocols and guidelines for its management are incomplete. The participants’ noted that as they had fear and become stressed because of these unknown characteristics of the COVID-19, and they were afraid to take responsibility for their work. The directly quoted response from one participant is as follows:

“At first, I was terrified when I took on this responsibility Because I did not understand much about the course of the disease. I think we were infected just because we were close to the infected people. . .”(Interview 6, 28 years).

The other participants’ concern was related to the transmission ways of COVID-19.They suggested that the virus spreads mianly between people who are in close contact with each other.It can also spread easily by droplets contianing the virus and come dirrectly in to contact with eye,nose or mouth.One participant quoted this:

“ . . . I was terrified of the transmission due to contact, breathing,by touching our eye,nose or mouth and the unknown daimonion of the disease ”(Interview 5, 37 years).

Further opinions into these concerns were provided because it is not known how long the virus can stay on their scrub clothes. They said, as they put their clothes in the sun for long hours, thinking it might be died by the sun.

“we were very scared and worried about how long the virus would stay in the clothes after we left work; Because there is no accurate information about the virusBy assumption, we put it in the sun, thinking that the sun might kill it, and we were very worried about how long it would last ” (Interview 11, 33 years).

Concern For self, for family and for community

Data analysis demonstrated that one of the reasons of the midwives’ work-related stress is the fear for their own/their relatives’ safety. The participants’ experience showed that they have fear and anxiety because they might spread COVID-19 to their families as

they were exposed to the risk of infection, and as a result, their families might unintentionally have infected with COVID-19. The midwives have always had fear and anxiety about being infected and a chance of potential carrier and this causes a chance of infecting their families. A 30 years old married participant noted this:

“I am very scared of having contact with infected mothers because I fear my self and I may have contact with many people around me, for example from family; I am very scared because I can hurt others by being close to a friend and the community at different times ”(Interview 5, 37 years).

The same participant continued about her fear for her children become infected:

“I am on my way home from work and work to home. Because of this I am afraid of having direct contact with my family and children because I may have the disease but I may be asymptomatic; I have children; When I come home from work, I can't stay away from them and because of this I am very worried that I will not be able to isolate myself”(Interview 5, 37 years).

Effects of the outbreak

All participants reported that the quality of patient care was negatively affected, and ethical dilemmas emerged due to worsening working conditions and changing routines during the outbreak.

Regarding of physical discomfort of the cloth, wearing protective clothes causes an unpleasant feeling which has to be experienced by the midwives during their work as a cause of stress. They say as they find it difficult to breathe because of its suffocation, and they faced a difficulty especially when they attend labour due to it covers their vision. In addition to these, they stated as they experienced restricts in mobility, unable to eating, and drinking, unable to defecate and urinate, being hot and sweating as well as being unknown to others and it can also affect midwives' mood and lead to extreme fatigue. The exhaustion they produced even generated a feeling of dizziness and feelings of weakness in most midwives.

The participants also noted that wearing protective equipment generated a great deal of discomfort and unable to do activities freely: A 43 years old participant explained the following:

“ The clothes themselves are uncomfortable and stressful...For example, when we do an episiotomy suturing procedure, we have a hard time because our vision is covered; ...”(Interview 10, 43 years). The same participant continued : “...a mother told me that she was very worried about us because she doesn’t know who is treating her, and that their anxiety in itself made us less effective in our work and causes stress for us.”

According to this study, another effect of this outbreak is number of deaths around the world. Related to this, one of the sources of midwives’ work-related stress was due to the death of patients especially the increasing of maternal mortality after or before child birth and other death reported by the media worldwide.

The participants mentioned that the death of patients, especially pregnant mothers, was another source of work-related stress for them and this study also showed that the midwives were subjected to psychological distress especially due to COVID-19 infected mothers’ death. In this regard, one of the participants said:

“...Another thing I would like to mention to you is that maternal mortality has increased due to the aggravation of the disease rather by post partum hemorrhage or other labour complications ; They come in with one or two liters of oxygen and soon they get worse and die in the ICU” (Interview 11, 33 years).

The participants also cited that the reason for more pregnant mothers infected with COVID-19 due to the victims of others’ carelessness. Because of this, the death of COVID-19 infected mother is much more painful than other patients’ death: A 37 years old female participant said:

“... It is sad that these patients may have been the victims of others’ carelessness...” (Interview 5, 37 years).

The other 42 years old participant stated about the media report that causes stress for him because of many deaths were reported in each country:

“Most of the time, I stopped listening to these international media because I was very worried about the number of deaths in each country at the time, especially when

COVID-19 came. Because they add additional stress as they said died so much people in this country and so much died in that country”(Interview 9, 42 years).

In addition, data analysis indicated that one of the causes leading to work related stress in midwives was being stigmatized by the community especially in transportation and rent house and this leads to fearful, helpless, tense, sad and anxious under the influence of the pandemic process on the midwives. One participant mentioned:

“I cite it as the cause of this work-related stress in particular, there is a social stigma in rental housing and transportation ; This bothers you so much that you say I am not a human being. They especially know that I work in the COVID 19 treatment center and they don't want to see me and I am very scared to join them because if they get infected, they will think directly of me and I am worried about this stigma” (Interview 4,26 years).

A 42 years old male participant also added:

“When we get out of here, the stigma or exclusion in the community starts with all the taxis; From this we can see that sometimes even the bajajis’ drivers said that these are COVID-19 centers workers, so they leave us alone, especially around the beginning”(Interview 9, 42 years).

Nature of work

Pregnancy can be an anxious time for many women, and the pandemic has magnified that. As many participants mentioned, child birth procedure for COVID-19 infected pregnant mother is very difficult because of as they responsible for both souls and the labouring mother can't wear protective measures and the procedure needs more physical contact; this leads to, fear and anxiety which causes stress. As a 28 years old male participant explains that childbirth procedure is a very difficult task in itself because of the responsibility of both the mother and the fetus:

“Attending labour is difficult in itself because it is the responsibility of two souls.” She also continued: “ ..., when I attend labour by wearing protective clothes and equipment, I feel more tired, hot, and humid, and I feel uncomfortable and irritated more easily” (Interview 6, 28 years).

Considering additional demands of the labouring mother, labouring mothers need additional oxygen and energy, so this makes the mother not to wear face mask and this leads to fear of infection for midwives and causes stress during care of child birth:

“...Because the mother in labor is anxious and more exhausted , she can take off her mask, and we can hardly say what to do, because she is in labor and uses more energy, because of this she loses a lot of air; As a result, we fear the disease”(Interview 5,37 years).

5.2.3. Theme 3: Coping strategies

To handle work related stress and its impacts, participants reported using or various strategies. All midwives (n = 11) activated psychological defense mechanisms, such as distraction, normalization, expression of feelings, refusal to dwell on the experience,etc.

Distraction

The currently sampled midwives used strategies, by doing religious practice, take rest and listening to music, to deal with the negative effects of the pandemic. In the interview,a 26 years old male participant pointed:

“The mechanism I use to deal with this stress is primarily to listen to the words of the Creator, and I also reduce work-related stress by watching football.” He continued: “I just want to have fun; listening to music can make me less anxious. Talk to a friend about something other than COVID-19;... resting and also praying will reduce my stress....” (Interview 1, 26 years).

Some of the midwives also expressed that they stopped listening of media report about death due to COVID-19 because they become stressed when they attend it. One participant noted this:

“I stopped listening to the media because I was so scared,due to a lot of deaths reported there...” The same participant continues: “To cope with the psychological pressure of confrontation, I personally listen to some spiritual songs when I am out of work, I pray, and I watch some movies without worrying...”(Interview 9, 42 years).

Expression of feelings

Experience sharing with families and friends were other participants' strategies to cope with work related stress. It has been reported that midwives have received psychosocial support from the social environment and their families during this pandemic and that they have expressed their emotions and thoughts direct communication or telephone call with families or friends and do spiritual activities. One participant said:

“...I often talk to my sister when I'm stressed; I have a very close relationship with her; I find it easier to talk to my sister when I am feeling down; I find comfort in my family, I remember my Creator/ God, I go out with my friends and have fun ”
(Interview 2,29 years).

Normalization

Participants also stabilized/ calm themselves by accepting their work as it is the necessity of the profession,convince themselves as it is interesting to help pregnant mothers as they can and by doing religoius activities. A 26 male participant stated :

“ As a health professional, I convince myself that I need to help mothers; I convince myself that I must fulfill my responsibilities in a way that the health system allows ”
(Interview 1, 26 years).

Refusal to dwell on the experience

This study has also found that the midwives used strategies by refusing to focus on their experiences, to avoid of hearing their experiences about working conditions and to express their feelings other than their work about COVID because this news put unnecessary pressure like depression, tension and furtherly cause stress on them. A 28 years old female participant stated:

“ Remembering the same things over and over again every day will make you feel depressed. It was a time of stress and tension.At that time, when we leave work, we have nothing to relax, so we will discuss the patient again: Everyone was talking about their own experiences at work that in itself creates stress; When will this disease disappear? When will we get rid of this? At that moment, we wondered if there was an end to it”(Interview 6, 28 years).

6. DISCUSSION

In this study, the work-related stress experiences of midwives who have provided childbirth care for women infected with COVID-19 were investigated through qualitative analysis and assigned to three main themes. The first identified main theme “psychological feelings of the midwives when working in a pandemic” emphasizes the negative and positive feeling towards caring of labouring mothers who were infected with COVID-19. The second main theme “work related stressors” summarizes the causes of midwives’ work-related stress during child birth of pregnant mothers with COVID-19. The last identified main theme was “coping strategies “includes midwives’ coping mechanisms after they faced to work related stress in their work. In this study, anxiety and fear of the frontline midwives in the labour ward with COVID infected pregnant mother have been frequently stated as the negative emotional feelings due to the relatively closed working environment and the risk of infection. Additionally, this high stress working environment has created excessive tension, depression, worry about themselves and their family members among midwives, especially those on the front line. If these negative emotions are not addressed and resolved in a timely managed, they will have a substantial impact on individuals, hospitals, families, and society.

Psychological feeling

In this study, midwives experienced anxiety and fear due to COVID-19 patients’ death especially maternal death; This causes work related stress for midwives. In line with the findings of the current study, other studies done in Turkey among nurses, have shown that health workers may become anxious due to observing dying patients (51). This is may be due to both studies conducted during this pandemic outbreak. It can be reduced by giving training for the management of death anxiety should include psychology of bereavement, societal viewpoints on death, symptom management, communication skills, as well as supportive interventions.

In this study, showed that midwives caring for COVID-19 midwives in Ethiopia were negatively affected by the pandemic, both in psychological and social terms. The midwives sampled in this study were mostly encountered stigmatized by the communities due to their work in COVID-19 treatment center and this leads to anxiety, stress, fear, guilty, helpless, lonely and tense. This study is in line with study done in Turkey where

most nurses were stigmatized by the society due to work in COVID-19 treatment center(51) .

Work related stressors

As this study result shows, lack of support from management, work load, effects of the epidemic, lack of needs nature of the virus and their concerns for other, and nature their work were major sources of work-related stress for midwives, and compromised maternity care delivery systems. Many of the participants in this study felt that they lacked the support of management. During the interviews many participants expressed a need for support from their managers. The findings are in agreement with previous studies report that the managerial style that is adopted in a maternity ward can have an important effect on the morale of the midwives and may lead midwives to experience stress (52).Moreover in this study certain specific findings found like; controlling and monitoring systems of hospital administrators, lack of staff forum discussion and delayed of risk allowance have been found as a cause of work related stress for midwives. The possible reasons might be due to countries of economical differences and studies done for this pandemic situation in Ethiopia. Regarding of workload, Inadequate staffing due to unsupportive management were reasons for midwives for their work-related stress and could be the reason for midwives to give poor quality of maternity care services which is consistent with a qualitative study done in Spain (53). These similarities might be due to both studies used the same participant (midwives), and were conducted during this epidemic period that needs more health care workers.

Based on this study, considering needs during the pandemic, midwives expressed their causes of work-related stress due to the increase of work demands, the lack of adequate supplies of protective equipment. This findings also in line with the study done in Spain (53). Moreover, from this study findings, the most frequently stated as causes of work-related stress for midwives were lack of self-care like; unable eating, drinking and unable to defecate and urinate during working time due to long duration of working hours and unable to care themselves while they wearied Microgard gowns. It seems that these issues can be resolved by considering rest intervals during shifts, give adequate medical supplies and shortening working hours, which allow midwives to refresh during rest by drinking, eating, and going to the bathroom.

Regarding of participants concern, they have bad feelings such as stress, fearful, guilty, helpless, lonely, tense, sad, anxious and fear for oneself, family and for community under the influence of the pandemic process and highly contagious nature of the disease.

In the present study, the midwives reported to have fear of the virus for oneself, family and for peoples around them. They also have anxiety of being separated from their children and parents and were worried about the possibility of transmitting the disease to their family members. This was consistent with similar previous study was done in Iran among nurses (45). However, the rapid spread of COVID-19, its treatment being unclear and many peoples becoming infected and dying in many countries (including Ethiopia) may have triggered these reactions. Therefore, supportive interventions may be helpful like; informing the individual and society about the pandemic process, providing adequate material to meet the basic needs of frontline healthcare workers and activating social networks through individuals can communicate with their family and friends.

Considering effects of the epidemic, during the pandemic in Ethiopia, many things has been complicated and under this the main sources of work-related stress for midwives are bad feeling of clothes, people's death due to COVID-19, and social stigma.

Many midwives experienced some discomfort while wearing PPE for a long time and discomforts including sweat, hotness, and difficulty in breathing, and difficult to perform their tasks, especially during child birth procedures. Similar discomfort including sweat, headache, and difficulty in breathing, and palpitation were reported in Jordanian qualitative study (54). But in the present study, midwives frequently noted about discomfort of PPE especially Microgard gowns which is difficult to give care for labouring mothers and these covers prevents the midwives from face to face and eye contact with labouring mothers as well, and this can even lead to more exhaustion as well as their hunger and thirst. Other study also indicated, bad feeling of clothes were one of the difficulties and causes stress for health care workers (55).

In the case of respondents' nature of work, these research findings suggest that the childbirth care provided to a woman with COVID-19 infection was different from a "normal" birth. As a pandemic evolves, healthcare professionals can find themselves unable to realistically provide the standard and level of care that they are otherwise used to providing. Most negative feelings were expressed by midwives, such as fear and

exhaustion due to labour procedure especially with COVID-19 infected mothers, and uncertainty about the infants' medical condition. This is mainly due to a high probability of infection due to close contact with labouring mothers without mask. This category of the findings was relatively new which the study found and none of the previous studies paid attention as nature of the midwives' work is a source of work-related stress.

Coping strategies

This study has determined that the midwives used coping strategies to combat their work-related stress due to the COVID-19 pandemic and as subtheme of distraction, expression of feelings, normalization and refusal to dwell on the experiences. Similar to the findings of this study, it was previously reported that the nurses having cared for patients during the COVID-19 pandemic to cop the negative effects of the pandemic (56). This findings also supported by other study conducted in Turkey (51).

This study has also found that the midwives used strategies to refuse to focus on their experiences, to avoid and to express their feelings. Similarly, it has been reported that nurses have received psychosocial support from the social environment and their families during the COVID-19 process and that they have expressed their emotions and thoughts regarding the outbreak mostly with telephone call (56).

The currently sampled midwives used strategies, such as sports and listening to music, to deal with the negative effects of the pandemic. Similarly, Sun et al. stated that nurses used breathing exercises and listened to music to cope their stress (56). Determining midwives' coping strategies, strengthening the effective ones, and applying appropriate intervention methods for the ineffective ones are important methods of preventing possible mental problems.

Implications

The implications of this study include the requirements of hospital managers to provide medical equipment, to give answer about self-care problems and to correct mismanagements of time for midwives who have direct contact with COVID-19 patients. Workloads and shortage of manpower need to be sensible, and adequate periods of rest and recuperation ordered should be needed to relieve fatigue and frustrations of the midwives.

This research also has implications for midwives' psychological feelings like; fear, anxiety, depression, irritability, discomfort and fatigue; Therefore, the hospital managers including supervision officers and other stake holders are needed to motivate midwives in charge by acknowledging the sacrifices which made by frontline midwives, providing mental health supports and early communications with their possible stressors and with their possible solutions in a work place during this pandemic or encourage ethical forums which allow workers to discuss any difficulty and focusing on the significance of the work.

Midwives have a professional obligation to save maternal and child lives. The government is encouraged to provide strict rules and regulations to stop the transmission of COVID-19, and it is also necessary that community members become educated about COVID-19 which will prevent misinformation that can create stigma and discrimination of the frontline health workers.

Mental wellbeing follow-up of the midwives will be basic for the early detection and treatment of rising mental wellbeing issues and to ensure staff feel upheld by their organization.

7. STRENGTHS AND LIMITATIONS

Strengths

These study findings are meaningful in providing useful information on psychological support for midwives by examining the psychological feelings, sources of their work-related stress and coping strategies who give care for labouring mothers diagnosed with COVID-19.

In scanning the literature, the researchers determined that the qualitative studies related to the COVID-19 outbreak were limited and that there was no study regarding midwives combating the pandemic in Ethiopia.

As this is a qualitative study which is better in exploring the respondents' lived experience regarding their psychological feelings and their stress related to their work during the pandemic.

Limitations

As this is a qualitative study and, generalizability of the results is limited to similar situations and cultures and also the sample size of this study was limited. Firstly, all the participants were midwives, including three midwives' managers; Therefore, it limits to generalized the health care workers at large and the experiences of other health care workers and administrators besides midwives need to be further explored. Secondly, due to the nature of epidemic, the researcher unable to conduct focus group discussion and did not collect data from multiple other COVID-19 treatment centers in order to avoid potential cross-infection.

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusion

This study provided in depth understandings of the psychological feelings of midwives and their work-related stressors during care of childbirth of COVID-19 infected pregnant mothers through a phenomenological approach. Based on this research findings during the epidemic, most midwives experienced negative emotions /feelings like; fear, anxiety, depression, loneliness, discomfort, exhaustion and irritability; These feelings were dominant especially during early days. The findings also showed that the midwives' work-related stress were related to shortage of manpower, self-care problems (unable to eat and drink, unable to defecate and urinate during working time), delay of risk allowance, shortage of medical equipment, bad feelings of clothes, long working hours, patient's death, the diseases unknown dimensions and characteristics of the participants' work. Furtherly, Self-coping style of the participants had been addressed that were important for midwives to maintain mental health. Based on these findings, as countries work to prevent or manage the further spread of COVID-19, the health and wellbeing of healthcare workers must always be given high priority. Midwives are an essential component of the workforce and the contact that they have with women and their babies is vital to the continuity of care and the building of a life course approach to health.

8.2. Recommendations

For policy makers and government

To prevent work related stress among midwives, health institutions and different other stake holders come up with strategies and Programs that will help to develop stress reduction management programs during this epidemic for frontline health care workers.

For Hospital

The organization should consider increasing the midwife's staff to create a better balance between the number of patients and midwives and have mutual understanding and collaboration relationship with midwives and discuss together, if they have any problems to reduce work related stress.

It Should clearly address scarcity of medical equipment, solve self-care problems and look over the condition of work and time management issues.

For further research

The following are suggestions made for future research. This study only reflects the current COVID-19 pandemic, so further research should be performed on the psychological impact and psychological trauma of midwives after this pandemic ends. The health workers sampled in this study were mostly stigmatized by society; therefore, further studies may be conducted to determine the causes and levels of stigmatization among healthcare professionals.

Quantitative studies with larger sample groups, should be conducted to explore the relationship between various variables, such as social stigma, physical discomfort of clothes, workload, lack of self-care fear, anxiety, and fatigue with related to work related stress.

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ANNEXES

Annex I: English version of participants' information sheet

Title of the Research Project: Work related stress of midwives who care child birth for a pregnant woman diagnosed with COVID-19 at Eka Kotebe General Hospital, Addis Ababa, Ethiopia, 2021.

Name of Principal Investigator: Yared Shiferaw

Name of the Organization: Addis Ababa University College of health sciences school of nursing and midwifery department of maternity and reproductive health nursing.

Name of the Sponsor: Addis Ababa University College of health science

Introduction

This information sheet and consent form is prepared with the aim of to explore work related stress of midwives who attend for laboring mothers diagnosed with COVID-19 at Eka Kotebe General Hospital, Addis Ababa, Ethiopia, 2021.

Purpose of the Research Project: The aim of this study is to explore work related stress of midwives who attend for laboring mothers diagnosed with COVID-19 at Eka Kotebe General Hospital, Addis Ababa, Ethiopia, 2021.

Procedure: This study involves midwives who had fulfilled the inclusion criteria. You are selected to be one of the study participants if you are willing to take part in this study and we kindly invite you to take part in our project.

If you are willing to participate, we are so happy and we need you to clearly understand the aim of this study and show your agreement. Finally, you are kindly requested to give your genuine response in the interview.

Benefits, Risk, and /or Discomfort

By participating in this research project, you may feel some discomfort in wasting your time. However, your participation is definitely important to explore work related stress at labour ward towards COVID-19 mothers. There is no risk or direct benefit in participating in this research project.

Right to Refusal or Withdraw

You have the full right to refuse from participating in this research. You have also the full right to withdraw from this study at any time you wish.

Person to contact

This research project will be reviewed and approved by the Institutional Review Board (IRB) of Addis Ababa University College of Health Sciences. If you have any question, you can contact any time, and you may ask at any time you want.

Name: Yared Shiferaw

Phone No: 0931084680

E-mail: shiferawyared@yahoo.com

**Annex II: English version of semi-structured questionnaire
Addis Ababa university**

College of health sciences School of nursing and midwifery

Maternity and reproductive health nursing

A semi-structured questionnaire prepared to explore work related stress of midwives who attend for laboring mothers diagnosed with COVID-19 at Eka Kotebe General Hospital, Addis Ababa, Ethiopia, 2021.

Dear

Hello, my name is _____ I am studying master's degree in maternity and reproductive health nursing at Addis Ababa University College of health sciences. I am interested in studying about work related stress of midwives caring for labouring mothers diagnosed with COVID-19 at Eka Kotebe general Hospital, Addis Ababa. This semi-structured questionnaire is designed for academic purposes which will be approved by Addis Ababa University, College of health sciences, School of nursing and midwifery, in partial fulfillment of master's degree in maternity and reproductive health nursing. I hope you will help me by answering these questions. None of your answers will be available to anyone. All the information you give me will be kept private. Anyone who will not be willing to participate in the study will have the right to discontinue at any time in the process. Confidentiality and privacy are maintained by ensuring the respondents answering the questions in a separate place where no one can see them. Therefore, I really need your honest and genuine response. The results of the study will hopefully serve as an important input for policy and intervention programs.

I thank you in advance for taking the time to answer my questions.

Would you be willing to participate in the study?

1. Yes 2. No

If yes, proceed to the next page.

If no, please stop here.

Name of Researcher: Yared Shiferaw

Address: Addis Ababa University College of health science

Phone No: +251931084680

E-mail: shiferawyared@yahoo.com

Name of data collector_____ signature_____

Date of questionnaire interview _____month_____/2013 E. C.

Time of questionnaire administer began _____ hours: minutes

Time of administered questionnaire finished_____ hours: minutes

Checked on _____date:_____month/2013 E.C.

I, the undersigned, have been informed that this study is going to be conducted to explore work related stress among midwives attending for labouring mothers diagnosed with COVID-19 at Eka Kotebe General Hospital, Addis Ababa. I am informed that the information I give will be kept confidential, and only used for this study. I am also conscious that I have the right not to respond to any question without my interest. Hence, I agree to participate in the research voluntarily.

Signature_____ Date_____

Annex III: English version of Semi structured interview guides

Part I: Socio-demographic Characteristics

Participants' Socio-demographic questions to find differences in response patterns by a different age, level of education, occupational position, marital status, profession working experience.

1. How old are you? (Write in Years in the space given below)

-----.

2. Gender? (circle it)

a. Male

b. Female

3. What is your marital status? (circle it)

a. Unmarried

b. Married

c. Widow / widower

d. Divorced/ Separated

e. Other-----.

4. What is your profession? (Circle it)

a. Midwife

b. Other (write in given space) -----.

5. What is your level of education?

a. Master of science

b. Bachelor

c. Diploma

6. What is your position?

-----.

7. Your Work experience (in years or months).

-----.

Part I: Semi-structured in-depth interview guide

The main semi-structured questions will be posed to the participants are the following:
Some health care workers feel that working on COVID-19 center is stressful. I am wondering how you feel about this.

1. Would you tell me your psychological feelings due to attend labour for mothers who have been confirmed with COVID-19?

Probing questions:

- I. How did you feel when accepting this anti-epidemic task?
 - II. What are your insights in the face of the epidemic? what do you mean? and please explain more about this... (clarify the questions based on answers)
 - III. What happens to Your thoughts? Your feelings? Your behavior? (clarify the questions based on answers)
2. Could you tell me the causes of your work-related stress when attending for laboring mothers diagnosed with COVID-19?

Probing questions:

- I. What are some of the work-related stressors you encounter now, as a health care provider caring labouring mothers with COVID-19? (Can you describe some of them?)
 - II. Can you describe one of the most stressful situations that you have encountered as a healthcare worker while you are attending laboring mothers with COVID-19? How did you handle that situation?
3. What are your coping strategies after you faced this work-related stress when caring for labouring mothers diagnosed with COVID-19?

Probing questions:

- I. What do you personally do to reduce the effects of this work-related stress has on you?
 - II. Could you please explain your views on your coping mechanisms after you faced work related stress while are caring for labouring mothers diagnosed with COVID-19?
4. Is there anything more you would like to add or share?

Annex IV: Amharic version of information sheet

በጥናቱ ለሚሳተፉ የስምምነት ዉል እና አጠቃላይ መረጃ

የጥናቱ ርዕስ ጉዳይ፡ በአዲስ አበባ ከተማ በሚገኝ ኤካ ኮተቤ አጠቃላይ ሆስፒታል ዉስጥ በኮቪድ 19 ለተያዙ እናቶች የማዋለድ አገልግሎት በሚሰጡ ሚድዋይፈሪዎች ላይ ከስራ ጋር የተገናኘ ጭንቀትን ለመዳሰስ የቀረበ ጥናት ነው።

ጥናቱን የሚያካሂደዉ ስም፡ ያሬድ ሸፈራው

የተቋሙ ስም፡ አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

የስፖንሰሩ ስም፡ አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

መግቢያ፡ ይህ የመረጃ ዝርዝር እና የስምምነት ቅፅ በአዲስ አበባ ከተማ በሚገኝ በኤካ ኮተቤ አጠቃላይ ሆስፒታል ዉስጥ በኮቪድ 19 የተያዙ እናቶችን የማዋለድ አገልግሎት በሚሰጡ የጤና ባለሙያዎች ላይ ከስራ ጋር የተገናኘ ጭንቀትን ለመዳሰስ የቀረበ ጥናት።

የጥናቱ አላማ፡ የዚህ ጥናት ዋና አላማ በአዲስ አበባ ከተማ በሚገኝ ኤካ ኮተቤ አጠቃላይ ሆስፒታል ዉስጥ በኮቪድ 19 የተያዙ እናቶችን የማዋለድ አገልግሎት በሚሰጡ ሚድዋይፈሪዎች ላይ ከስራ ጋር የተገናኘ ጭንቀትን ይዳስሳል። የዚህ ጥናት ዉጤት በአዲስ አበባ ከተማ በኮቪድ 19 የተያዙ እናቶችን የማዋለድ አገልግሎት በሚሰጡ ሚድዋይፈሪዎች ላይ ከስራ ጋር ለተገናኘ ጭንቀት እና አጋላጭ የሚያደርጓቸውን ችግሮች ለመፍታታ አስፈላጊዉ እርምጃ እዲወሰድ ያግዛል።

የጥናቱ ሂደት፡ በጥናቱ ዉስጥ ለመሳተፍ የተካተቱትን መመዘኛዎች ያሟሉ ሚድዋይፈሪዎችን ያካትታል። በዚህ ጥናት ለመሳተፍ ፍቃደኛ ከሆኑ በታላቅ አክብሮት ተጋብዘዋል። ለመሳተፍ ፍቃደኛ ከሆኑ፤ እኛ በጣም ደስተኞች ነን እናም የዚህን ጥናት አላማ በትክክል መረዳት እና ስምምነትዎን እዲያሳዩ እንፈልጋለን። በመጨረሻም በቃለ መጠይቁ ትክክለኛ ምላሽዎን እንዲሰጡ በአክብሮት እንጠይቃለን።

ጥቅማጥቅም፣ጉዳት እና/ወይም የማይመች ነገር፡ በዚህ ጥናት በመሳተፍዎ የተወሰነ ደቂቃ ሊፍጂበዎት ይችላል ሆኖም ግን የናንተ ተሳትፎ በኮቪድ 19 የተያዙ እናቶችን የማዋለድ አገልግሎት በሚሰጡ ሚዲያዎቻችን ላይ ከስራ ጋር የተገናኘ ጭንቀትን ለማጥናት እና አስፈላጊውን የመፍትሄ እርምጃ እዲወሰድ ያግዛል፡፡

በዚህ ጥናት በመሳተፍዎ ምንም አይነት ጉዳት ወይም ቀጥተኛ ጥቅም አይኖረውም፡፡

ማበረታቻ/ለማበረታቻ ክፍያዎች፡ በዚህ ጥናት ለመሳተፍ ማበረታቻ ወይም ክፍያ አይኖረውም፡፡

ሚስጥራዊነት፡ ከእርሶዎ የተሰበሰበው መረጃ በኮምፒዩተር ወስጥ ስምዎ ሳይኖር በሚስጢር ይቀመጣል፡፡

የመቃወም ወይም የመተዳደር መብት፡ በዚህ ጥናት ወስጥ ያለመሳተፍ ሙሉ መብት አለዎት በተጨማሪም ጥናቱን ሳያጠናቅቁ በፈለጉት ሰዓት የመተዳደር መብትዎ የተጠበቀ ነው፡፡

ማግኘት የሚችሉት ሰው፡ ይህ ጥናት አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ በተቋማት ግምገማ ቦርድ እዲፀድቅ ይደረጋል፡፡ማናቸውም ጥያቄ ሲኖረዎት በማንኛውም ጊዜ ማነጋገር ይችላሉ በተጨማሪም ማንኛውንም መረጃ በፈለጉት ጊዜ ማግኘት ይችላሉ፡፡

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ጥናቱ መሰብሰብ የተጀመረበት ቀን _____ /2013 ዓ/ም

ጥናቱ መሰብሰብ የተጀመረበት ሰዓት _____ : ደቂቃ

ጥናቱ ተሰብስቦ ያለቀበት ሰዓት _____ : ደቂቃ

የተጣራበት ቀን _____ 2013ዓ/ም

የጥናቱ ተሳታፊዎች ፍቃደኝነት ቅፅ

እኔ የጥናቱ ተሳታፊ የሆንኩኝ ባለሙያ ይህ ጥናት በአዲስ አበባ ከተማ በሚገኝ ኤካ ኮተቤ አጠቃላይ ሆስፒታል ወሰጠጥ በኮቪድ 19 የተያዙ እናቶችን የማዋለድ አገልግሎት በሚሰጡ ሚዲያዎቻችን ላይ ከስራ ጋር የተገናኘ ጭንቀትን ለመዳሰስ የቀረበ ጥናት መሆኑን አውቂያለሁ።

የምሰጠውም ግላዊ መረጃዬ በሚስጥራዊነት እንደሚጠበቅ እና ለዚህ ጥናት አላማ ብቻ እንደሚውል ተነግሮኛል። ጥናቱ ውስጥ ያለፍላጎት ተሳታፊ ሆኜ መቀጠል እንደለለብኝ እና መቀጠል ባልፈለግሁ ጊዜ ማቆም እንደምችል ተረድቻለሁ። በአጠቃላይ ከላይ የተዘረዘሩትን መብቶቼን በማወቅና የእኔ በዚህ ጥናት ላይ መሳተፍ ጥቅም አለው ብዬ በማመን በሙሉ ፍቃደኝነት ለመሳተፍ ተስማምቻለሁ።

ፊርማ _____

ቀን _____

Annex VI: Amharic version of interview guides

ክፍል 1. መሠረታዊና ማህበራዊ ጥያቄዎች

1. ዕድሜህ/ሽ ስንት ነው----(በዓመት)

2. ጾታ

I. ወንድ

II. ሴት

3. የጋብቻ ሁኔታ

I. ያላገባ/ች

II. ያገባ/ች

4. መደበኛ ስራ

I. ሚድዋፈሪ

II. ሌላ-----

5. የትምህርት ደረጃ

I. ሁለተገኛ ድግሪ

II. የመጀመሪያ ድግሪ

III. ዲፕሎማ

6. ያለዎት የስራ ደረጃ

7. ያልዎት የስራ ልምድ (በአመት ወይም በወር)

ክፍል 2: በከፊል የተዋቀረ ጥልቀት ያለው የቃለ መጠይቅ መመሪያ
ከዚህ በመቀጠል ለሚከተሉት በከፊል ለተዋቀሩ ዋና ዋና ጥያቄዎች እና ሌሎች በስራቸው ላሉ የማብራሪያ ጥያቄዎች ምላሽ ይሠጡኛል።

አንዳንድ የጤና ባለሙያዎች በኮቪድ 19 ማዕከል ላይ መሥራት አስጨናቂ እንደሆነ ይሰማቸዋል ፤ ስለዚህ ጉዳይ አርስዎም ምን እንደሚሰማዎት እያሰብኩ ነው ።

8. COVID-19 መያዣው ለተረጋገጠ ነፍሰጡር እናቶች የማዋለድ አገልግሎት በመስጠትዎ ምክንያት የሚሰማዎት ዋና ዋና ሥነ-ልቦና ስሜቶችን ሊጠቅሱልኝ ይችላሉ?

ጥልቀት ያላቸው የማብራሪያ ጥያቄዎች

- I. ይህንን የፀረ-ወረርሽኝ ተግባር ሲቀበሉ ምን ተሰማዎት?
- II. ወረርሽኙን በተመለከተ ግንዛቤዎ ምንድን ነው? ምን ማለትዎ ነው? እባክዎን ስለዚህ ጉዳይ የበለጠ ያብራሩልኝ (መልሶችን መሠረት በማድረግ ጥያቄዎችን ይቀጥሉ)
- III. በዚህ ከስራ ጋር በተያያዘ የስነ ልቦና ጭንቀት ጉዳይ የእርስዎ ሀሳቦች ምን ይሆናሉ? የእርስዎ ስሜቶች? የእርስዎ ባህሪ? (በመልሶች ላይ በመመርኮዝ ጥያቄዎቹን ይቀጥሉ)

9. በ COVID-19 ለተጠቁ እናቶች የወሊድ አገልግሎት በሚሰጡበት ጊዜ ከስራ ጋር ለተገናኘ ጭንቀት ሊዳረጉት የቻሉ ዋና ዋና መንስኤዎችን ሊነግሩኝ ይችላሉ?

ጥልቀት ያላቸው የማብራሪያ ጥያቄዎች

- I. እንደ አዋላጅ የጤና ባለሙያ በCOVID-19 ለተያዙ ነፍሰጡር እናቶች የማዋለድ አገልግሎት በመስጠትዎ ምክንያት እያጋጠምዎት ያሉ አንዳንድ የሥራ ነክ ውጥረቶች ምንድናቸው? (የተወሰኑትን ሊገልፁልኝ ይችላሉ?)
- II. በ COVID-19 ለተጠቁ እናቶች የማዋለድ አገልግሎት እየሰጡ ባሉበት ወቅት ካጋጠሙዎት በጣም አስጨናቂ ሁኔታዎች መካከል የተወሰኑትን መግለፅ ይችላሉ? ያንን ሁኔታ እንዴት አስተናግደውታል?

10. በCOVID-19 የተያዙ ነፍሰ-ጡር እናቶችን ሲያዋልዱ ይህንን ሥራ-ነክ ጭንቀት ከተጋፈጡ በኋላ ጭንቀቱን ለመቋቋም የሚጠቀሙባቸው ዘዴዎች ምንድናቸው?

ጥልቀት ያላቸው የማብራሪያ ጥያቄዎች

- I. ይህ ከሥራ ጋር ተያያዥነት ያለው ጭንቀት በእርስዎ ላይ የሚያመጣውን ተጽዕኖ ለመቀነስ በግልጽ ምን ያደርጋሉ? በነዚህ የማስተናገጃ ዘዴዎች ላይ ያለዎትን አመለካከት ሊገልፁልኝ ይችላሉ?

11. በመጨረሻ ማከል ወይም ማጋራት የሚፈልጉት ሌላ ነገር አለ?