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Burnout among clinical staff in Amanuel Specialized Mental Hospital

On partial fulfillment of the post graduate program in psychiatry

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ACRONYMS

EE – emotional exhaustion

DP – depersonalization

PA – personal accomplishment

MBI – Maslach burnout inventory

GHQ – General health questionnaire

OSS – Oslo social support scale

AUDIT-Alcohol Use Disorders Identification Test

Abstract

Objective: Burnout has a significant negative impact on the employees, service provided to patients and the organization. As there are no data on burnout among staff in Amanuel Specialized Mental Hospital, this study sought to document the prevalence of burnout among theclinical staff at the hospital.

Methods: This was a cross sectional study of clinical staff working at Amanuel specialized Mental Hospital. The hospital staff completed self-administered questionnaires on socio-demographic characteristics and work related features, and the Maslach Burnout Inventory – Human Services and General Survey, and Oslo social support scale. Analysis of the data was undertaken using the Statistical Package for the Social Sciences (SPSS) version 21.0.

Results: 40.5% percent of the respondents reported moderate to high level of emotional exhaustion while 45.8% reported moderate to highlevel of depersonalization. Low level of personal accomplishment was reported by 36.6%. The number of out-patients seen and male gender were positively associated with depersonalization. The level of social support wasassociated with both depersonalization and emotional exhaustion. Staff made several recommendations how to decrease burnout among the staff.

Conclusion: Significant levels of burnout were reported. These should be addressed at an individual, and institutional levels. More studies are needed to identify the risk factors.

Background

Introduction

The concept of burnout was first introduced by Herbert Freudenberger who used the term burnout to explain the dynamic interaction between people's professional life and their wellbeing (1&2). He defined it as a state of fatigue or frustration that resulted from professional relationships that failed to produce the expected rewards (3). Since then, various definitions have emerged. The most widely used definition of burnout in literature is the one provided by lee and Ashforth (4), referring to Maslach and Jackson's work(5), which defines burnout as a syndrome of emotional exhaustion (feeling emotionally drained by one's contact with other people), depersonalization (negative feelings and cynical attitudes toward the recipient of one's services or care) and lack of feelings of personal accomplishment (feelings of incompetence, inefficiency and inadequacy).

Burn out, which is a distinct work related problem, is common in occupations where time is spent supporting other people. It is highly prevalent among health workers (6), especially mental health workers due to certain special features like involvement of intense emotions, lack of communication, frequent and unpredictable aggressive behavior from patients whose non-compliance to involuntary treatment exacerbates stress. (7)

Literature review

In Mathari Hospital, which is the only psychiatric hospital in Kenya, burnout among the staff was done, and ninety-five percent of the respondents reported low to high emotional exhaustion while 87.8% reported depersonalization. Low accomplishment was reported by only 38.6% while 61.4% reported average to high personal accomplishment. Several work- and non-work-related factors including young age, number of own children, number of years worked, heavy workload and low morale were positively associated with various syndromes of burnout. Relationships at work, with family and society were generally rated as average. It was hypothesized that hardiness, which is the individual's relative potential and capacity to remain healthy during stressful times, could be the reason for the high job accomplishment. They considered survival bias could be

the reason for the increased prevalence of burnout among the young as those who burnout early are more likely to quit their jobs.(7)

In a cross sectional study done in Tunisia, they found high level of EE (mean score: 26.18) and DP (mean score: 10.20) among mental health professionals which included nursing staff, residents and practitioners. A strong relationship was found between personal difficulties and burnout, but seemed to be more specific to the nursing sample. (8)

In multicenter survey in Milan, where they studied burnout among psychiatrists, Psychiatrists showed high levels of emotional exhaustion (49%) and depersonalization (39%), and low level of personal accomplishment (22%). Main sources of stress were related to work environment. According to regression models, the variable that most predicted burnout was a low level of job satisfaction.(9)

Burnout among Mental Health Workers in Gaza Strip was 54.9%. The total score of burnout percentage did not show significant results due to the following variables: gender, age, address, marital status, number of children, income, experience, and specialization, whereas the total score of burnout percentage show significant results due to level of education (Qualification) variable. Some of their recommendation include Improve the management, the status of the holders of postgraduate certificate studies, redesign jobs and reorganize work system according to job description, and activate psychological counseling. (10)

In an Iranian study, where they compared the prevalence of burnout among psychiatric nurses (fifty five in number), and medical nurses (fifty one in number), the results showed higher level of burnout in terms of EE, and PA among both groups, and significantly higher levels of EE among the psychiatric nurses compared to the medical ones.(11)

In Croatia, where they studied 174 mental health workers including nurses, social workers and psychiatrists, the results showed a moderate degree of EE (mean ± standard deviation, 24.5 ± 9.2) and DP (16.6 ± 7.6), and higher levels of personal accomplishment (21.8 ± 7.4). There were no significant differences in three

dimensions of burnout syndrome between nurses, social workers, and psychiatrists. (12)

Several researchers have identified different risk factors for burnout among mental health workers including psychiatrists, psychiatric nurses, and other mental health workers. Deahl and Turner (13) identified violence and the fear of violence, limited resources, crowded inpatient wards and an increasing culture of blame creeping into the mental health services as the main sources of stress for psychiatrists. High work demands without adequate resources, poorly defined roles of consultants, responsibility without authority, inability to effect systemic change, conflict between responsibility toward employers vs. toward the patient, isolation of consultants in community mental health teams and lack of feedback were identified as sources of stress among psychiatrists by Thompson.(14) It was hypothesized that several factors responsible for stress and burnout among psychiatrists also apply to mental health nurses. (15)

Research findings show psychiatric nurse burnout is associated with unsupportive management; (16&17) a lack of a formal orientation program or continuing education for staff;(17) high risk and acutely ill patients;(18&19) too much paperwork; (19) and inadequate numbers of staff and unsupportive staff communication.(20)

Interventions to prevent and decrease the level of burnout can be done at an individual and organization level. Individual level interventions include increasing positive stress coping skills (21), and enhancing social support (22) and sense of meaning and purpose in work. Organizational level interventions include reduction of employee workload, role ambiguity, and role conflict (23), and increase positive feedback, job resources, employee autonomy (23) and involvement in relevant decision making and problem.(22)

It is also widely reported that psychologists and social workers are also at high risk of developing professional burnout syndrome. (24)

Statement of the problem

Burnout is not a benign process because it has several negative consequences. Employees who experience burnout often experience impaired emotional and physical health and a diminished sense of well-being. (25) In a study done among service workers in a Swedish city (N = 1252) including nurses, physicians, social workers, occupational therapists, physiotherapists, dentists, dental hygienists, administrators, teachers, and technicians, burnout was associated with increased depression, anxiety, sleep problems, impaired memory, neck and back pain, and alcohol consumption. (26) It also affects the recipients of the services since the professionals may be relatively impaired in providing quality service. (23)

Employee burnout has also been correlated with a number of negative organizational measures, including reduced commitment to the organization(27), negative attitudes, (28) and often absenteeism and turnover.(29, 30 &31) It is also related to job dissatisfaction,(32&33) and may damage the morale of other employees, and lead to staff turnover.(31)

However, there is no previous data on the level of burnout in Amanuel Specialized Mental Hospital. As it is the only teritiary hospital where inpatient management of severe psychiatric cases is provided, it is quite obvious that the staff might be over worked, and it wouldn't also be far from the truth to think that the staff might be grossly underfunded. Due to these and other factors, there might be a high level of burnout in the institution. Lack of data on this area might create a gap in the early identification and intervention of the problem.

Significance of the study

The significance of the study will be:

1. To provide a data on the level of burnout in Amanuel Specialized Mental Hospital
2. To inform the administration of the hospital about the prevalence and the need to give an emphasis on this area as it has a significant negative impact on the employees, services provided to patients, and the organization.
3. To encourage further studies on the risk factors and possible interventions

Research question

- What is the level of burnout among clinical staff working at Amanuel specialized Mental Hospital?

Objectives

- General objective
    - To determine the level of burnout among clinical staff working at Amanuel specialized mental hospital
- Specific objectives
    - To look for associations between socio-demographic variables, case load , social support levels and other job related variables, and burnout

Hypothesis:

The level of burnout will be high among the clinical staff working at Amanuel Specialized Mental Hospital.

Ethical considerations

Ethical permission was sought from the Department of Psychiatry, College of Health Sciences, Addis Ababa University, and ethics committee in Amanuel Specialized Mental Hospital. The Ethical committee of Amanuel Specialized Mental Hospitaldecided that the alcohol screening tool should not be used for this study for some ethical concerns. To keep the confidentiality of the participants, occupation was omitted from the socio-demographic questionnaire because of the presence of limited number of people in some of the job divisions and their information could easily be identified. All participants who were included in the study were asked to give written, informed consent before filling the questionnaire. The questionnaires were returned in sealed envelopes.

Methods

Study setting

Amanuel specialized mental hospital is the only psychiatric hospital in Ethiopia with a capacity of 261 beds. The staff includes 12 psychiatrists, 8 general practitioners, 3 social worker, 28 public health professional, 54 chief and psychiatric nurses, 71 clinical nurses, 1 anesthesia professional, 2 environmental health professionals, one biomedical technician, 16 pharmacists and 7 clinical pharmacists, 10 medical laboratory technologists, 1 laboratory technician, 5 druggist, 11 psychologists, 1 midwifery nurse and other support staffs.

Participants

All the clinical staff working at the hospital were eligible to participate in this study. The hospital has about 258 clinical staff but forty of them were in education, 7 were on maternity leave, 20 people were on vacation and two people are fully involved in administrative issues.

The inclusion criterion for staff was clinical staff employees (psychiatrists, general practitioners, social workers, public health professionals, chief and psychiatric nurses, clinical nurses, anesthesia professional, environmental health professionals, biomedical technician, pharmacists and clinical pharmacists, medical laboratory technologists, laboratory technician, druggist, psychologists, midwifery nurse). It is based on the divisions of employees as clinical staff in Amanuel Specialized Mental Hospital.

Exclusion criteria: those who are on education, maternity leave, and vacation, and those fully involved in administrative issues were excluded.

Study design and instruments

A cross sectional study design was used. A written explanation on the purpose of the study and consenting process was provided. Questionnaires were distributed using one available member of each ward, and it was collected in sealed envelopes.

The instruments consisted of a self-administered questionnaire which elicited information on socio-demographic and job characteristics, the Maslach Burnout Inventory (MBI) – Human Services and General Survey, and Oslo social support scale (OSS).

- Socio-demographic and job related variables: important socio-demographic variables such as age, sex, marital status, number of children, occupation, year/s of graduation, years ofservice, case team, case load, and organizational support will be assessed.

- Maslach burnout inventory
  This instrument is developed by Maslach and Jackson. (34) Though there is no consensus on measures of burnout, MBI is the most widely used instrument as burnout measure. (35)It consists of a 22-item self-rating scale concerning the 3 dimensions of burnout: emotional exhaustion (9 items), depersonalization (5 items) and personal accomplishment (8 items). Frequency on each item is scored from 0 (never) to 6 (every day). Burnout is defined as the presence of high scores in both emotional exhaustion and depersonalization subscales, and low score in the personal accomplishment subscale.There was one review of 34 studies which concluded that even though all three factors of the MBI have not been replicated exactly across studies, there was considerable evidence that the MBI is a useful tool across a wide range of occupations, languages, and countries. (36)

- Scoring of MBI: - Human service survey

Emotional Exhaustion		Depersonalization		Personal Accomplishment	
	Frequency		Frequency		Frequency
High	27 or over	High	13 or over	High	39 or over
Moderate	17-26	Moderate	7-12	Moderate	32-38
Low	0-16	Low	0-6	Low	0-31

- **Oslo Social Support Scale (OSS)**: is a three item scale which enables to assess the individuals' social support system. This instrument has wide use in European countries to measure individual's perceived social support. (37). It was also used in studies in Ethiopia. (38)

SCORE	INTERPRETAION
3-8	POOR SUPPORT
9-11	MODERATE SUPPORT
12-14	STRONG SUPPORT

Data analysis

Statistical Package for Social Science (SPSS) 21.0 was used to analyze the data. Analyses were descriptive and exploratory. For bivariate analyses, Pearson correlations were used for continuous variables, and analyses of variance (ANOVAs) were used for categorical data (three or more categories). For variables with only two categories being compared, the Student's t-test for independent samples was used.An α of .05 was employed for all analyses.

Results

Socio-demographic characteristics and work related features (Table 1)

The questionnaires were distributed to 170 (90.4%) of the total eligible staff population of 188. The return rate was 160 (85.1%), and among those who returned, fully completed questionnaires were 153(81.4%). The mean age of the respondents was 30 years (range 21-60 years) and nearly 70% of themwere aged 35 years and below. 55.1% were male, and 56.3% were single, and 37.3% were married. Nearly seventy percent (68.6%) of the respondents did not have children. The mean of the work experience of the respondents is 5.5 years, 50.3% of them have worked at the institution for five years or more, and 8% had between 15 and 29 years of work experience in the institution.

Among 146 individuals who responded to the question if they are working at a private set up, only 21.9% of them work in a private set up. The mean number of inpatients followed in a month by the staff is 20.7, and the mean number of outpatients seen in a week by each staff is 156.7.

The MBI scores and burnout levels (Table 2)

Up to 40.6% of the respondents suffered from moderate to high levels of emotional exhaustion. Moderate to high levels of depersonalization were reported in 45.8% of the respondents while 36.6% experienced low levels of personal accomplishment. The Cronbach's alpha coefficients for this study were: 0.857 for EE, 0.583 for DP, and 0.621 for PA.

Table: 1 socio-demographic and work related features

Characteristics		*Number in percent*
Sex	*Male*	*52.9*
	Female	*43.1*
	Missing	*3.9*
Marital status	*Single*	*53.6*
	Married	*34.6*
	Divorced	*1.3*
	Widowed	*2.6*
	Married but not living together	*2.0*
Case team	*Psychosis*	*32*
	Mood	*15*
	Emergency	*15.7*
	Others	*36*
	Missing	*1.3*
Work related features		
Number of inpatients Followed regularly	*Mean: 20.7, Median: 20.0*	
	Range: 0-100	
Number of outpatients seen in a week	*Mean: 156.4, Median:100.0*	
	Range: 0-500	
Working in a private set up	*Yes*	*32 (21.9%)*
	No	*114 (78.1%)*

Table 2: Frequency percentage distribution among the three subscales according to Maslach's categorization

MBI scores and burnout levels			
	Range	Mean	Standard deviation
Emotional exhaustion (max= 54)	0-51	15.42	12.603
Depersonalization (max=30)	0-30	6.94	6.198
Personal accomplishment (max=48)	9-54	34.03	8.679
Burnout levels%			
	Low	Moderate	High
Emotional exhaustion	59.5	19	21.5
Depersonalization	54.2	27.5	18.3
Personal accomplishment	36.6	26.8	36.6

Social support results

Oslo social support scale, a three item scale which is used to assess the individuals' support system, was used. Among the 151 people who completed the Oslo social support questionnaire, 21.2% of them have poor social support, and 47% have moderate social support, and 31.8% of them has strong social support.

Suggestions given by the respondents

In the questionnaires provided, there were lists of interventions that help to decrease burnout which were taken from other studies. Participants were asked if they think the interventions are existent in the hospital, and 64.1% of the participants think there are one or more of the interventions. Details are presented in table 3.

Only 24.8% of the participants gave suggestions on how to decrease burnout among the staff. The list of the suggestions is as follows.

- Improving working conditions in terms of salary increments, hazard payments, hiring more professionals, and providing free internet services all day,
- Motivating staff through incentives and rewards
- Improvement in the administration in terms of being impartial, solving burning issues in short meetings, developing distinct boundaries between clinical and administrative issues, and cutting down unnecessary bureaucracy
- Other suggestions like clean and nice cafeteria, gymnasium for the patient

Table 3: Prevalence of interventions as suggested by the staff

Interventions	No of respondents who think the intervention/s is/are being done
1. regular training	18(11.76%)
2. collaborative team meeting	19(12.41%)
3. providing opportunities for advancement	17(11.11%)
4. giving positive feedback or rewards	3(1.9%)
5. involving staff in decision making	5(3.2%)
6. develop clear and accurate job descriptions	18(11.76%)
7. two or more of the above	18(11.76%)

Correlation among individual and job characteristics and MBI subscale scores

The Pearson'scorrelations between continuous variables and dimensions of burnout are presented in Table 4. DP was positively associated with number of outpatients.The t-test results for the variables with only two categories are presented in Table 5. Being male is associated with depersonalization. No variables weresignificantly associated with personal accomplishment in both analyses.

ANOVA results for variables with three or more categories are represented in table 6. Both emotional exhaustion and depersonalization were associated with Oslo's score of the participants.

Table 4. ***Pearson correlations of continuous demographic variables with MBI subscale scores***

	Emotional exhaustion		***Depersonalization***		***Personal accomplishment***	
	R	***Sig***	***r***	***Sig***	***R***	***Sig***
Age	***-0.88***	***0.290***	***-0.85***	***0.39***	***-0.28***	***0.740***
Number of children	***-0.29***	***0.728***	***-0.24***	***0.771***	***-0.02***	***0.977***
Experience in months	***-.0.108***	***0.190***	***-0.105***	***0.200***	***-.042***	***0.607***
Number of inpatients	***0.095***	***0.333***	***0.094***	***0.341***	***-.040***	***0.689***
Number of outpatients	***0.093***	***0.412***	***0.228****	***0.042****	***-.056***	***0.621***

- *p < .05

Table 5: independentT-test comparing means of burnout according to sex, and working in a private

	Emotional exhaustion		Depersonalization		Personal accomplishment	
	t value	P value	t value	P value	t value	P value
Sex	1.100	0.273	2.359	0.020*	-0.242	0.809
Working in a private	0.150	0.881	0.262	0.794	-0.571	0.569

*p < .05

Mean valueof depersonalization among males: 7.94

Mean value of depersonalization among females: 5.58

Table 6. One way ANOVA comparing burnout according to Oslo's score, and marital status

	Emotional exhaustion		Depersonalization		Personal accomplishment	
	F value	Sig level	F value	Sig level	F value	Sig level
Marital status	0.535	0.587	0.453	0.637	1.045	0.355
Oslo's score	3.807	0.024*	3.191	0.044*	1.703	0.186

- *p < .05

Post hoc analysis was done. It showed that staff with strong and moderate social support have significantly lower scores on EE and DP than the staff with poor social support, and there was no statistical difference between those who have moderate and strong social support.

Discussion

The first aim of this study was to determine the level of burnout experienced by clinical staff in Amanuel Specialized Mental Hospital. Across MBI subscales, numerous participants experienced burnout in the moderate and high levels in the emotional exhaustion and depersonalization scales (EE: 40.6%; DP: 45.8%), and low level of personal accomplishment was reported by 36.6% of the participants. The prevalence of the low personal accomplishment was comparable to the study in Mathari hospital's staff which was 38.6%. It is difficult to compare the results with the studies in other countries because participants involved have different combinations of job divisions, and it would be difficult to find study with similar or exact job divisions as we found in Amanuel specialized mental hospital. For e.g., the Kenyan study involves both the clinical and support staff, and the Tunisian study involved nursing staff, residents, and practitioners. However,the level of burnout is much lower than other studies of burnout among mental health workers. For e.g, when comparing the means of categories of burnout, the means in this study were EE: 15.42, DP: 6.94, and PA: 34.03. Whereas the means in the Tunisia's study of burnout among mental health professionals were EE: 26.18, DP: 10.20. When comparing it with the Kenyan study as well, the level of burnout is also lower in the moderate to high level of both EE and DP (EE: 40.6% vs

63%, DP: 45.8% vs 68.9%). This may raise a question why, and it can be that there might be some unidentified work related protective factors related to working in Amanuel Specialized Mental Hospital or some virtues of the Ethiopian culture, for e.g., religiosity. However, it can also be due to the cut-off points of the instrument which may not be fully applicable due to social and cultural reasons. The low levels of Cronbach'salpha for this study can be indicative of that.Maslach, Jackson and Leiterreported Cronbach's alpha coefficients for the subscales to be 0.90 for EE, 0.79 for DP and 0.71 for PAwith test-retest reliabilities ranging from 0.50 to 0.82 for the three subscales. (39)

The second aim of the paper was to determine whether or not there were any characteristics that were significantly associated with the level of burnout that participants experienced. Of the characteristics analyzed, three appeared to be associated with burnout: male sex, number of outpatients seen, and social support level.

Several factors can contribute to the association between the number of outpatients and depersonalization like the lack of adequate time to take full history of patients, the need for documentation to be done in a short time, the need to revise previous documentations which may not be adequate to understand the patients and the need for further exploration, and frequent interruptions by patients and attendants, and

these factors also make it difficult to develop good therapeutic relationships with patients.

There were previous studies that reported burnout among male physicians start with depersonalization, and one study reported that depersonalization was more common among male physicians. (40) The reason given to explain this was the Gender socialization theory (41&42)which suggests men are taught to be aggressive, non-emotional and goal oriented, and not to show weakness during times of feeling vulnerable, and this may lead to the incapability of men to solve internal conflicts and to their repression of internal conflicts, which may in turn lead to higher chances of depersonalization.

Several researches reported that increasing social support for employees may decrease or prevent burnout, (43&44) and some suggested different types of social support, for e.g., coworker support, family support, friend support, administrative support etc., influenced the different dimensions of burnout differentially. (45) Some researches reported on the potential buffering effect of social support in job stress-burnout relationships. (46)In conjunction with the other researches, social support had a negative correlation with both emotional exhaustion and depersonalization in this study.

None of the other factors analyzed including age, work experience, number of children, marital status, number of inpatients seen, and working in a private set up had significant relationship with any of the variables of burnout.

Limitations

- The number of the staff during the time of study was less than expected as many were on vacation and maternity leave.
- A questionnaire used for screening of alcohol use problem (AUDIT) was not accepted by the ethical committee of Amanuel Specialized Mental Hospital for possible ethical issues.
- GHQ-12 was used during the study but the result was discarded because there was mismatch of the choices of the questions in the questionnaire which affects the interpretation.

Conclusions

The results show significant levels of burnout among the clinical staff. Since burnout has a significant negative impact on the employees, the service provided, and the organization, intervention at an individual and organizational level is needed. Given that the Cronbach's alpha values were low in this study, modifications may be needed to maintain the Maslach's burnout scales' internal consistency in Ethiopia.Further studies on burnout should try to identify more risk factors.

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46. *Antigonos Sochos, PhD*; Alexis Bowers, MRCPsych MSc** Burnout, occupational stressors, and social support in psychiatric and medical trainees*

Appendix

Information sheet and consent form

Addis Ababa University, college of health sciences, Department of Psychiatry

My name is Dr. Filmon Mengesha. I am a third year psychiatric resident. I am doing my research on the level of burnout among clinical staff in Amanuel Specialized Mental Hospital. I chose this topic because it is mentioned in several researches that burnout is highly prevalent among health workers, especially mental health workers. Besides this, it is also stated that burnout can have a huge negative impact on the staff, service provided to patient and organization. The results will be provided to the administrative staff of the hospital, and I hope it will create awareness and inspirations to prevent or decrease the level of burnout among the staff, and encourage other related studies.

The information will be collected from the questionnaire that you are going to complete. Your participation is very important for fulfillment of the study. There won't be any harm of completing the questionnaires as long as the confidentiality is kept. To keep the confidentiality, your name is not going to be registered, and I have also excluded the job division because it doesn't allow to keep the confidentiality of some of the health professionals. The questionnaire will be placed into communal envelope after completion.

Would you agree to participate in this study?

1) I agree. ____ 2) I disagree. _____

የመረጃና የስምምነትመግለጫ

አዲስአበባዩኒቨርሲቲየጤናሳይንስኮሌጅ

ሳይኪያትሪዲፓርትመንት

ስሜዶክተርፊልሞንመንግሻይባላል::የሶስተኛአመትየሳይኪያትሪረዚደንትነኝ::የመመረቂያዬጥናታዊፅሁፍርዕስበአማኑኤልአስፔሻላይዝድየ አእምሮሆስፒታልበሚገኙትክሊኒካልስታፍከስራጋርየተያያዘየመታከትችግር (burn out)ምንያህልነዉይሰኛል::የጥናቱዋናአላማየዚህችግርመጠንምንያህልእንደሆነማወቅሲሆንየሚገኘዉመረጃለሆስፒታሉአስተዳደርበመስ ጠትይህንችግርለመከላከልወይምለመፍታትየሚደረጉጥረቶችእንዲኖሩእናሌሎችሰዎችበተመሳሳይርእስ ጥናትእንዲያካሂዱመነሳሳትንይፈጥራልብዬአምናለሁ::

ይህንርዕስየመረጥኩበትምክንያትየጤናባለሞያዎችበተለይምየአዕምሮጤናላይየሚሰሩለዚህችግርተጋላጭነታቸዉከፍተኛመሆኑበተለያዩጥና ቶችየተጠቀሰከመሆኑበተጨማሪበግለሰብ፣ለህመምተኞችየሚሰጥአገልግሎትናበተቋሙትልቅተፅዕኖሰለሚያሳድርነዉ::

መረጃዉየሚሰበሰበዉበተዘጋጀዉየመጠየቅቅፅራሰዎበመሙላትሲሆንለሞሙላትየሚወስደዉጊዜከ 15 – 20 ደቂቃነዉ::ምስጢራዊነቱንእሰከተጠበቀድረስምንምአይነትጉዳትአያደርስም:: ምስጢራዊነቱንለመጠበቅምስምወይምማንነትየሚገልፅነገርአይፃፍም::የስራመድብከመጠይቅ የወጣ ሲሆን ምክንያቱም የተወሰኑ የጤና ባለሙያዎችመረጃምስጢራዊነትለማስጠበቅስለማያስችልነዉ::ጥያቄዉንሲጨርሱሚመልሱትበተዘጋጀሎትፖሰታዉስጥበመክተትነዉ::

በዚህጥናትለመሳተፍፈቃደኛነዎት? 1. አዎ 2. አይደለሁም

Questionnaires

Socio-demographic and job description questionnaire

1) Basic Socio-demographic and job description information
    a. Age: _____ years
    b. Gender: 1) male 2) female
    c. Marital status: 1) married 2) single 3) divorced 4) widowed
    d. Number of children: _____
    e. Which case team are you working in? 1) mood 2) psychosis 3) neuropsychiatry 4) Emergency 5) Geriatric 6) Rehabilitation 7) Medical 8) Maternal and child health 9) Psychotherapy 10) Forensic 11) Non-psychotic 12) others _____
    f. Years of service at the hospital: _____ years
    g. Case load
        a. How many in-patients do you regularly follow? _____
        b. How many out-patients do you see in a week? _____
    h. Do you work in private health institutions? 1) Yes 2) No
    i. How does the organization support the staff regarding your service?
        a. Regular training
        b. Collaborative team meetings
        c. Providing opportunity for advancement
        d. Giving positive feedback or rewards
        e. Involving the staff in decision making/decentralizing decision making
        f. Develop clear and accurate job descriptions
        g. Others _____

የግለሰቡመሰረታዊመረጃዎችናየስራሁኔታመጠይቅ

ሀ) እድሜ : _____ አመት

ለ) ፆታ: 1) ወንድ 2) ሴት
ሐ) የጋብቻሁኔታ: 1) ያላገባ 2) ባለትዳር 3) በፍቺየተለያየ 4) በሞትየተለየ5)ያገባግንበስራወይምበሌላምክንያትአብሮየማይኖር
መ) የልጆቹብዛት: _____
ሠ)የሚሰሩበትኬዝቲም

1. ሙድ(mood)
2. ሳይኮሲስ (psychosis)
3. ኒዉሮሳይክያትሪ (neuropsychiatry)
4. ኢመርጀንሲ (emergency)
5. ጄርያትሪክ (geriatric)
6. ሪሃቢሊቴሽን (rehabilitation)
7. ሜዲካል (medical)
8. ማተርናልኤንድቻይልድሄልዝ (maternal and child health)
9. ሳይኮቴራፒ (psychotherapy)
10. ፎረንሲክ (forensic)
11. ናንሳይኮቲክ (non psychotic)
12. ሌላ _____

ረ) በሆስፒታሉያገለገሉባቸዉአመታት _____

ሰ) የሚያዩትየህመምተኞችቁጥር

1. በመደበኛሁኔታየሚከታተሏቸዉተኙተዉየሚታከሙትየህመምተኞችቁጥር _____
2. በሳምንትዉስጥየሚያዩዋቸዉየተመላላሽህመምተኞችቁጥር _____

ሸ) በግልየጤናተቋሞችይሰራሉ? 1. አዎ 2. አይደለም

ቀ) የሚሰሩበትየጤናተቋም (አማኑኤልእሰፔሻላይዝድየአዕምሮሆስፒታል) በስራዎትላይየሚያደርግሎትአጠቃላይእርዳታምንይመስላል? ከተዘረዘሩትይምረጡ::

1. ተከታታይወይምቀጣይነትያለዉስልጠና
2. የጋራየዉይይትመድረክማዘጋጀት
3. በስራዎየደረጃእድገትየሚያገኙበትንእድልማዘጋጀት
4. የስራማበረታቻሽልማቶችወይምመልካምአስተያቶችመስጠት
5. በዉሳኔዎችላይየሆስፒታሉንሰራተኞችማሳተፍ
6. ትክክለኛእናግልፅየሆነየስራመደብመግለጫማዘጋጀት
7. ሌላካለይግለፁ ……

5.Maslach Burnout Inventory

Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, circle the number that best describes your answer. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

	HOW OFTEN			
1	I feel emotionally drained from my work.	Never	0	MBED
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
2	I feel used up at the end of the workday.	Never	0	MBUP
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
3	I feel fatigued when I get up in the morning and have to face another day on the job.	Never	0	MBFA
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
4	I can easily understand how my recipients feel about things.	Never	0	MBEA
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
5	I feel I treat some recipients as if they were impersonal objects.	Never	0	MBIO
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
6	Working with people all day is really a strain for me.	Never	0	MBWS
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	

		Once a week	4	
		A few times a week	5	
		Every day	6	
7	I deal very effectively with the problems of my recipients.	Never	0	MBDE
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
8	I feel burned out from my work.	Never	0	MBBO
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
9	I feel I'm positively influencing other people's lives through my work.	Never	0	MBPI
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
10	I've become more callous toward people since I took this job.	Never	0	MBCP
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
11	I worry that this job is hardening me emotionally.	Never	0	MBWJ
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
12	I feel very energetic.	Never	0	MBFE
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
13	I feel frustrated by my job.	Never	0	MBFF
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	

		Once a week	4	
		A few times a week	5	
		Every day	6	
14	I feel I'm working too hard on my job.	Never	0	MBWTH
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
15	I don't really care what happens to some recipients.	Never	0	MBDCW
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
16	Working with people directly puts too much stress on me.	Never	0	MBWPS
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
17	I can easily create a relaxed atmosphere with my recipients.	Never	0	MBRA
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
18	I feel exhilarated after working closely with my recipients.	Never	0	MBEF
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
19	I have accomplished many worthwhile things in this job.	Never	0	MBAM
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
20	I feel like I'm at the end of my rope.	Never	0	MBAR
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	

		Once a week	4	
		A few times a week	5	
		Every day	6	
21	In my work, I deal with emotional problems very calmly.	Never	0	MBIEE
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	
22	I feel recipients blame me for some of their problems.	Never	0	MBRBP
		A few times a year or less	1	
		Once a month or less	2	
		A few times a month	3	
		Once a week	4	
		A few times a week	5	
		Every day	6	

5.ማስላክ የበርንአውት (ከስራ ጋር የተያያዘ መታከት) መጠይቅ

Maslach Burnout Inventory (MBI)

የዚህ መጠይቅ አላማ ስራዎትንና አብረዎት በቅርበት የሚሰሩትን ሰዎች አንዴት እንደሚያዩአቸው ለማወቅ ነው::በጣም በተለያዩ የስራ አይነቶች ላይ ያሉ ሠዎች ይህን መጠይቅ ስለሚመልሱ ተገልጋዮች የሚለውን ቃል አገልግሎት፣ አንክብካቤ ወይም ህክምና የሚሰጧቸውን ሠዎች ለማመልከት ይጠቀማል:: በስራዎት ላይ ሌላ ቃል ቢጠቀሙም ይህንን መጠይቅ በሚመልሱበት ጊዜ እባክዎን እነዚህን ሰዎች ወይም ታካሚዎች እንደ "ተገልጋዮች" ያስቧቸው::

ከስራ ጋር የተያያዙ ስሜቶች ላይ 22 ዐረፍተ ነገሮች አሉ::እባክዎን እያንዳንዱን ዐረፍተ ነገር በጥንቃቄ ያንብቡና ስለስራዎ እንደዚህ ተሰምተዎት የሚያውቅ መሆኑን ይወስኑ::ይህ ስሜት ተሰምተዎት የማያውቅ ከሆነ ከዐረፍተ ነገሩ በፊት"0" (ዜሮ) ብለው ይፃፉ::ይህ ስሜት ተሰምተዎት የሚያውቅ ከሆነ በየምን ያህል ጊዜው እንደሚሰማዎት በሚገባ የሚያሳየውን ቁጥር(ከ1 እስከ 6) በመፃፍ ይግለፁ::

ስንት/ ምን ያህል ጊዜ የሚከተሉት ስሜቶች ተሰምቶዎት ያውቃል

1	በስራዬ የተነሳ ስሜቴ እንደተሟጠጠ ይሰማኛል (ትከት ይለኛል):: **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBED
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
2	ከስራ ውሎ በኋላ ባዶነት ይሰማኛል:: **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBUP
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
3	ጠዋት ተነስቼ ሌላ የስራ ቀን መጋፈጥ ሲኖርብኝ ድካም ይሰማኛል::	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBFA 37
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	

	ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር ?	በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
4	ተገልጋዮች/ ታካሚዎች ስለነገሮች ምን እንደሚሰማቸው በቀላሉ መረዳት እችላለሁ፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBEA
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
5	አንዳንድ ተገልጋዮች/ ታካሚዎች ሰዎች እንዳልሆኑ ቁሶች እንደማስተናግዳቸው ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር**?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBIO
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
6	ሙሉ ቀን ከሰዎች ጋር መስራት ለኔ በጣም ከባድ/አስጨናቂ ነው፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBWS
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
7		አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBDE
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	

	የተገልጋዮች/ የታካሚዎችን ችግር በብቃት እወጣለሁ፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
8	ከስራዬ የተነሳ ውስጤ ተቃጥሎ እንዳለቀ ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBBO
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
9	በስራዬ የሌሎች ሰዎች ህይወት ላይ በጎ ተፅዕኖ እንደምፈጥር ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBPI
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
10	ይህን ስራ ከጀመርኩ ወዲህ ይበልጥ ልበ ደንዳና እየሆንኩ መጥቻለሁ፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBCP
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	

11	ይህ ስራ ስሜቴን እያደነደነው እንዳይሆን ያሰጋኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBWJ
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
12	በጣም ብርታት (ሞራል) እንዳለኝ ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBFE
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
13	በስራዬ ተስፋ እንደቆረጥኩ ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBFF
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
14	በመጠን ያለፈ ከባድ ስራ እንደምስራ ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBWTH
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	

		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
15	አንዳንድ ተገልጋዮች/ ታካሚዎች ላይ ምንም ቢደርስባቸው ግድ የለኝም፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBDCW
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
16	ከሰዎች ጋር በቀጥታ መስራት በጣም ብዙ ጫና ይፈጥርብኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBWPS
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
17	ከተገልጋዮች/ ታካሚዎችጋር ዘና ያለን ድባብ በቀላሉ መፍጠር እችላለሁ፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBRA
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
18	ከተገልጋዮች/ ታካሚዎችጋር በቅርበት ከሰራሁ በኋላ ከፍ ከፍ የማለት ስሜት ይሰማኛል፡፡	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBEF
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	

	ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር ?	በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
19	በዚህ ስራ ውስጥ እርባና ያላቸው ብዙ ነገሮችን ሰርቻለሁ/ አከናውኛለሁ፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBAM
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
20	ጉዞዬን እንደጨረስኩ ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBAR
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
21	በስራዬ ላይ ስሜታዊ ችግሮችን በጣም በእርጋታ እወጣለሁ፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBIEE
		በአመት ጥቂት ጊዜ ወይም ያነሰ	1	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	
22	ተገልጋዮች/ ታካሚዎች ለአንዳንድ ችግሮቻቸው እኔን	አይ ፈፅሞ ተሰምቶኝ አያውቅም	0	MBRBP

	ተጠያቂ እንደሚያደርጉኝ ይሰማኛል፡፡ **ይህን አይነት ስሜት በየስንት ግዜው ይሰማዎት ነበር** ?	በአመት ጥቂት ጊዜ ወይም ያነሰ	ነ	
		በወር አንዴ ወይም ያነሰ	2	
		በወር ጥቂት ጊዜ	3	
		በሳምንት አንድ ጊዜ	4	
		በሳምንት ጥቂት ጊዜ	5	
		በየቀኑ	6	

The Oslo 3-items social support scale

Circle or underline the correct answer that applies for you

1	How easy can you get help from	Very	Easy	Possible	Difficult	Very

	neighbours if you should need it?	easy				difficult
2	How many people are so close to you that you can count on them if you have serious problems?	None	1-2	3-5	5+	
3	How much concern do people show in what you are doing?	A lot	Some	Uncertain	Little	No

የኦስሎ ማህበራዊ ድጋፍ መለኪያ መጠይቅ
(The Oslo 3-items social support scale)

ለእርሶ ሁኔታ ትክክለኛ የሆነውን መልስ ያክብቡ

601	ከጎረቤትዎቾ እርዳታ/ድጋፍ ቢያስፈልግዎ ማግኘት ምን ያህል ቀላል ነው?	በጣም ቀላል	1	OSAS
		ቀላል	2	
		የሚቻል	3	
		አስቸጋሪ	4	
		በጣም አስቸጋሪ	5	
602	ከፍተኛ ችግር ቢያጋጥምዎ የቅርብ የሆኑ እና ይረዱኛል ብለው የሚተማመኑባቸው ምን ያህል ሰዎች ይኖራሉ?	ምንም	1	OSCRS
		1-2	2	
		3-5	3	
		5+	4	
603	ሌሎች ሰዎች ስለ እርሶ ጉዳይ ምን ያህል ግድ ይላቸዋል	በጣም	1	OSNPS
		የተወሰነ	2	
		አላውቅም	3	
		ትንሽ	4	
		ምንም	5	