

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH



**ASSOCIATION BETWEEN JOB DISSATISFACTION AND
WORK-RELATED STRESS AMONG HEALTH
PROFESSIONALS WORKING IN PUBLIC HEALTH CENTERS
IN YEKA SUB CITY OF ADDIS ABABA**

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**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY,
COLLAGE OF HEALTH SCIENCE, SCHOOL OF PUBLIC
HEALTH, AS A PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF
PUBLIC HEALTH**

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APPROVED BY THE BOARD OF EXAMINATION

THIS THESIS, BY DEREJE ABDISA IS ACCEPTED IN ITS PRESENT FORM BY THE BOARD OF EXAMINERS AS FULFILLING THE DEGREE OF MASTERS OF GENERAL PUBLIC HEALTH.

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Declaration

I, Dereje Abdisa declared that this thesis was my original work in partial fulfillment for the requirement for the degree of master's in public health. All sources of materials used for this thesis work and all people and institutions who gave support during this thesis work were fully acknowledged.

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List Of Acronyms And Abbreviations

AAHB-Addis Ababa Health Bureau

AOR-Adjusted Odds Ratio

ART-Anti-Retroviral Therapy

CI-Confidence Interval

COR-Crude Odds Ratio

EDHS- Ethiopian Demographic Health Survey

EHMI-Ethiopian Hospital Management Initiative

ERC-Ethical Review Committee

GDP-Gross Domestic Product

HEW- Health Extension Workers

ILO-International Labor Organization

OPD-Out-patient Department

PSS- Perceived Stress Scale

SEHC-Satisfaction of Employees in Health Care

VCT-Voluntary Counseling and Testing

WHO- World Health Organization

WRS-Work-Related Stress

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ABSTRACT

Background: - Work-related stress is one of the health problems modern societies have to deal with. Such stress is the second most reported work-related health problem next to musculoskeletal disorders. Job dissatisfaction could be one reason for work-related stress. However, there is no clear and sufficient evidence showing the relationship between job dissatisfaction and work-related stress in developing countries including Ethiopia. Therefore, the study is designed to assess the association between job dissatisfaction and work work-related stress among health professionals working in public health centers.

Objectives:- This study is mainly designed to assess the magnitude of work-related stress and to determine its association with job dissatisfaction among health professionals working in public health centers in Yeka Sub-city of Addis Ababa.

Method:- Health facility-based cross-sectional study was implemented among health professionals in Yeka Sub-city. Data was collected using self- administered structured questionnaires from a total of 519 samples of health professionals working in Yeka sub-city health centers. The level of job dissatisfaction was measured with multi-item scales derived from Satisfaction of Employees in Health Care (SEHC) while work-related stress was measured by Perceived Stress Scale (PSS-14). Data were entered into EpiData Manager 4.4.2.1 and analyzed using SPSS version 23. Both binary and multivariable logistic regression analyses were used to show an association between job dissatisfaction and work-related stress. The adjusted odds ratio was used to determine the strength of association.

Result: - A total of 499 health workers participated in the study and, among them 173 (34.70%) were males and 326 (65.30%) were females. The magnitude of work-related stress among health professionals was 53.3%, 95% CI (48.7, 57.90) and, 52.9%, 95% CI (48.7, 57.50) of study participants were dissatisfied with their job. After adjusting for potential confounder health workers who were dissatisfied with their job were more likely to have more work-related stress [AOR=2.47; 95%CI (1.67, 3.65)]. Additionally, sex of the health professions was independently associated with work-related stress. Male health professionals were less likely to report work-related stress when compared to their female counterparts [AOR= 0.61; 95% CI (0.39, 0.93)].

Conclusion:- More than half of health professionals working public health centers are dissatisfied with their job and suffering from work-related stress. The study also found the presence of a strong association between work-related stress and job dissatisfaction among health professionals. Therefore, healthcare providers and policymakers should work to improve the human resource management system and maintain healthy working environment of the public health facilities so that workers job satisfaction is increased, health and safety of the workers is kept under control and hence work related stress is minimized.

Key Words: Work-related stress, job dissatisfaction, health professionals,

1. INTRODUCTION

1.1. Background

Work-related stress (WRS) is determined by work organization, work design and labor relations. It occurs when the demands of the job do not match or exceed the capabilities, resources, or needs of the worker, or when the knowledge or abilities of an individual worker or group to cope are not matched with the expectations of the organization (1).

Work-related stress is now generally acknowledged as a global issue that affects all professions and all workers in both developed and developing countries. A survey conducted in Europe showed that twenty-five percent of surveyed workers experienced work-related stress for all or most of their working time, and a similar proportion reported that work affected their health negatively (2).

A study conducted in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama on working conditions and health in Central America on 12,024 workers in 2014 also showed more than one in ten respondents reported having felt constantly under stress or strain (3). Another study conducted in Canada in 2012 among 25000 employed Canadians on Balancing work and caregiving in Canada showed that high perceived stress was reported by fifty-seven percent of respondents, increasing from fifty-four percent in 2001 (4). Work-related stress is generally associated with both physical and psychological effects which may be expressed in a variety of different ways, and involve changes in cognitive-perceptual function, emotion and behavior (5).

Work-related stress and its consequence are not given much consideration in Ethiopia and as a whole in Africa. However, a cross-sectional study conducted in Addis Ababa in 2012 among 343 nurses working in public hospitals showed that 121 (37.8%) nurses reported experiencing occupational stress (6) while a study conducted in Mekelle on WRS among 592 health care workers in public hospitals showed a prevalence of 46.9 percent (7).

The impact of stress on health can vary according to individual response; however, high-stress levels can contribute to development of as other physical impairments such as cardiovascular disease and musculoskeletal mental and behavioral disorders such as exhaustion, burnout, anxiety, and depression, as well disorders which in turn can lead to coping behaviors such as alcohol and drug abuse, smoking, unhealthy diet, poor sleep, as well as to their relation with an

increasing rate of workplace accidents. Cardiovascular disease which was the first cause of death globally, with an estimated 17.5 million deaths in 2012 (thirty-one percent of all global deaths) varied across occupations and working conditions and is fifty percent higher among those suffering from stress at work when compared with those who were not (1).

1.2.Statement Of The Problem

Work-related stress occurs in every sector. However, the complexity of the working environment makes the impact higher in the health sector. Exposure to high levels of WRS for a longer period of time is a well-established risk factor for numerous physical injuries and mental health outcomes, including depression, metabolic syndrome and cardiovascular diseases (8). The impact is so high that, it affects individuals, their families and colleagues by impacting their health but it is also a burden for employers with costs relating to sickness absence, replacement staff, lost production and increased accidents (9). According to the American Institute of Stress, stress is a major factor in up to 80 % of all work-related injuries and 40 % of workplace turnovers (10).

Health care facilities around the world employ over 59 million workers who are exposed to a complex variety of health and safety hazards every day including psychosocial hazards but little prevention mechanism(11, 12). The workplace is a significant source of stress and health care workers are the most at risk of work-related stress among occupational groups (13, 14). According to a study conducted in Jordan in 2012 on work-related stress among 402 health professionals in northern Jordan, 27% of health professionals reported high levels of stress (15).

Even though little focus is given to WRS in Ethiopia, recent studies show that the magnitude is high among working groups including the health sector. Among nurses working in Jimma Zone public hospitals overall job-related stress level was 58.46 ± 12.62 (16) and among nurses working in public hospitals in Addis Ababa, its prevalence was 37.8% (6) while among health care workers in public hospitals in Mekele city administration the prevalence of WRS was 46.9% (7).

Although individual and organizational characteristics play a role in the development of work-related stress, the majority will agree that work-related stress results from the interaction between

the worker and the conditions of work. Generally, determinants of WRS can be broadly categorized as working environment, home-work interface and personal conditions(12).

A working environment with poor conditions like high work pace, time pressure, low participation in decision making, long working conditions, poor career development, and job insecurity is related to job dissatisfaction (17). These elements of working environment condition which leads to job dissatisfaction are also related to WRS and have a major impact on quality, effectiveness and work efficiency of healthcare professionals (18). The study conducted in Mekelle on WRS among 592 health care workers in public hospitals showed that 56.7% were dissatisfied with their job (7).

Work-related stress in developing countries is one of the areas which have not yet been quantified owing to lack of data on exposure or causality, important exposures, and outcomes (19). Although past research has documented that job dissatisfaction has an influence on WRS, the relation between job dissatisfaction and stress remains relatively unexamined, especially in Ethiopian health care institutions. Recently conducted studies in Ethiopia on WRS or job satisfaction levels are on specific workgroups and most of them are at hospitals levels. However, factors affecting job satisfaction which includes availability of medical equipment, skill development and professional improvement and promotion can be different at health centers and hospital levels, The attempt of this study was, therefore, to see the magnitude of the association between job dissatisfaction and work-related stress among health professionals working in public health centers so that the result would help to fill those knowledge gaps for administrative and planners to tackle work relates stress problems.

1.3.Significant Of The Study

In the health sector, there are many conditions that expose health professionals to stress. Death of patients lacks the necessary medical equipment, workload, ineffective teaming work, and lack of training, complex administration system, low salary, and job satisfaction are some of the reasons (20). Previous studies show that there is a significant relationship between work-related stress and job satisfaction among health professionals (21). However, there are few studies conducted on work-related stress and its causes in Ethiopia and the conducted studies are focused on specific groups of professionals. Job dissatisfaction and WRS are increasing in Ethiopian health

care systems. Therefore, this study focused on assessing the association between job dissatisfaction and work-related stress among groups of health professionals working in public health centers in Yeka Sub-city so that findings would contribute information for program planners and different stakeholders working on occupational health and safety in health institutions.

2. LITERATURE REVIEW

According to the definition of the World Health Organization, work-related stress is defined as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope with (12). Work-related stress and pressure are interchangeably used by workers, though their concepts are different. Pressure challenges us psychologically and physically, and it motivates us to learn new skills and master our jobs.

Working under optimal pressure stimulates people and when the challenge is met, people feel relaxed and satisfied. Stress is also an important part of life and is a necessary part of coping with everyday challenges. Therefore, the challenge is an important ingredient for healthy and productive work and that is why people say a little bit of stress is good for effectiveness (22).

The stress and related health problem come when the pressure puts workers under the challenge they can no more handle and find solutions for. Work-related stress exists in every profession but due to its responsibility for handling human life and managing medical care, the health sector is the one with high stressful conditions (5, 23).

A health professional is a worker who delivers care and services to the community by preventing diseases, promoting health and treating patients and gives aid in rehabilitation. There are approximately 59 million healthcare workers worldwide and the workers who are exposed to a complex variety of health and safety hazards every day (12).

These hazards range from biological exposure to disease-causing organisms like tuberculosis to chemicals such as glutaraldehyde and ethylene dioxide. Apart from physical hazards such as exposure to radiation, there are also psychosocial hazards, such as workload, shift work, and violence that lead to job dissatisfaction (11). Work-related stress is another psychosocial health problem which relates to occupational health problems which cause severe physical and psychological conditions resulting in poor productivity, human error, increased sick leaves, high staff turnover, and poor performance damaging the image of the organization both among workers and other stakeholders (9)

2.1. Prevalence Of Work-Related Stress Among Health Professionals

The number of people suffering from work-related stress or worsen the condition by stress is increasing at an alarming rate and becoming an issue of public health concern in developing countries (12). In developed regions too, work-related stress is the main cause of illness related to the job. For example, in Great Britain, work-related stress, depression or anxiety accounts for 40% of work-related ill health and 49% of working days lost (24).

Although it is difficult to find data on the magnitude of work-related stress among global health professionals, data on general work-related stress are available to varying extents across countries and regions. The greater share of research in this field is to be found in Europe and North America, and in general in developed countries, but to a lesser extent in the Asia-Pacific region and Latin America, and to only a limited extent in Africa and the Arab States.

The 4th European Working Conditions Survey (EWCS, 2007) revealed that an estimated 40 million people in the EU were affected by work-related stress. In the USA, stress costs 42 billion USD a year and that is 0.3 percent of total GDP (25).

According to the Global Wellness Institute, a global research report on employee surveys on health and work in 2016, 53 percent of workers are experiencing rising levels of stress and 59 percent are facing stress because of their jobs (26). US National Center for Chronic Disease Prevention and Health Promotion report on Workplace Health Promotion conducted in the USA in 2016 also mentioned WRS as the leading workplace health problem in the United States, ranking above physical inactivity and obesity (27).

According to the European Risk Observatory Report published in 2009, on average twenty-two percent of the European workforce was under stress (28). The study also showed that the prevalence of work-related stress in health sectors as twelve point seven percent. This shows that, apart from the fear of getting infected with diseases, psychosocial hazards put health professionals under stressful conditions.

A pilot study conducted in 2012 using simple random sample of 70% of the membership of four professional associations to include physicians (specialists and general practitioners), dentists and pharmacists with total of 401 health professionals in Jordan public health institution found that 27% of the health care workers are under high levels of stress (15).

According to a cross-sectional study conducted on job-related stress among 341 nurses working in Jimma Zone public hospitals, South West Ethiopia, 33.4 % (105) of nurses had low stress, 34 % (107) of nurses had moderate stress, and 32.7 % (103) of nurses had high stress. This study indicated an average overall job-related stress level of 58.46 ± 12.62 (16). Another cross-sectional study conducted in 2012 on 343 nurses working in public hospitals of Addis Ababa, Ethiopia also shows that one-in-three employees experience work-related stress (6). The institution-based cross-sectional study was conducted in 2015 on work-related stress among 592 health care workers in Mekelle City Administration Public Hospitals, North Ethiopia. The study showed that the prevalence of WRS among health care workers was 46.9% (7).

2.2. Association Between Job Dissatisfaction And WRS Among Health Professionals

There exist many factors which may result in job dissatisfaction. Poor working conditions, overwork, low levels of payment, no scope of promotion or career advancement and lack of recognition are some causes of job dissatisfaction. Job satisfaction is one of the important variables in work and organizational psychology and is regarded as an indicator of working-life quality and the crucial variable used to determine the quality of health-care systems (29).

Employees' job dissatisfaction, health, and work performance can be influenced by the work environment, job content, organizational conditions and workers' capacities, needs, culture, and personal extra-job considerations which in turn can be the main cause of WRS (1).

Job satisfaction among health care professionals is low globally. According to cross-sectional study on job satisfaction of 243 physicians and general practitioners at primary health care institutions during the health care reform in Lithuania in 2003, (75.5%) did not intend to recommend their children to choose a primary health care level doctor's profession which showed that the physicians are dissatisfied with their job (30).

A cross-sectional study conducted on determinants of job satisfaction among a total of 1149 Nurses, Midwives, and Auxiliary Nurses in Health Clinics in Benin, West Africa in 2016. The result showed that 48% of health workers are classified as having an average or moderate level of overall satisfaction, 26% of health workers have a low level of overall satisfaction, and 26 % of health workers exhibit a high level of overall satisfaction(31). According to cross-sectional study using non- probability sampling method of convenience sampling on job satisfaction of 115 health service providers working in a public tertiary care hospital of Pakistan, only 18% of

the participants were satisfied with their jobs and 27% were dissatisfied while 55% of the employees were ambiguous about their job satisfaction(32).

Studies in Ethiopia showed that larger numbers of health professionals were not satisfied with their job. Low salary, limited educational development opportunity, and inadequate facility and supplies were mostly described as a reason by study participants for their dissatisfactions (33).

A facility-based cross-sectional study on health professionals' job satisfaction and associated factors at public health centers in West Ethiopia conducted in health centers in April 2015 using self-administered structured questionnaires. It indicated that the overall level of job satisfaction was 41.46% (34). According to a cross-sectional study conducted in West Shoa Zone of Oromia on factors associated with job satisfaction among healthcare workers working in public hospitals, 108(65.1%) were not satisfied with their job (35).

Another institution-based cross-sectional study conducted in March 2016 at the Western Amhara region among 575 health professionals selected using simple random sampling revealed that job satisfaction of health professionals working at the Western Amhara region was 31.7%. Health facility-based cross-sectional study was also conducted among 405 randomly selected health care providers in Harari regional state, Eastern Ethiopia on job satisfaction and associated factors among health care providers at public health institutions. It showed that only (44.2 %) of the respondents were satisfied with their job (33, 36).

In recent years, researchers have begun to explore the relationship between job dissatisfaction and work-related stress. A study conducted in the Hubei province of China on job satisfaction and active participation of medical staff in public hospitals showed that working hours and work stress were negatively related to job satisfaction (37).

Another cross-sectional study conducted in Guangdong Province of China conducted on job satisfaction and associated factors among healthcare staff through a questionnaire on a total of 603 excluding other staff showed that work-related stress, had a significant effect on job satisfaction. Apart from work stress, work-family conflict and the doctor-patient relationship had also a significant relationship with job satisfaction, even though the causal effects of job satisfaction or work-related stress could not be determined (38).

A cross-sectional study conducted on representative sample of physicians in private practice of Schleswig–Holstein, Germany and a nationwide sample of Norwegian general practitioners and private practice specialists in 2010 showed that larger proportion of German physicians (27.6%) are under risky level of work-related stress when compared to Norwegian physicians who are comparatively more satisfied with their job (21). This shows that there is a negative relationship between work-related stress and job satisfaction. According to an institution-based cross-sectional study conducted in 2016 on work-related stress among 592 health care workers in Mekelle City Administration Public Hospitals, North Ethiopia, respondents who were dissatisfied with their work were 3 times more likely to develop work-related stress than respondents who were satisfied with their job (7, 16, 39-41).

Literature shows the relationship between job dissatisfaction and WRS which affects health service quality and employee turnover. However, there is a lack of study conducted on the association between work job dissatisfaction and work-related stress in Ethiopian health centers. Moreover, data on determinants of work-related stress, global health problem of modern society, is inadequate and unexamined in developing countries of Africa including Ethiopia. This study is aimed at filling that knowledge gap by assessing the association between job dissatisfaction and work-related stress among health professionals working in public health centers in Yeka Sub-city of Addis Ababa.

3. CONCEPTUAL FRAMEWORK

This conceptual framework is developed based on information obtained during the literature review. Causes of WRS can be summarized into three main categories with demographic status as a distant factor. These are working environment, home-work interface and personal conditions (12). The working environment within hazardous conditions leads to job dissatisfaction which in turn can lead to work-related stress (16, 18).

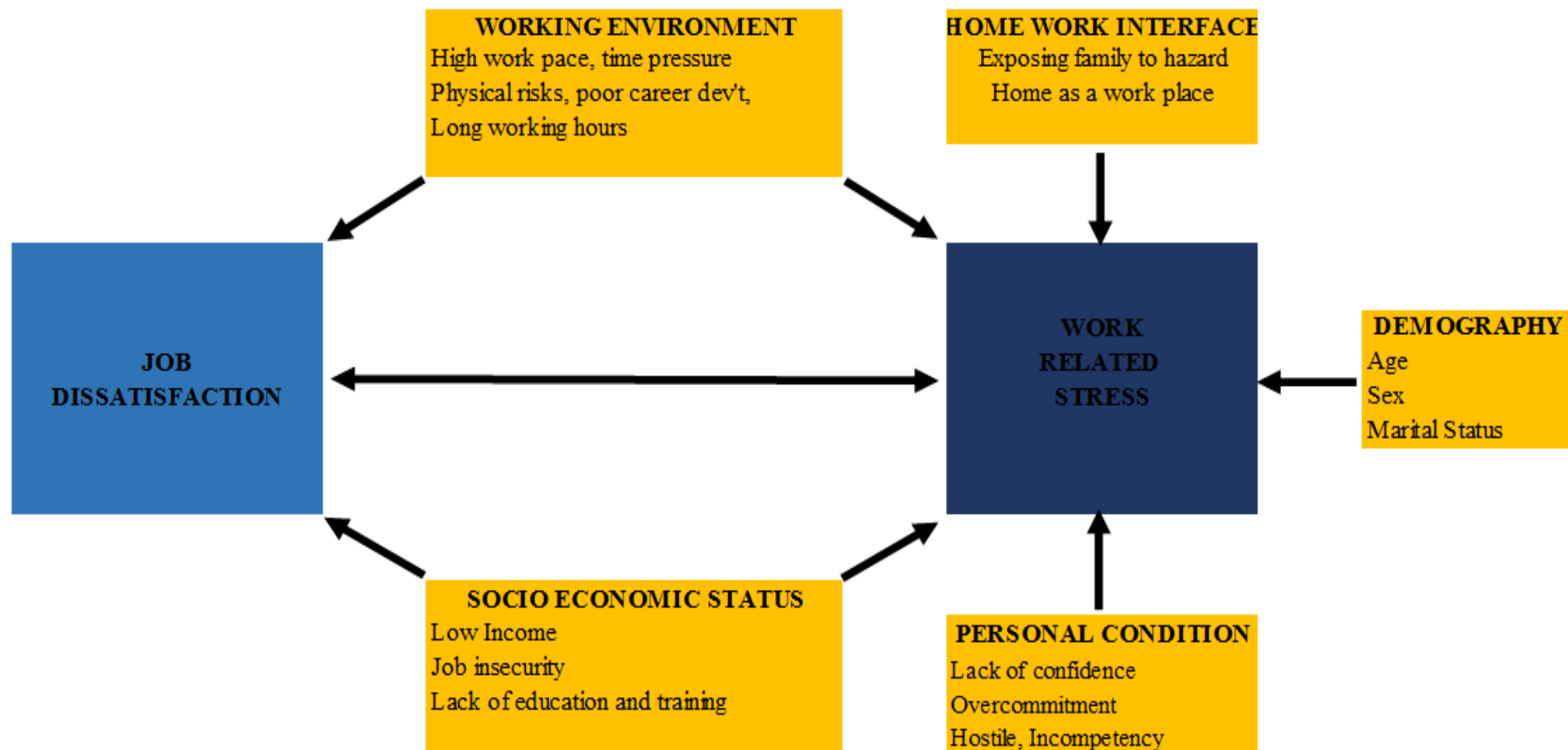


Figure 1: Conceptual framework of work-related stress and factors associated with it

4. OBJECTIVES

4.1.General Objective:

To assess the magnitude of work-related stress and to determine its association with job dissatisfaction among health professionals working in public health centers in Yeka Sub-city

4.2.Specific Objectives

To determine the magnitude of work-related stress among health professionals working in public health centers in Yeka Sub-city.

To determine the association between job dissatisfaction and work-related stress among health professionals working in public health centers in Yeka Sub-city

5. METHODS

5.1.Study Design

Institutional-Based cross-sectional study design was conducted to assess the magnitude of job dissatisfaction and to determine its association with work-related stress among health professionals working in public health centers in Yeka Sub-city of Addis Ababa

5.2.Study Area

The study was conducted in Yeka Sub-city located in North East Part of Addis Ababa city. The sub-city was selected as it holds the highest number of HC in Addis Ababa to secure an adequate sample size for the study. Only one Sub-city is selected for the study considering the homogeneity of the study population as the study units are similar health professionals within similar health institutions and environments. According to the Yeka Sub-city health office, the total area of the sub-city is 85.98 km square with a total population of 454,850. Within the sub-city, there are 15 public health centers under the sub city's health office and two government hospitals governed by the Addis Ababa health bureau. There are 1151 health professionals working in the 15 health centers. The health centers have 77 health professionals on average which consists of Medical doctors, Health Officers, Nurses, Midwives, Laboratory Technologists, Pharmacists, Health Extension Workers (HEW) and others. Triage, Outpatient department (OPD), Laboratory, Pharmacy, MCH, Emergency, VCT, and ART are main departments in the health centers.

5.3. Source Population

The source population was all the health professionals working in the Yeka sub-city public health centers during the study period.

5.4.Study Population

The study population was all health professionals selected based on a systematic sampling method from public health centers in the Yeka sub-city.

5.5.Exclusion Criteria

Health professionals who have less than one year of service at the institution were excluded. Supportive staff or non-technical workers were also excluded.

5.6. Sample Size

The sample size for this study was determined using a single population proportion formula by considering the prevalence of work-related stress as 46.90% from a previously conducted study on work-related stress among health care workers in Mekelle city administration public hospitals north Ethiopia (7). Hence, assuming a 95% level of confidence and a 4.50% margin of error, the sample size for the first specific objective was calculated as follows.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

Where

n = minimum sample size required.

$$Z_{\alpha/2} = 1.96$$

p = estimated prevalence (46.9%)

$$d = 0.045$$

$$\text{Therefore, } n = \frac{(1.96)^2 (0.469) (1-0.469)}{(0.045)^2} = 472$$

Taking the level of WRS among population free of exposure of job dissatisfaction as 46.9% and assuming prevalence of WRS among health professionals exposed to job dissatisfaction would increase by 15%, taking power of 80% and confidence level of 95%, sample size for the second specific objective was calculated which was 348 by using EPI Info 7. But a sample required to show the magnitude of WRS is 472, which is greater than 348. Therefore, adding 10% to compensate for non-response, the sample size was 519. Finally, a systematic sampling technique was used to draw the sample size from public health centers found in Yeka Sub City.

5.7. Sampling Procedures

All sub-cities in Addis Ababa City Administration were listed and the sub-city with the highest number of health centers was selected as the health centers in all sub-cities were homogenous in terms of working environment, equipment, human power structure and departments. Accordingly, to save time and resource, Yeka sub-city which has 15 health centers were selected and all health centers in the sub-city were included in the study in a way that represent all the health centers in the rest of sub-cities in the city.

Systematic sampling was used to select study participants from all public health centers in the sub-city using the payroll of each health center as a sampling frame. By doing so, all 15 health centers were included in the study and a proportional sample of study population distributed in each HC was taken from the facilities.

Accordingly, Woreda 1 Health Center (HC) had 81 health professionals, Entoto No. 1 HC had 80, Entoto No.2 HC had 88, Woreda 4 HC had 68, Yeka HC had 72, Woreda 6 HC had 67, Woreda 7 HC had 73, Woreda 8 HC had 76, Kotebe HC had 100, Woreda 10 HC had 79, Woreda 11 HC had 76, Woreda 12 HC had 87, Woreda 12 No. 2 HC had 60, Woreda 13 HC had 87 and Yeka Abado HC had 57 health professionals.

To get a proportional number of study subjects for each facility, the following formula was used.

$$n = n \times nf/N$$

Where n = number of health professionals in each facility,

nf = total sample size and

N = the total number of health professionals in the 15 health centers.

Proportional allocation, $n = n \times nf/N$

$n = n_1 + n_2 + n_3 + n_4 + n_5 + n_6 \dots n_{15}$ is the total sample size (519)

$N = N_1 + N_2 + N_3 + N_4 + N_5 + N_6 \dots N_{15}$ is the total population size (1151)

After knowing the sampling interval, the first sample was taken using a simple random sampling method. The following picture shows the detailed framework of sampling procedures.

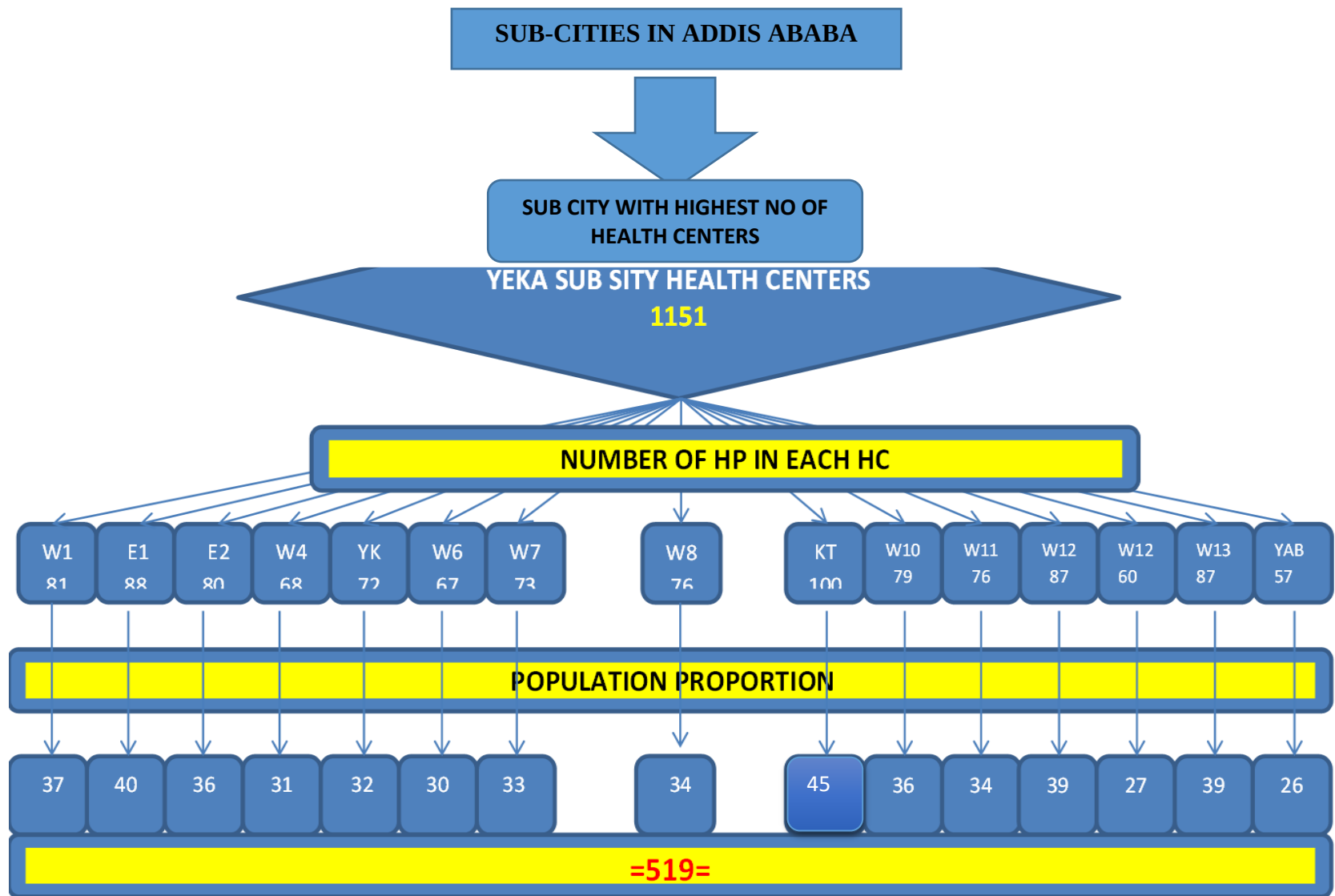


Figure 2: Conceptual framework of the sampling procedure

5.8. Variables

4.8.1. Dependent variable

Work-related stress is dependent variable

4.8.2. Independent variable

Work dissatisfaction

4.8.3. Other independent variables

Socio-demographic factors (age, sex, marital status), socioeconomic values (income, profession), working condition (years of service, position, working hours), life threatening events, behavioral conditions and life style.

5.9. Measurements

A structured self-administered questionnaire was used to collect data from study participants. This method is preferred because it is cheaper, takes a short time to fill and most importantly offers anonymity as the study participants are literates. The questionnaire included three parts. Part I is on socio-demographic parts derived from Ethiopian Demographic Health Survey (EDHS), Part II measures the magnitude of job satisfaction and dissatisfaction of health professionals while Part III is a tool to measure WRS. The SEHC which measures job dissatisfaction has a possible range of scores from 1 to 72. Overall job satisfaction was measured on a four-point Likert scale with the value ranging from 1 (strongly disagree) to 4 (strongly agree). Respondents with an average score of less than mean value were classified as dissatisfied, and those with mean scores and above were considered as satisfied. Work-related stress was measured by the Perceived Stress Scale (PSS-14) and the degree of association between dependent and independent variables was computed. The PSS-14 has a possible range of scores from 0 to 56. The range of PSS scores was divided into stratified quartiles. The upper two and lower two quartiles were combined and labeled as stressed and not stressed respectively.

5.10. Operational Definition

Work-Related Stress:- Work-related stress is a negative emotional experience accompanied by biochemical, physiological and behavioral changes due to their job. Stress to some extent is important as it may help as a motivator or stimulant to accomplish a task. However, people can be exposed to work-

related stress when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.

Job Dissatisfaction: refers to unhappy or negative feelings about work or the work environment. There exist many factors which may result in job dissatisfaction. Some of them are poor working conditions, overwork, low levels of pay, no scope of promotion or career advancement and lack of recognition. People who are commonly exposed to these working conditions are victims of job dissatisfaction but the magnitude of the dissatisfaction can be different according to the working conditions.

5.11. Data Collection Procedures

A standardized questionnaire that includes socio-demographic parts, stress measurement instrument Perceived Stress Scale-14 (PSS-14) and job satisfaction measurement instrument Satisfaction of Employees in Health Care (SEHC) were used to collect data. SEHC is a survey established to measure staff satisfaction in healthcare settings in low-income countries like Ethiopia (42). Hence, considering the variable as categorical, job dissatisfaction can be easily obtained leaving job satisfaction out.

It was developed by seven researchers with the help of Ethiopian Federal Ministry of Health, individuals from the Medical Services Directorate (MSD) and Clinton Health Access Initiative (CHAI) through Ethiopian Hospital Management Initiative (EHMI) team members in developing a 18 survey items on specific aspects of employee experience plus two measures of overall staff satisfaction for a 20-item final survey instrument rated on 4-point scale ranging from Strongly Disagree (1) to Strongly Agree (4). For job dissatisfaction, the magnitude of job satisfaction was measured with a multi-item scales derived from SEHC. The average/mean value was used as the cutoff point to determine whether the respondents were satisfied with their job or not.

SEHC is a survey that successfully captures satisfaction across all levels of employees within both hospital and health clinic facilities and health centers in a low-income country and job dissatisfaction can be obtained once satisfaction level is known. This survey has been shown to be reliable, valid and easy to implement within the hospital and health care setting to measure the satisfaction of all health care workers, a critical component for tools that are helpful in scale-up (43).

To measure WRS, PSS-14 was used. This instrument was developed by Cohen, S., & Williamson, G. Perceived Stress is a measure of the degree in which a person assesses their life as the stressfulness of the situations in the past month of their life. The Perceived Stress Scale (PSS) is a nonspecific stress

appraisal. As a result, it measures only current (not chronic) levels of perceived stress. PSS-14 which comprised 14 questions with responses varying from 0 to 4 for each item and ranging from never, almost never, sometimes, fairly often and very often respectively on the basis of their occurrence during one month prior to the study.

The advantage of PSS is that it can be applied to a wide range of settings, to different subject types and includes items measuring reactions to stressful situations as well as measures of stress (44). The questions in the instrument are also adapted from the questions validated by Katsarou L. et al. (45) and have been used reliably by various research groups (46, 47)

For each subscale of WRS and Job dissatisfaction, the participant's responses on each item score were considered. For WRS, each item was rated on a 5-point scale ranging from never (0) to almost always (4). Positively worded items were reversely scored, and the ratings were summed, with higher scores indicating more perceived stress.

The designed questionnaire was translated first into Amharic and back-translated to English to assure its consistency. The questionnaires were pretested in a similar setting before its administration. Nurses with at least diploma level were recruited for data collection. Before they started the practical data collection, a letter from ERC was secured and the nurses were trained on how to approach the study participants, privacy and right of the study participants, consent issues and were briefed about the study and supervised by the researcher.

5.12. Data Quality Management

The designed standardized questionnaire was prepared first in English and then translated into Amharic and retranslated back to English by an independent translator to check for consistency. The quality of data was assured before, during and after the data collection. Prior to the actual data collection, 5% of study participants were pre-tested in a similar setting of one health center in Addis Ababa and unclear questions were restated in a way that a participant can understand without confusion. Two days of training were given for data collectors and supervisors, before and after the pretest of the questionnaire. During the training session topics like the objectives of the study, the procedure of data collection and review of key terminologies and ethical issues of the study were discussed in detail by the principal investigator.

During the data collection period, the collected data were checked for completeness and for its consistencies by the principal investigator and supervisor every day. To minimize bias, neutrally worded questions are used and leading options of answers were minimized as the questionnaire was standardized one.

After the data collection, the collected data were rechecked for its completeness and consistency by the supervisor and principal investigator and were refilled by participants. The collected data were entered into EPI-Data for data handling. Missing variables and outliers were monitored here.

5.13. Data Analysis and Management Procedures

EpiData was used for data entry and editing to make sure that the collected data is clean and complete while SPSS 23 were used for analysis. Descriptive statistics were used to show the prevalence of work-related stress and job dissatisfaction. Frequencies and percentages of different variables were computed for description. Results were presented using tables, graphs, and charts. The analytic analysis was made to see the relationship between job dissatisfaction and work-related stress.

Binary logistic regression analysis was done to evaluate the association of job dissatisfaction with work-related stress and associated factors separately. Appropriate odds ratio with 95% confidence interval was computed to identify factors that were statistically significant with job dissatisfaction and with work-related stress, and results were presented using COR and AOR with their 95% confidence intervals. Finally, those variables with p-value <0.25 in binary logistic regression were entered into the multivariable logistic regression models.

Multivariable logistic regression analysis was performed with the backward Likelihood Ratio method and Hosmer-Lemeshow goodness of fitness test to control the identified possible potential confounding variables.

The multivariable analysis was done using three separate models; the first model included socio-demographic factors, the second model included both socio-demographic and conditions in a working environment, and model three included variables from socio-demographic, conditions in the working environment and life-threatening events & behavioral and lifestyle-related characters. Finally, the strength of association was measured by both crude and adjusted odds ratios with 95% confidence interval (CI) for exposure variables and the outcome variable. The statistical significance level was declared at p-value < 0.05 .

5.14. Ethical Consideration

Ethical clearance obtained from the Ethical Review Committee of Addis Ababa University School of Public Health and AAHB research sub-process. Formal letter for cooperation was obtained from the School of Public Health, College of Health Sciences, Addis Ababa University as well as AAHB. Permission was asked and obtained from selected health centers of Yeka Sub sub-city.

Verbal consent was also obtained from respected participants after a necessary explanation about the purpose, benefit, and risk of the study and also their right on the decision of whether or not participating in the study. The study participants were strongly informed that there would be no direct financial benefit and risk from this study, and on the other hand, the study findings would be used to design strategies for prevention and control mechanisms of work-related stress in health centers in Addis Ababa.

Concerning confidentiality, the names of the respondents were excluded from the questionnaires. The study does not inflict any harm except taking a few minutes for the interviewee.

5.15. Dissemination Of Results

The finding of this study would be presented to the School of Public Health, College of Health Sciences of Addis Ababa University, disseminated to Yeka Sub-city Health Bureau, respective health centers and further efforts would be made to publish the findings on a national or international journal.

6. RESULT

From a total planned 519 healthcare professionals for this project, only 499 participants were involved in the study which was a 96.14% response rate of the total sample size. Those participants who didn't fulfill the criteria were left out from this study. Accordingly, 6 participants were excluded from the study because their years of professional experience were less than one year.

6.1. Description Of Socio-Demographic Characteristics

The age of health professionals who participated in the study ranges from 21 to 57 years with a mean age of 29.1 (SD±4.96) years. The majority, 221(44.3%) were in the age group of 26–29 years while 180 (36.10%) were above 29 years and 98(19.60%) were below 25 years of age. Out of the total respondents, 173 (34.7%) were men and 326 (65.30%) were women. When it comes to marital status 235(47.1%) were married, 252(50.50%) were single and 12(2.4%) were divorced/widowed or separated. The majority of the study participants 278 (55.7%) were Bachelor's Degree holders followed by college diploma 197(39.5%), medical degree 13(2.60%), and Master's Degree and above 24(4.80%). Regarding their work experience, 115(23%) of them served less than 2 years while 164(32.90%) of them had worked from 2 to 5 years and 220 (44.10%) had worked for more than 5 years. Among health professionals who were included in the analysis majority, 378(75.80%) were Orthodox followed by Protestants 81(16.20%), and Muslim and others 40(8%). The work unit of the majority of 215(43.10%) of the participants were outpatient/emergency departments. From the health professionals, those in the Laboratory and Pharmacy department were 93(18.60%), while 77(15.40%) of them work in the MCH department. The rest of the participants 114 (22.90%) were from disease prevention and health promotion, VCT, Nutrition department, inpatient department, minor surgery. From the study participants, 208(41.70%) of them were Nurses/Midwives, 124(24.80%) were Health Officers, 92(18.40%) were Laboratory technologists/Pharmacists/druggists while 75(15.1%) were health extension workers and health extension workers supervisors. (Table 1 & 2)

Table 1: Socio-Demographic Characteristics of health care workers of public health centers in Yeka Sub-City of Addis Ababa, 2019(n=499).

Variables		Work-related Stress	
		Yes (%)	No (%)
Age	<25 Years	57 (58.16)	41 (41.84)
	25-29 Years	113 (51.13)	108 (48.87)
	> 29 Years	96 (53.33)	84 (46.67)
Sex	Male	106 (61.27)	67 (38.73)
	Female	160 (49.08)	166 (50.92)
Marital Status	Married	117 (49.79)	118 (50.21)
	Single	141 (55.95)	111 (44.05)
	Divorced/ Separated/	8 (66.67)	4 (33.33)
	Widowed		
Educational Status	College Diploma	108 (54.82)	89 (45.18)
	Bachelors Degree	147 (52.88)	131 (47.12)
	Masters and above	11 (45.83)	13 (54.17)
Religion	Orthodox	201 (53.17)	177 (46.83)
	Muslim	21 (52.50)	19 (47.50)
	Protestant and others	44 (54.32)	37 (45.68)
Salary	<2900	54 (47.79)	59 (52.21)
	2900-3500	49 (61.25)	31 (38.75)
	3501-4500	55 (61.11)	35 (38.89)
	4501-6000	64 (54.70)	53 (45.30)
	>6000	44 (44.44)	55 (55.56)

Key: Others (Jehovah witness, and catholic)

Table 2: Factors related to working environment conditions of health care workers of public health centers in Yeka Sub-City of Addis Ababa, 2019(n=499).

Variables		Work-related Stress	
		Yes (%)	No (%)
Profession	Nurse/Midwife	106 (50.96)	102 (49.04)
	Health Officer	79 (63.71)	45 (36.29)
	Laboratory	42 (45.65)	50 (54.35)
	Technologist/Pharmacist	42 (45.65)	50 (54.35)
	Health Extension/ Supervisors	39 (52.00)	36 (48.00)
Work Unit	Outpatient Department / Emergency	124 (57.67)	91 (42.33)
	Laboratory / Pharmacy	43 (46.24)	50 (53.76)
	Delivery / MCH	43 (55.84)	34 (44.16)
	Others	56 (49.12)	58 (50.88)
Work Experience	<2 Years	70 (60.87)	45 (39.13)
	2-5 Years	85 (51.83)	79 (48.17)
	>5 Years	111 (50.45)	109 (49.55)
Long hour work	Yes	148 (57.59)	109 (42.41)
	No	118 (48.76)	124 (51.24)

Key: Others (Disease prevention and health promotion, VCT, Nutrition department, inpatient department, minor surgery)

6.2. Assessment of Behavioral and Life Style Factors

Threatening events like accidents, injury, death of relatives, divorce, a broken relationship, financial crisis, joblessness, and violence are factors related to stress. To identify those factors leading to stress other than job dissatisfaction, behavioral and life style factors of the participants in the last 6 months prior to the study were assessed. Accordingly, only 17(3.40%) participants suffered from illness, injury or assault. On the other hand, 181 (36.30%) of the 499 participants reported they had an acute illness and 75 (15%) suffered from chronic illness while the rest were not. The financial crisis was the stressful condition relatively low among the participants with 41(4.20%) admitting yes, while the rest, 334

(66.90%) responding no to the major financial crisis. Among the participants, only 20 (4%) participants reported the death of their spouse, child or parent while the rest of the health professionals reported 479 (96%) reported no to death of related family members. (Table 3)

Table 3: Assessment of behavioral and life style factors among health professionals working in publichealthcenters in Yeka Sub-City of Addis Ababa, 2019(n=499).

Variables		Work-related Stress	
		Yes (%)	No (%)
Job dissatisfaction	Yes	171 (64.77)	93 (35.23)
	No	95 (40.43)	140 (59.57)
Spouse, parent or child died	Yes	15 (75.00)	5 (25.00)
	No	251 (52.40)	228 (47.60)
Close family, friend or relative died	Yes	43 (55.84)	34 (44.16)
	No	223 (52.84)	199 (47.16)
Had unemployed spouse	Yes	13 (52.00)	12 (48.00)
	No	244 (53.28)	214 (46.72)
Uptake alcohol	Never	161 (51.60)	151 (48.40)
	Partly	105 (56.15)	82 (43.85)
Chew Khat	Never	254 (52.26)	232 (47.74)
	Partly	12 (92.31)	1 (7.69)
Smoke Cigarette	Yes	2 (66.67)	1 (33.33)
	No	264 (53.23)	232 (46.77)

6.3. Substance Abuse Practice Behavior

Of the 499 study subjects, 312 (62.50%) had never taken alcohol in their lifetime, 187(37.50%) took alcohol sometimes. Regarding Chat (Khat), most of the health professionals 486(97.40%) had never consumed it while only 13(2.60%) respondents used to chew once a month or less. Likewise, only 3(0.60) percent of the study participants used to smoke cigarettes while the remaining 496 (99.40) admitted no in smoking cigarettes (Table 4).

Table 4: Behavioral characteristics of health professionals working in public health centers in Yeka Sub-city of Addis Ababa, 2019 (n=499)

Variables		Frequency	Percent
Uptake Alcohol	Never	312	62.50
	Partly	187	37.50
Chew Khat	Never	486	97.40
	Partly	13	2.60
Smoke Cigarette	Yes	3	0.60
	No	496	99.40

6.4. Prevalence of Job Dissatisfaction and Work-related Stress Among Health Professionals

The dimensional analysis of job dissatisfaction level was done based on a Likert scale which ranges from 1 to 72. Accordingly, the score value less than the mean value was considered as dissatisfied while the score above and equal mean score was considered as satisfied. The mean value of job dissatisfaction was 45.3. Out of 499 health professionals who participated in the study, 264(52.90%) scored less than score mean value and 235(47.10%) scored greater than the mean value. Hence, the prevalence of job dissatisfaction among health professionals working in the Yeka sub-city health centers was 52.90%, 95% CI (48.70, 57.50) (Table 5)

Work-related stress among the participating health professionals was measured using PSS-14. Based on the tool, the mean PSS-14 score for the study participants ranged from 4 to 44 and the mean score was 25.57. Therefore scores of 25.57 and above indicated work-related stress while below this score indicated the absence of work-related stress. From a total of 499 healthcare workers in Yeka Sub-city public health centers, 266(53.30%) of them scored 25.57 and above on the PSS-14. Therefore, the prevalence of work-related stress in this study was 53.30%, 95% CI (48.70, 57.90) (Table 5)

Table 5: Prevalence of Job Dissatisfaction and Work-related Stress Among Health Professionals working in Yeka Sub City, Addis Ababa, Ethiopia, 2019(n=499)

Overall Score of	Mean	Frequency	Percent	95% CI
Job dissatisfaction	45.30	264	52.9	(48.70, 57.50)
Work-related stress	25.57	266	53.3	(48.70, 57.90)

6.5. Socio-Demographic Characteristics And Their Association With WRS

Bivariate Analysis: Among social demographic characteristics age, sex, marital status, educational status, religion, and monthly salary were considered for analysis. Based on the analysis, the monthly salary and educational status of the study participants have a significant relationship with work-related stress and job dissatisfaction (Table 6).

Health professionals who earned less monthly salary were more exposed to WRS and also less satisfied with their job. In this study health professionals who earned monthly salary from 2900-3500 Ethiopian birr were 1.976 times more likely to report occupational stress [COR= 1.98; 95% CI (1.09, 3.60)] and 1.381times more dissatisfied [COR= 1.38; 95% CI (0.76, 2.50)] with their job when compared to those health care workers who earned monthly salary of greater than 6000 Ethiopian birr. The likelihood of work-related stress among health professionals who earned a monthly salary from 3501-4500 Ethiopian birr was two folds higher [COR= 1.96; 95% CI (1.10, 3.51)] when compared to those who get more than 6000 Ethiopian birrs. The study participants who earned from 4501-6000 Ethiopian birr were 1.509 more likely to report WRS [COR= 1.51; CI (0.88, 2.59)] and more likely to be dissatisfied with their job [COR=1.42; 95% CI (0.83, 2.43)] when compared to those earning 6000 Ethiopian birr and the association was significant.

On the other hand, the educational status of health professionals determined exposure to work-related stress and job dissatisfaction. According to this study, less educated healthcare professionals were more likely to suffer from WRS [COR=1.33; 95% CI (0.57, 3.06) and more dissatisfied with their job [COR=1.38; 95% CI (0.60, 3.17) than more educated study participants and the association was significant. Religion, marital status, sex and age of health professionals had no significant association with occupational stress and job dissatisfaction. However, male health professionals were more likely to report occupational stress when compared to their female counterparts and study participants who were less than 25 years of age were more likely to suffer from work-related stress when compared to those greater than 29 years of age. Marital status had also no significant relationship with WRS, though

married health professionals were less stressed and slightly more dissatisfied with their job when compared to divorced, separated or widowed ones [COR=0.50; 95% CI (0.15, 1.69)] and [COR=1.08; 95% CI (0.34, 3.45) respectively (Table 6)

The bivariate analysis also included factors related to the working environment (profession, work unit, work experience, long hour work). Accordingly, health professionals who worked long hours without rest in a day were 1.43 times [COR= 1.43; 95% CI (1.01, 2.03)] more likely to report WRS than their counterparts. Work unit was another factor with a significant association with both work-related stress and job dissatisfaction. In this study, health professionals working in laboratory and pharmacy were less likely to suffer WRS [COR= 0.63, 95% C% (0.39, 1.03)] and less dissatisfied with their job [COR=0.58; 95% CI (0.35, 0.94)] when compared to health care workers working in outpatient and emergency departments (Table 7)

Table 6: Socio-demographic factors and its association with WRS and Job dissatisfaction among health professionals working health centers in Yeka Sub City of Addis Ababa, Ethiopia, 2019 (n=499)

Variables		Work-related Stress		COR (95 % CI)	Job Dissatisfaction		COR (95 % CI)
		Yes (%)	No (%)		Yes (%)	No (%)	
Age	<25 Years	57 (58.16)	41 (41.84)	1.22 (0.74, 1.99)	47 (47.96)	51 (52.04)	0.92 (0.56, 1.51)
	25-29 Years	113 (51.13)	108 (48.87)	0.92 (0.62, 1.36)	127 (57.47)	94 (42.53)	1.35 (0.91, 2.00)
	> 29 Years	96 (53.33)	84 (46.67)	1	90 (50.00)	90 (50.00)	1
Sex	Male	106 (61.27)	67 (38.73)	1.64 (1.13, 2.39)	95 (54.91)	78 (45.09)	1.13 (0.78, 1.64)
	Female	160 (49.08)	166 (50.92)	1	169 (51.84)	157 (48.16)	1
Marital Status	Married	117 (49.79)	118 (50.21)	0.50 (0.15, 1.69)	122 (51.91)	113 (48.09)	1.08 (0.34, 3.45)
	Single	141 (55.95)	111 (44.05)	0.50 (0.15, 1.69)	136 (53.97)	116 (46.03)	1.17 (0.37, 3.73)
	Divorced/ Separated/widowed	8 (66.67)	4 (33.33)	1	6 (50.00)	6 (50.00)	1
Educational Status	College Diploma	108 (54.82)	89 (45.18)	1.43 (0.61, 3.36)	91 (46.19)	106 (53.81)	0.86 (0.37, 2.00)
	Bachelors Degree	147 (52.88)	131 (47.12)	1.33 (0.57, 3.06)	161 (57.91)	117 (42.09)	1.38 (0.60, 3.17)
	Masters and above	11 (45.83)	13 (54.17)	1	12 (50.00)	12 (50.00)	1
Religion	Orthodox	201 (53.17)	177 (46.83)	1	197 (52.12)	181 (47.88)	1
	Muslim	21 (52.50)	19 (47.50)	0.97 (0.51, 1.87)	20 (50.00)	20 (50.00)	0.92 (0.48, 1.76)
	Protestant and others	44 (54.32)	37 (45.68)	1.05 (0.65, 1.70)	47 (58.02)	34 (41.98)	1.27 (0.78, 2.06)
Salary	<2900	54 (47.79)	59 (52.21)	1.14 (0.67, 1.97)	47 (41.59)	66 (58.41)	0.73 (0.42, 1.25)
	2900-3500	49 (61.25)	31 (38.75)	1.98 (1.09, 3.60)	46 (57.50)	34 (42.50)	1.38 (0.76, 2.50)
	3501-4500	55 (61.11)	35 (38.89)	1.96 (1.10, 3.51)	54 (60.00)	36 (40.00)	1.53 (0.86, 2.73)
	4501-6000	64 (54.70)	53 (45.30)	1.51 (0.88, 2.59)	68 (58.12)	49 (41.88)	1.42 (0.83, 2.43)
	>6000	44 (44.44)	55 (55.56)	1	49 (49.49)	50 (50.51)	1

Table 7: Bivariate Analysis Of Conditions Related to Working Environment And Its Association With WRS and Job dissatisfaction among health professionals working public health centers in Yeka Sub City of Addis Ababa, Ethiopia, 2019(n=499)

Variables		Work-related Stress		COR (95 % CI)	Job Dissatisfaction		COR (95 % CI)
		Yes (%)	No (%)		Yes (%)	No (%)	
Profession	Nurse/Midwife	106 (50.96)	102 (49.04)	1	106 (50.96)	102 (49.04)	1
	Health Officer	79 (63.71)	45 (36.29)	1.69 (1.07, 2.67)	83 (66.94)	41 (33.06)	1.95 (1.23, 3.09)
	Lab/Pharmacist	42 (45.65)	50 (54.35)	0.81 (0.49, 1.32)	44 (47.83)	48 (52.17)	0.88 (0.54, 1.44)
	Health Extension/ Supervisors	39 (52.00)	36 (48.00)	1.04 (0.62, 1.77)	31 (41.33)	44 (58.67)	0.68 (0.40, 1.16)
Work Unit	Outpatient Department / Emergency	124 (57.67)	91 (42.33)	1	131 (60.93)	84 (39.07)	1
	Laboratory / Pharmacy	43 (46.24)	50 (53.76)	0.63 (0.39, 1.03)	44 (47.31)	49 (52.69)	0.58 (0.35, 0.94)
	Delivery / MCH	43 (55.84)	34 (44.16)	0.93 (0.55, 1.57)	48 (62.34)	29 (37.66)	1.06 (0.62, 1.81)
	Others	56 (49.12)	58 (50.88)	0.71 (0.45, 1.12)	41 (35.96)	73 (64.04)	0.36 (0.23, 0.58)
Work Experience	<2 Years	70 (60.87)	45 (39.13)	1.53 (0.97, 2.42)	59 (51.30)	56 (48.70)	0.96 (0.61, 1.51)
	2-5 Years	85 (51.83)	79 (48.17)	1.06 (0.71, 1.58)	90 (54.88)	74 (45.12)	1.11 (0.74, 1.67)
	>5 Years	111 (50.45)	109 (49.55)	1	115 (52.27)	105 (47.73)	1
Long hour work	Yes	148 (57.59)	109 (42.41)	1.43 (1.00, 2.03)	148 (57.59)	109 (42.41)	1.48 (1.03, 2.10)
	No	118 (48.76)	124 (51.24)	1	116 (47.93)	126 (52.07)	1

Key: Others (VCT, Nutrition and disease prevention and health promotion)

Among substance abuse, life-threatening events and behavioral factors of the study participants, death of spouse, parent or child, close family, friend or relative, unemployed spouse, alcohol uptake, chewing khat and smoking cigarettes were included in bivariate analysis in which death of spouse, parent or child, drinking alcohol and chewing khat significantly associated with both job dissatisfaction and work-related stress.

Based on the bivariate analysis, study participants who reported death of a spouse, parent or children reported occupational stress nearly three times [COR=2.73; 95% CI (0.98, 7.62)], as well as reported job dissatisfaction more frequently [COR=1.69; 95% CI (0.66, 4.30)] and the association, was significant. Regarding behavioral characteristics drug abuse, cigarette and alcohol consumption were considered and associated with main outcome variables. Cigarette smokers were insignificant 3(0.60%) when compared with non-smokers 496 (99.40%) and hence inappropriate to here to analyze an association between work related stress and job dissatisfaction as the sample size is too small. Alcohol consumption had also no significant association with both work related stress and job dissatisfaction, however healthcare workers who had took alcohol partly has reported less occupational stress [COR=0.83; 95% CI (0.58, 1.20)] when compared to those who have never took alcohol. The behavioral factor which had an association with occupational stress and job dissatisfaction is chewing Khat. Accordingly, health professionals who never chew Khat reported that they were less likely to suffer from WRS [COR=0.09; 95% CI (0.01, 0.71)] and also less dissatisfied with their job [COR=0.20; 95% CI (0.04, 0.90)] when compared to health professionals who consumed Khat sometimes. (Table 8)

Table 8: *Bivariate Analysis Of Life Events and Behavioral factors and Their Association With WRS and Job dissatisfaction among health professionals working public health centers in Yeka Sub City of Addis Ababa, Ethiopia, 2019(n=499)*

Variables		Work-related Stress		COR (95 % CI)	Job Dissatisfaction		COR (95 % CI)
		Yes (%)	No (%)		Yes (%)	No (%)	
Job dissatisfaction	Yes	171 (64.77)	93 (35.23)	2.71 (1.89, 3.90)			
	No	95 (40.43)	140 (59.57)				1
Spouse, parent or child died	Yes	15 (75.00)	5 (25.00)	2.73 (0.98, 7.62)	13 (65.00)	7 (35.00)	1.69 (0.66, 4.30)
	No	251 (52.40)	228 (47.60)		251 (52.40)	228 (47.60)	
Close family, friend or relative died	Yes	43 (55.84)	34 (44.16)	1.13 (0.69, 1.84)	36 (46.75)	41 (53.25)	0.75 (0.46, 1.22)
	No	223 (52.84)	199 (47.16)		228 (54.03)	194 (45.97)	
Had unemployed spouse	Yes	13 (52.00)	12 (48.00)	0.95 (0.42, 2.13)	14 (56.00)	11 (44.00)	1.13 (0.50, 2.53)
	No	244 (53.28)	214 (46.72)		243 (53.06)	215 (46.94)	
Uptake Alcohol	Never	161 (51.60)	151 (48.40)	0.83 (0.58, 1.20)	155 (49.68)	157 (50.32)	0.71 (0.49, 1.02)
	Partly	105 (56.15)	82 (43.85)		109 (58.29)	78 (41.71)	
Chew Khat	Never	254 (52.26)	232 (47.74)	0.09 (0.01, 0.71)	253 (52.06)	233 (47.94)	0.20 (0.04, 0.90)
	Partly	12 (92.31)	1 (7.69)		11 (84.62)	2 (15.38)	
Smoke Cigarette	Yes	2 (66.67)	1 (33.33)	1.75 (0.16, 19.51)	3 (100)	0 (0.00)	
	No	264 (53.23)	232 (46.77)		261 (52.62)	235 (47.38)	

Identifying Potential Confounders

To assess the true association between job dissatisfaction and work-related stress, potential confounders were controlled before computing multiple regressions. For this, all variables that had associated with both the outcome variables (work-related stress) with a p-value of less than 0.25 were selected for further analysis.

Bivariate analysis with a p-value of less than 0.25 was associated were further analyzed in multivariable logistic regression to identify possible confounders and were included in three models. The first model included socio-demographic possible confounders, second model conditions related to work environment in addition to socio-demographic possible confounders, and the third model included, substance use, life-threatening events & behavioral characteristics, conditions related to work environment.

Multivariable Analysis: To control for possible confounders, multivariable analysis was used to look for associations between the major independent variable and work-related stress. But before that, multicollinearity was checked for the socio-demographic variables, conditions of a working environment, life-threatening events and factors related to behavioral and lifestyle. After computing the multicollinearity diagnostic test, Variance Inflation Factors (VIF) of the aforementioned variables range was from 1.05-1.84 while tolerance test was below one. Both of these values were found to be within the normal range. Based on these criteria age, sex, salary, profession, work unit, work experience, long hour work, death of spouse, parent or child and consumption of khat were included in multivariable analysis.

Adjustments were done to analyze the variables using three models. Three variables related to socioeconomic factors of the study participants' age, sex, salary including major independent variable job dissatisfaction were analyzed in Model 1.

Accordingly, job dissatisfaction and sex of the study participants were found to be independently associated with work-related stress. Male health professionals were less likely to report work-related stress [AOR= 0.61; 95% CI (0.41, 0.91)] when compared to their female counterparts and the association was significant. Job dissatisfaction was also strongly associated with occupational stress. The odds of work-related stress among health professionals who were dissatisfied with their job was nearly three times than satisfied health professionals [AOR= 2.72; 95%CI (1.87, 3.95)]

After readjustment of socio-economic factors with conditions of working environment including the main independent variable, age, sex, salary, profession, work unit, work experience and long hour work were analyzed in Model 2.

Job dissatisfaction and sex of the study participants were again associated with occupational stress but with slightly lower strength [AOR= 2.58; 95% CI (1.75, 3.81)] and [AOR= 0.59; 95% CI (0.38, 0.91)] respectively.

The third Model included socio-economic factors, conditions of working environment & substance abuse & life-threatening events and behavioral factors including job dissatisfaction, age, sex, salary, profession, work unit, work experience, long hour work, death of spouse, parent or child and consumption of khat. In addition to job dissatisfaction and sex, death of parent/child [COR= 2.06; 95% CI (0.69, 6.15)] and chewing khat [AOR= 6.72; 95% CI (0.83, 54.51)] were associated with occupational stress, though the association is insignificant for the later two variables (Table 9).

Table 9: Multivariable logistic regression analysis of factors associated with work-related stress health professionals working in public health centers in Yeka sub-city of Addis Ababa, Ethiopia, 2019(n=49)

Variables	COR (95 % CI)	Model 1 AOR (95 % CI)	Model 2 AOR (95 % CI)	Model 3 AOR (95 % CI)
Job Dissatisfaction				
Yes	2.71(1.89, 3.90)	2.72 (1.87, 3.95)	2.58 (1.75, 3.81)	2.467 (1.67, 3.65)
No	1	1	1	1
Age				
<25 Years		0.61 (0.36, 1.06)	0.68 (0.39, 1.20)	0.72 (0.41, 1.27)
25-29 Years		0.82 (0.45, 1.50)	0.87 (0.46, 1.66)	0.90 (0.47, 1.73)
> 29 Years		1	1	1
Sex				
Male		0.61 (0.41, 0.91)	0.59 (0.38, 0.91)	0.61 (0.39, 0.93)
Female		1	1	1
Salary				
<2900		1.46 (0.78, 2.72)	1.74 (0.89, 3.38)	1.67 (0.85, 3.26)
2900-3500		1.55 (0.84, 2.85)	1.60 (0.82, 3.10)	1.54 (0.79, 3.00)
3501-4500		1.14 (0.63, 2.06)	1.25 (0.62, 2.50)	1.25 (0.62, 2.51)
4501-6000		0.77 (0.40, 1.48)	0.88 (0.40, 1.92)	0.88 (0.40, 1.93)
>6000		1	1	1
Profession				
Nurse/Midwife			1	1
Health Officer			0.83 (0.47, 1.47)	0.87 (0.49, 1.56)
Lab/Pharmacist			1.17 (0.60, 2.32)	1.24 (0.62, 2.47)
HEW/ Supervisors			0.55 (0.15, 2.08)	0.57 (0.15, 0.12)
Work unit				
OPD / Emergency			1	1
Lab/ Pharmacy			0.99 (0.59, 1.67)	0.98 (0.58, 1.66)
Delivery / MCH			1.08 (0.30, 3.91)	1.06 (0.30, 3.78)
Others			0.84 (0.44, 1.63)	0.86 (0.44, 1.66)
Work experience				
< 2 years			0.64 (0.36, 1.13)	0.65 (0.37, 1.16)
2-5 years			0.68 (0.36, 1.29)	0.72 (0.37, 1.37)
> 5 years			1	1
Long hour work				
Yes			1.40 (0.95, 2.06)	1.40 (0.95, 2.06)
No			1	
Spouse, parent or child died				
Yes				2.06 (0.69, 6.15)
No				1
Chew khat				
Partly				6.72 (0.83, 54.51)
Never				1

Key; Others (VCT, Nutrition and disease prevention and health promotion)

Model 1:- Effect of job dissatisfaction on work-related stress after adjusted for socio-demographic factors including age, sex, and salary.

Model 2:- Effect of job dissatisfaction on work-related stress after adjusted for socioeconomic factors (as in model I), conditions of working environment including profession, work unit, work experience and long hour work.

Model 3:- Effect of job dissatisfaction on work-related stress after adjusted for socioeconomic factors (as in model I), conditions of working environment & life-threatening events (as in model II) and substance use and behavioral factors including the death of a spouse, parent or child and consumption of Khat.

7. DISCUSSION

The main objective of this study was to assess the association between job dissatisfaction and work-related stress among healthcare workers in public health centers in Yeka sub-city of Addis Ababa. Based on the finding of the study conducted on 499 participants, job dissatisfaction prevalence was 52.90%, 95% CI (48.70, 57.50) while the prevalence of health care professionals exposed to WRS was 53.30%, 95% CI (48.70, 57.90) among healthcare workers in the selected health centers. The association of job dissatisfaction and work-related stress was significant both at bivariate and multivariable level of analysis. Job dissatisfaction was also solely associated with the main outcome variable (work-related stress) significantly. The finding was consistent with a cross-sectional study conducted in Australia on prevalence and risk factors of depression, anxiety and stress among Nurses (48).

This implies the odds of work-related stress among dissatisfied health professionals is more than double when compared to those satisfied health care workers. The result was also consistent with a study conducted in Mekele among health care workers in public hospitals who were three times more likely to develop work-related stress (7). Work dissatisfaction could increase occupational stress due to the fact that occupational dissatisfaction is affected by components of a working environment that are directly related to work-related stress.

This study also revealed that work-related stress across the age of the study participants was similar. This finding is supported by a cross-sectional study conducted on job-related stress among nurses working in Jimma Zone public hospitals, South West of Ethiopia that age is not significantly associated with work-related stress (16)

Studies have shown that women are more susceptible to work-related stress than men. This could be due to the fact that women are subjected to the community pressure and they are still under the pressure of cultural habits and work-family interference (46, 49). Likewise, this study revealed that the sex of health professionals is significantly associated with work-related stress and job dissatisfaction. In this study, men are less likely to suffer from occupational stress when compared to their counter female health professionals [AOR=0.61; 95% CI (0.39, 0.93)]. The result was consistent with a cross-sectional study conducted among nurses working in public hospitals of Addis Ababa, Ethiopia on work-related stress and associated factors and work-related stress among health care workers in Mekelle City administration

public hospitals, North Ethiopia (6, 7). This could be due to the more burden women share in society when compared to male health care workers.

The association between experiencing WRS and long working hours without rest is in agreement with studies conducted in North Jordan, stress among health professionals (15). In this study, health professionals who work long hours without rest in a day are 1.39 times more likely to report WRS [AOR=1.39, 95%CI (0.95, 2.06)], but unlike the mentioned study, the association was insignificant in this particular study.

The prevalence of work-related stress in this study was found to be 53.30 per 100 health care workers which were quite higher than studies conducted in Mekele which was 46.90 per 100 health care workers in public hospitals (7). The possible reason for this difference could be the difference in the level of institutions, personal behavior and measuring tools. On the other hand, the overall job dissatisfaction was 52.90% which was quite similar to the study conducted among healthcare workers at public hospitals of West Shoa Zone, Oromia.

The study also showed professions, work unit, the monthly salary of study participants were associated with work-related stress. Among the health workers, health officers were less satisfied with their jobs and hence more susceptible to work-related stress when compared to other health workers Nurses and Midwives [AOR= 1.24; 95% CI (0.62, 2.47)]. This could be due to the availability of working equipment, the opportunity of promotion and working environment conditions in which the professionals were assigned; of course, further studies should be conducted specifically.

The current study showed that job-related stress variation between working units/departments but at a significant level. In this study, health care workers who work in the delivery department were times more likely [AOR=1.06; 95% CI (0.30, 3.78) to suffer from work-related stress when compared to outpatient and emergency department but the association was insignificant. This contradicts with a cross-sectional study conducted in Jimma among nurses working in Jimma Zone hospitals that work-related stress is associated with working units at a significant level (16). This discrepancy may be due to man-power/staff allocation differences across working units.

In addition, this study revealed that working long hours without rest was associated with occupational stress [AOR=1.40; 95%CI (0.95, 2.059)]. But the association is insignificant which contradicts with a study conducted in Jordan on work-related stress among health professionals in northern Jordan (15). The difference could also be due to human power allocations and a number of patients a health worker is expected to treat.

The major life events, behavioral and lifestyle factors included in this study were not independently associated with work-related stress. The participants who reported death of family member were found to be exposed to work-related stress two times more and those who sometimes chew Khat reported work-related stress 6 times more than who have never chew it. However, the association was not significant and the confidence interval was so wide [AOR=6.72; 95% CI (0.83, 54.51)], Hence, the analysis needs to be replicated with a larger sample size to study association both death of spouse and chewing Khat would have with work related stress.

STRENGTH AND LIMITATION OF THE STUDY

The finding of this study had some strength because all fifteen health centers in one sub city were included to make the sample more representative. Pretest and using standardized and validated questionnaires could also add value to the strength of this study.

On the other hand, the study tried to analyze the past six-month experience regarding job dissatisfaction, work related stress as well as life-threatening events. Hence, there might be a possibility of recall bias which could result in under-reporting and misreporting their experience. This study also used only a quantitative method, and the qualitative method was not used due to occupational type of study participants. The cause and effect relationship between job dissatisfaction and work related stress is among major weakness of this study as work related stress can be the cause of job dissatisfaction and vice versa.

In this study, quit wide confidence interval was used to assess the association between major life events, substance use and work related stress. Hence it is difficult to conclude the association between the dependent and independent factors. Therefore, additional sample size should have been used to assess more precise association, which was not addressed in this study. Due to cross-sectional nature of the design, in linking association, we should also be cautious in interoperating about cause and effect.

8. CONCLUSION

More than half of health professionals working public health centers of Yeka sub-city of Addis Ababa were found to be dissatisfied with their job and hence were exposed to work-related stress. The study has also shown that job dissatisfaction is significantly associated with work-related stress among healthcare workers in public health centers. The prevalence of work-related stress and job dissatisfaction among health professionals were found to be higher as in previous studies.

9. RECOMMENDATION

For Health Facilities

The result of this study showed that work-related stress was determined by job dissatisfaction of the health professionals. Therefore, the public health centers should work on factors leading to job dissatisfaction to minimize job dissatisfaction and work work-related stress.

The health centers should assess health professionals job dissatisfaction and work-related stress regularly to act on them on time. The health center administrators should take measures to improve payment, educational opportunity and working hour conditions as these factors are related to job dissatisfaction in this study and are contributing factors to work related stress.

For Policy Makers

Improve management system through the application of a health sector reform to increase workers satisfaction and minimize occupational stress.

Conduct more research on factors related to work related stress in health centers.

Conduct job satisfaction and occupational stress level to give quality health care.

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11. ANNEX:

1. Participants Information Sheet (English Version)

Dear Respondent:

Good morning/Afternoon! My name is _____. I am working as a supervisor on behalf of the principal investigator, in a study conducted by Addis Ababa University, College of Health Sciences, School of Public Health. You are selected and included in the study as part of the sample population to complete the questionnaire designed by the researcher on the association between job dissatisfaction and work-related stress among health professionals working in public health centers in the Yeka Sub City of Addis Ababa. You will participate if you give me consent after you have understood the following information:-

The objective of the study: To assess the association between job dissatisfaction and work-related stress among health professionals working in public health centers.

Design of the study: Cross-sectional study using a self-administered questionnaire.

What I will ask you: If you agree to participate in this study, I will conduct a self-administered question about your socio-demographic characteristics and your opinion on occupational stress and job dissatisfaction.

Risks and benefits: The result of the study help programmers or policymakers to design intervention related to occupational stress and job dissatisfaction. In this way, you may get benefit from the intervention policy. There is no payment and risk or discomfort as a result of participating in this study except that you lost your time.

Confidentiality; All information given by you will be kept strictly confidential. Any of your personal information will not register. The information obtained in this study will be used only for research purposes.

Taking part is voluntary: Your participation is voluntary basis and you are not obligated to answer any question you do not willing to respond. If you feel any discomfort with the question, it is your right not to respond and you have the right to withdraw from the study at any time you need. But your honest participation will contribute a lot to generate information to come up with important findings. To complete this questionnaire, it will take about 10-20 minutes.

2. Informed Consent Form (English Version)

I, the selected participant of the study have read and understood the information sheet carefully. I understood the purpose, benefit, and what is required from me and what are the consequences of the study on me if I take part in the study entitled Association Between Job Dissatisfaction And Work-Related Stress Among Health Professionals Working In Public Health Centers Of Yeka Sub City Of Addis Ababa. I understood that personal information regarding me; like the name will not register and all answers given by me should not be transferred to the third party without my permission. I also understand that I can decide whether or not to take part in the study or even withdraw from the study at any time so that I agree to participate in the study with my signature below.

The participant Sign_____

Supervisor: Name_____ Signature: _____ Date: _____

Thank you for your cooperation and time!!!

For further explanation use the below principal investigator's address:

Name –Dereje Abdisa

Email – dereje52@gmail.com

Phone- +251910119605

English Questionnaire

Part 1: Demographic Variables Of The Study Participants

Name of Health Center:_____

Code of the Questionnaire:_____

No	Questions	Suggested options	Code	Skip
101	Age	____ ____ years		
102	Sex	Male Female		
103	Religion	Orthodox Muslim Protestants Others_____		
104	Marital Status	Married Single Divorced/Separated/Widowed		
105	Average monthly income/ salary (ETB)	____ ____ ____ ____ ____ ETB		
106	Maximum academic achievement	College Diploma Bachelor's Degree Master's Degree Medical Degree Other(Specify)_____ _____		
107	Profession	General Physician Nurse/Midwife Health officers Laboratory technologists/ technicians		

No	Questions	Suggested options	Code	Skip
		Pharmacist/Drugist Others(Specify)_____		
108	Professional experience in years	_ _ years		
109	Are there workers working under your supervision? (Do you have a managerial position)?	Yes No		
110	What department is Currently working in?	Outpatient department / Emergency Pharmacy Laboratory Delivery/MCH Others(Specify)_____		
111	Have you been assigned to night duty	Yes No		
112	If your answer to question number 111 is yes, how often?	Once a week 1-2 days a week 3-4 days a week Others(specify)_____		
113	Do you experience violence in the form of insulting or battering from patients or members of the public?	Yes No		
114	Do you work long hours without rest?	Yes No		
115	If your answer to Q114 is Yes, For how long do you work a day?	_ _ hours		

No	Questions	Suggested options	Code	Skip
116	Do you plan to change your current job in a coming couple of years?	Yes No I don't know		
117	Is it likely that during the next couple of years you will continue with your current employer?	Yes No I don't know		
118	Is your income sufficient enough to cover basic needs for yourself and your family?	Yes No		
119	Does your work interfere with your family responsibilities?	Yes No		
120	Do you have enough time for leisure activities?	Yes No		

Part 2: Alcohol Consumption And Drug Abuse

No	Questions	Suggested Options	Code	Skip
201	How often do you have a drink containing alcohol?	Never Monthly or less 2-4 times a month 2-3 times a week or more		
202	Do you smoke?	Yes No		
203	If your answer to question 202 is yes how much per day	____ ____ cigarettes		
204	How often do you chew chat?	Never Monthly or less 2-4 times a month 2-3 times a week or more		

Part 3: Physical Health Questions

No	Questions	Suggested Options	Code	Skip
301	Over the past four weeks, have you experienced any acute illness (including common cold)?	Yes No		
302	If your answer to question no 301 is yes, please specify what the illness was in the space provided.	1 _____ _____ _____		
303	Do you ever have any chronic illness?	Yes No		
304	If your answer to question no 303 is yes, please specify what the illness was in the space provided.	1 _____ _____ _____		
305	Do you think your physical illness has caused difficulty on your professional service	Yes No		

Part 4: List Of Threatening Events Revised Version (LTE)

No	Questions	Suggested Options	Code	Skip
401	In the last 6 months, have you yourself suffered a serious illness, injury or an assault?	1.Yes		
		2.No		
		8. Don't know		
402	In the last 6 months has a serious illness, injury or assault happened to a close relative?	1.Yes		
		2.No		
		8. Don't know		
403	In the last 6 months has your spouse, parent or child died?	1.Yes		
		2.No		

No	Questions	Suggested Options	Code	Skip
		8. Don't know		
404	In the last 6 months has a close family friend or another relative died?	1.Yes		
		2.No		
		8. Don't know		
405	In the last 6 months have you had a separation due to marital difficulties?	1.Yes		
		2.No		
		8. Don't know		
406	In the last 6 months have you broken off a steady friendship or relationship?	1.Yes		
		2.No		
		8. Don't know		
407	In the last 6 months have you had a serious problem with a close friend, neighbor or relative?	1.Yes		
		2.No		
		8. Don't know		
408	In the last 6 months have you had a major financial crisis (serious money worries)?	1.Yes		
		2.No		
		8. Don't know		
409	In the last 6 months have you lost or had anything stolen which mattered a lot to you?	1.Yes		
		2.No		
		8. Don't know		
410	In the last 6 months have you had any problems with the police or courts?	1.Yes		
		2.No		
		8. Don't know		
411	In the last 6 months has your husband been unemployed? not been able to work	1.Yes		
		2.No		
		8. Don't know		
		9.Not applicable		
412	In the last 6 months, has anyone been violent	1.Yes		

No	Questions	Suggested Options	Code	Skip
	towards you? (for example, beating, hitting, kicking)	2.No		
		8. Don't know		
413	In the last 6 months has anything else seriously upset you?	1.Yes		
		2.No		
		8. Don't know/ Don't remember		

Part 5: Job Dissatisfaction Among Health Professionals

S.N	Items	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
501	The manager of this organization is supports me	_1_	_2_	_3_	_4_
502	I receive the right amount of support and guidance from my direct supervisor	_1_	_2_	_3_	_4_
503	I am provided with all the trainings necessary for me to perform my job	_1_	_2_	_3_	_4_
504	I have learned many new job skills in this position	_1_	_2_	_3_	_4_
505	I feel encouraged by my supervisor to offer suggestions and improvements	_1_	_2_	_3_	_4_
506	The management makes changes based on my suggestions and feedback	_1_	_2_	_3_	_4_
507	I am appropriately recognized when I perform well at my regular work duties	_1_	_2_	_3_	_4_
508	The organization rules makes it easy to do good job	_1_	_2_	_3_	_4_
509	I am satisfied with my chance of promotion	_1_	_2_	_3_	_4_

S.N	Items	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4						
510	I have adequate opportunities to develop my professional skills	_1_	_2_	_3_	_4_						
511	I have an accurate written job description	_1_	_2_	_3_	_4_						
512	The amount of work I am expected to finish each week is reasonable	_1_	_2_	_3_	_4_						
513	My work assignments are always clearly explained to me	_1_	_2_	_3_	_4_						
514	My work is evaluated based on fair system of performance standards	_1_	_2_	_3_	_4_						
515	My department provides all the equipment, supplies and resources necessary for me to perform my work duties	_1_	_2_	_3_	_4_						
516	The buildings, grounds, and layouts of this facility are adequate for me to perform my work duties	_1_	_2_	_3_	_4_						
517	My coworkers and I work well together	_1_	_2_	_3_	_4_						
518	I feel I can easily communicate with members from all levels of this organization	_1_	_2_	_3_	_4_						
519	I would recommend this health facility to other workers as a good place to work	Definitely No	Probably No	Probably Yes	Definitely Yes						
520	How would you rate this health facility as a place to work on a scale of 1 (the worst) to 10 (the best)	1	2	3	4	5	6	7	8	9	10
		Worst.....Best									

Part 6: Work-Related Stress (PSS-14)

S.N	Items	Never 1	Almost Never 2	Some Times 3	Fairly Often 4	Very Often 5
601	In the last month, how often have you been upset because of something that happened unexpectedly?	_1_	_2_	_3_	_4_	_5_
602	In the last month, how often have you felt that you were unable to control the important things in your life?	_1_	_2_	_3_	_4_	_5_
603	In the last month, how often have you felt nervous and “stressed”?	_1_	_2_	_3_	_4_	_5_
604	In the last month, how often have you dealt successfully with day to day problems and annoyances?	_1_	_2_	_3_	_4_	_5_
605	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	_1_	_2_	_3_	_4_	_5_
606	In the last month, how often have you felt confident about your ability to handle your personal problems?	_1_	_2_	_3_	_4_	_5_
607	In the last month, how often have you felt that things were going your way?	_1_	_2_	_3_	_4_	_5_
608	In the last month, how often have you found that you could not cope with all the things that you had to do?	_1_	_2_	_3_	_4_	_5_
609	In the last month, how often have you been able to control irritations in your life?	_1_	_2_	_3_	_4_	_5_

S.N	Items	Never 1	Almost Never 2	Some Times 3	Fairly Often 4	Very Often 5
610	In the last month, how often have you felt that you were on top of things?	_1_	_2_	_3_	_4_	_5_
611	In the last month, how often have you been angered because of things that happened that were outside of your control?	_1_	_2_	_3_	_4_	_5_
612	In the last month, how often have you found yourself thinking about things that you have to accomplish?	_1_	_2_	_3_	_4_	_5_
613	In the last month, how often have you been able to control the way you spend your time?	_1_	_2_	_3_	_4_	_5_
614	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	_1_	_2_	_3_	_4_	_5_

Part 7: Participants Information Sheet (Amharic Version)

አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የመህበረሰብ ጤና ትምህርት ክፍል የተሳታፊዎች መረጃ መስጫ ፎርም

እንደምን አረፈዱ/ዋሉ ስሜ _____ ይባላል፡፡ የመግቢያዎን በአዲስ አበባ ዩኒቨርሲቲ በመህበረሰብ ጤና ትምህርት ክፍል ለመምህራን ውጤት መግለጫዎችን የስራ ላይ ውጥረት(ጭነት) እና በሥራ አለመርካት ግንኙነት በየካ ክፍለ ከተማ ጣቢያ በሚከናወኑት በተመራመረው በኩል አስተባባሪ ነኝ፡፡ እርስዎ በዚህ ጥናት ተሳታፊ እንዲሆኑ ተመርጠዋል፡፡ ጥናቱ ውስጥ የሚከተሉት የሚከተለውን መረጃ አንብቦው እና ተረድተው ከተስማሙብቻ ነው፡፡

የጥናቱ አላማ - የዝህ ጥናት ዋና አላማ የጤና መግለጫዎችን የስራ ላይ ውጥረት(ጭነት) እና የስራ አለመርካት ግንኙነት መግለጽ ነው፡፡

እኔ ከእርስዎ የምፈልገው - ጥናቱ ውስጥ ለመሳተፍ ከተስማሙ፤ መጠይቁን አንብቦው ስለ እርስዎ የመህበራዊና የስነ ህዝብ ሁኔታ፤ የስራ ላይ ውጥረት(ጭነት) እና በስራ አለመርካታን የሚመለከቱ መጠይቆችን እንዲሞሉልኝ ነው፡፡

የጥናቱ ጥቅም ጉዳት፡ - የዚህ ጥናት ውጤት መንግሥትና የመንግሥት አካላት የጤና መግለጫዎችን የስራ ላይ ውጥረት(ጭነት) እና የስራ አለመርካትን በተመለከተ ፖሊሲ እንዲቀርፁ ይረዳል፡፡ በመሆኑም እርስዎ ከመቅረፁ ውጪ ፖሊሲ ሊጠቀሙ ይችላሉ፡፡ ጥናቱ ውስጥ በመሳተፍዎ የሚከፈለዎት ክፍያ የለም፡፡ መጠይቁን ለመሙላት ከሚከፋ ግዜ በስተቀር የመግለጫዎ አደጋ ወይም ጉዳት አይኖርም፡፡

መሳተፍዎን ማረጋገጥ፡ - የመሳተፍ መረጃ መሳተፍዎን በከፍተኛ ደረጃ የተጠበቀ ነው፡፡ የመሳተፍ መረጃ የሚውለው ለዚህ ጥናት

ብቻ ነው፡፡ በመሆኑም ስምዎን በመጠይቁ ላይ አይሰፍርም (አይፃፍም)፡፡ ተሳትፎዎ ፍቃደኝነት ላይ የተመሰረተ ነው፡፡ በጥናቱ ላይ ያለዎት ተሳትፎ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ መሙላት የሚፈልጉትን ምላስ ይመልሱ ዘንድ አይገደዱም እንደሁም ከጥንቱ ውስጥ ለመውጣት ከፈለጉ በማንኛውም ሰዓት አቋቋሙ መውጣት ይችላሉ፡፡ ሆኖም ግን እርስዎ በታማኝነት የመሳተፍ መረጃ ለመስጠት ጥናት እጅግ በጣም አስፈላጊና ትልቅ አስተዋጾ አለው፡፡ በአጠቃላይ መጠይቁን ሞልቶ ለመጨረስ 10-20 ደቂቃ ይፈልጋል፡፡

ጥናቱን በተመለከተ ጥያቄ ካለዎት

የአጥኝዉን አድራሻ፡ -ስምደረጀ አብዱሳ ኢማሌ፡ dereje52@gmail.com

Part 8: Informed Consent Form (Amharic Version)

እኔ የጥናቱ ተሳታፊ ሆኜ የተመረጥኩ የተሳታፊዎች መረጃ ማስጨቅጽን በትንቃቄ አንብቤ ተረድቻለሁ፡፡ የጤና ምድቶችን የስራ ላይ ውጥረት(ጭንቀት)ና በስራ አለመረካት ግንኙነት በአዲስ አበባ የካክፍላ ከተማውስጥ በሚገኝ የጤና ምድቶች በሜላ ርዕሰ በሚገኘው ጥናት ለመሳተፍ የጥናቱን ዋና አላማ ጥቅም ጉዳት እንዲሁም ከእኔ ምን እንደሚጠበቅ ተረድቻለሁ፡፡ የግል ስሜ እንደሚፃፍ ና እኔ የሰጠው መረጃዎች ለሦስተኛ ወገን ተለልፈው እንደሚያሰጡ ተረድቻለሁ፡፡ ጥናቱ ውስጥ ለመሳተፍ መወሰን እንደምችልና በፈለኩት ጊዜ ጥናቱን አቋርጬ መሆኔ እንደምችልም ተረድቻለሁ፡፡ ስለዝህም ጥናት ውስጥ ለመሳተፍ ተስማምቻለሁ፡፡ ይሄንን ምብቅር ማድረግ አረጋግጣለሁ፡፡

የአስተባባሪው ስም.....

ፊረማ.....

ቀን

ፈቃደኛ ስለሆኑ አማካኝ ለሁ !!!

Part 9: Amharic Questionnaire

በአዲስ አበባ ዩኒቨርሲቲ በሚሰራው የቴክኖሎጂ ትምህርት ክፍል ለሁለተኛ ዲግሪ ምዝገባ “የጤና ባለሙያዎችን የስራ ላይ ውጥረት (ጭነት) እና በሥራ አለመረከብ ግንኙነት በየካ ክፍለ ከተማ ጤና ጣቢያዎች” በሙሉ ርዕስ በሚከተለው ጥናት እርስዎ ተሳታፊ እንዲሆኑ ተመርጠዋል፡፡ የዝህ ጥናት ዋና አላማ የጤና ሙያተኞችን የስራ ላይ ውጥረት (ጭነት) እና የስራ አለመረከብ ግንኙነት መግለጽ ነው፡፡

የሚከተሉት ሚረጃ ሚኒጣራዊነቱ በከፍተኛ ደረጃ የተጠበቀ ነው፡፡ የሚከተሉት ሚረጃ የሚመለው ለዚሁ ጥናት ብቻ ነው፡፡ በመሆኑም ስምዎን በማጠቃለያ ላይ አይሰፍርም (አይፃፍም)፡፡ ተሳትፎዎ ፍቃደኝነት ላይ የተመሰረተ ነው፡፡ በጥናቱ ላይ ያለዎት ተሳትፎ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ መመለስ የማይፈልጉትን ምልስ ይመልሱ ዘንድ አይገደዱም እንደሁም ከጥንቱ ውስጥ ለመመለስ ከፈለጉ በማንኛውም ሰዓት አቋርጦ መመለስ ይችላሉ፡፡ ሆኖም ግን እርስዎ በታማኝነት የሚከተሉት ሚረጃ ለሚከተለው ጥናት እጅግ በጣም አስፈላጊና ትልቅ አስተዋጾ አለው፡፡ በአጠቃላይ ማጠቃለያ ሞልቶ ለመጨረስ 15-20 ደቂቃ ይፈልጋል፡፡ ስለሆነም በጥናቱ ላይ ለመታደርጉት ከፍተኛ አስተዋጽኦ እያመነገንን ጥናቱን በተመለከተ ጥያቄ ካለዎት የጥናቱን ባለቤት አቶ ደረጃ አብዱሳ

ኢሜል (dereje52@gmail.com) ማግኘት ይችላሉ፡፡

ማጠቃለያ ለመመለስ ፈቃደኛ ☐

ማጠቃለያ ለመመለስ ፈቃደኛ ☐ ለሁም

ቀን _____ ፊርማ _____

ክፍል1፡ ማህበራዊ ሥነ ሕዝባዊ ገጽታዎችን በተመለከተ

የ ጠፍ ጣቢያውስም-----

የ ጥያቄ የ መላያ ቁጥር -----

ተ.ቁ	ጥያቄዎች	መልስ ሊሆኑ የ መቼ ሉ አ መራጮች	ኮድ	ዝላል
101	እድሜ	ዓመት		
102	ጾታ	ወንድ ሴት		
103	ሀይማኖት	አርቶዶክስ መካሊም ፕሮቴስታንት ሌሎች _____		
104	የጋብቻ ሁኔታ	ያገባ ያላገባ አግባቡ የፈታ/የተለያየ		
105	አመክሮ መረጃ ሃሳብ/ደመወዝ	ብር		
106	ያጠናቀቁት የትምህርት ደረጃ	ከሌጅ ዲፕሎማ የመጀመሪያ ዲግሪ ሁለተኛ ዲግሪ የሕክምና ዲግሪ/ሐኪም ሌሎች (ይግለጹ)-----		
107	መጾ	ነርስ / መጽደድ የጠፍ መኮንን የላቦራቶሪ ቴክኖሎጂስት/ቴክኒሻን ፋርማሲስት/ድራጊስት ሌሎች(ይግለጹ)-----		
108	በመጾ ያለዎት የሥራ ልምድ በዓመት	ዓመት		

ተ.ቁ	ጥያቄዎች	መልስ ሊሆኑ የሚችሉ አማራጮች	ኮድ	ዝላል
109	በእርስዎ ሱፐርቫይዘርነት ወይም ቡድን ስር የሚከሩ ሠራተኞች አሉ?	አዎ አይ		
110	አሁን የሚሰሩበት የዲፓርትመንት ስም	ተመላላሽ ሕክምና / ድንገተኛ ክፍል ፋርማሲ ላቦራቶሪ መዋለጃ (MCH) ሌሎች (ይገለጹ)-----		
111	የሚታዩ የሥራ ሺፍት ላይ ተመድበው ይሰራሉ?	አዎ አይ		
112	ለጥያቄ ቁጥር 111 መልስዎ አዎ ከሆነ ፣ ምን ያህል?	በሳምንት አንድ ጊዜ በሳምንት ከ1-2 ጊዜ በሳምንት ከ3-4 ጊዜ ሌሎች(ይገለጹ)-----		
113	ከታካሚዎች ወይም ከሚሰሩበት የሚመዘገቡ ግጭት በስድብ ወይም ድብድብ መልኩ ይገጥሟል?	አዎ አይ		
114	ያለ እረፍት ለረዥም ጊዜ ይሰራሉ?	አዎ አይ		
115	ለጥያቄ 114 መልስዎ አዎ ከሆነ በቀን ስንት ሰዓት ይሰራሉ?	____ ____ ሰዓት		
116	በሙያ ጥላት ዓመታት ውስጥ አሁን የያዙትን ሥራ ለመቀየር ያቅዳሉ?	አዎ አይ አላውቅም		
117	በሙያ ጥላት ዓመታት አሁን ከሚከሩበት ተቋም ጋር የሙያ ጥላ ይመነጫልዎታል?	አዎ አይ አላውቅም		
118	ገቢዎ እርስዎንና ቤተሰብዎን	አዎ		

ተ.ቁ	ጥያቄዎች	ሙሉ ሊሆኑ የሚችሉ አሟራጮች	ኮድ	ዝላል
.				
	መሳረታዊ ፍላጎቶች ለመሟላት በቂ ነው?	አይ		
119	ሥራዎ ከቤተሰብ ኃላፊነት ጋር ይጋጭዎታል?	አዎ አይ		
120	ለመዘናናት በቂ ጊዜ ይኖርዎታል?	አዎ አይ		

ክፍል 2. አልኮል አወሳሰድና ለሱስ ተጋላጭትን በተማከተ

ተ.ቁ	ጥያቄዎች	ሙሉ ሊሆኑ የሚችሉ አሟራጮች	ኮድ	ዝላል
.				
201	አልኮል ያላቸው ማጠጥችን በየስንት ጊዜው ይወስዳሉ?	በፍፁም አልጠጣም በወር ከአንዴ ያነሰ 2-4 ግዜ በወር 2-3 ግዜና ከዚያ በላይ በሳምንት		
202	ሲጋራ የጭላ	አዎ የለም		
203	ለጥያቄ 202 ሙሉዎ አዎ ከሆነ በቀን ምን ያህል ያጭላሉ?	____ ____ ሲጋራ		
204	ጭቶ የሚቆይ መከሆኑን በየስንት ጊዜ ይቆማሉ?	በፍፁም አልቆምም በወር ከአንዴ ያነሰ 2-4 ግዜ በወር 2-3 ግዜና ከዚያ በላይ በሳምንት		

ክፍል 3፡ ጤ ሁኔታ በተመለከተ

ተ.ቁ	ጥያቄዎች	መልስ ሊሆኑ የሚችሉ አማራጮች	ኮድ	ዝላል
301	ባለፉት አራት ሳምንታት ማንኛውም አይነት የጤ እክል ገጥሞት ወይንም ህመም ይዞት ነበር (ለምሳሌ፡ ጉንፋን)	አዎ አይ		
302	ለጥያቄ ቁጥር 301 ምላሽ አዎ ከሆነ ባለፉት አራት ሳምንታት ያመጣት ነገር ወይም የገጠሞት የጤ እክል ምን እንደነበር ይግለጹ	1. _____ _____ _____ _____ _____		
303	በህይወት ዘመንዎ ያጋጠሞት የቆየ የጤ እክል ወይንም ህመም አለ ?	አዎ አይ		
304	ለጥያቄ ቁጥር 303 ምላሽ አዎ ከሆነ ያመጣት ነገር ወይም የገጠሞት የጤ እክል ምን እንደነበር ይግለጹ	1. _____ _____ _____ _____ _____		
305	ያመጣት ነገር ወይም የገጠሞት የጤ እክል በስራዎ ላይ ተፅእኖ አሳድሯል ?	አዎ አይ		

ክፍል 4: በሰውላይ ሊደርሱ የሚችሉ መጥፎ የህይወት አጋጣሚዎችን በተመለከተ

ተ.ቁ	ጥያቄዎች	መልስ ሊሆኑ የሚችሉ አማራጮች	ኮድ	ዝላል
401	ባለፉት 6 ወራት እርሶ ላይ ከበድ ያለ ህመም ፤ የአካል ጉዳት ወይም ድብደባ አጋጥሞት ነበር?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
402	ባለፉት 6 ወራት ውስጥ በቅርብ ዘመድ ላይ ከበድ ያለ ህመም፤ የአካል ጉዳት ወይም ድብደባ አጋጥሞት ነበር?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
403	ባለፉት 6 ወራት ውስጥ ባለቤትዎ፤ ከወላጆችዎ አንዱ ወይም ከልጆችዎ አንዱ(አንዷ) የሞተ ሰው ነበር?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
404	ባለፉት 6 ወራት ውስጥ የሞተብዎት የቤተሰብ ቅርብ ዳደኛ የሆነ ሰው ወይም ሌላ የቅርብ ዘመድ አለ?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
405	ባለፉት 6 ወራት ውስጥ በትዳር ውስጥ በተፈጠረ አለመስማማት ምክንያት ከባለቤትዎ ተለያይተው ያወቃሉ?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
406	ባለፉት 6 ወራት ውስጥ ጠንካራ የነበረ ግንኙነት ወይም ዳደኝነት አፍርሰዋል?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
407	ባለፉት 6 ወራት ውስጥ በእርስዎ እና በቅርብ ዳደኞችዎ፤ ጎረቤቶችዎ ወይም ዘመዶችዎ መካከል ጠንከር ያለ ችግር(ወይም ጠብ) አጋጥሞ ይወቃል?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
408	ባለፉት 6 ወራት ውስጥ ከአቅምዎ በላይ የሆነ ከባድ የገንዘብ ችግር አጋጥሞት ነበር? (ከበድ ያለ ገንዘብ የማጣት ጭቅ)?	1.. አዎ		
		2.. አይ		
		8.. አላውቅም		
409	ባለፉት 6 ወራት ውስጥ እርሶ ትልቅ ግምት የሚሰጡት እቃ ጠፍቶበት ወይም ተሰርቆበት	1.. አዎ		
		2.. አይ		

ተ.ቁ.	ጥያቄዎች	መልስ ሊሆኑ የሚችሉ አማራጮች	ኮድ	ዝላል
	ያወቃል?	8.. አላወቅም		
410	ባለፉት 6 ወራት ውስጥ ከፖሊስ ጋር የመያገናኝ ወይም ፍርድ ቤት የመያዝ ኬድች ግር ነበረብዎ?	1.. አዎ		
		2.. አይ		
		8.. አላወቅም		
411	ባለፉት 6 ወራት ውስጥ ባለቤትዎ ስራ ፈተው (ስራ አጥ ሆነው) ነበር? ስራ መስራት አቅቷቸው የነበረበት ሁኔታስ ነበር?	1..አዎ		
		2..አይ		
		8.. አይመለከተኝም		
		9..አላወቅም		
412	ባለፉት 6 ወራት ውስጥ ሃይል የተጠቀሙት ሰው ነበር? (ለምሳሌ የሚታወቁት፣ የደበደቦት፣ የገፈፈው)	1.. አዎ		
		2.. አይ		
		8.. አላወቅም		
413	ባለፉት 6 ወራት ውስጥ ከላይ ከዘረዘርናቸው ሌላ በጣም ያስቆጣዎ ወይም ያበሳጩት ነገር ነበር?	1.. አዎ		
		2.. አይ		
		8.. አላወቅም አላስታወኩም		

ክፍል 5: በጤና ባለሙያዎች ዘንድ ያለው በሥራ አለመረከብን በተመለከተ

ተ.ቁ.	ዝርዝር	የመመዝገብ መስፈርቶች			
		በፍፁም አልስመም	አልስመምም	እስመማለሁ	በደንብ እስመማለሁ
		1	2	3	4
501	የዚህ ጤና ተቋም ሃላፊ ድጋፍ ያደርግልኛል	_1_	_2_	_3_	_4_
502	ከቅርብ ኃላፊዬ በቂ ድጋፍ	_1_	_2_	_3_	_4_

ተ.ቁ.	ዝርዝር	የመመዝናኛ መከላከያ			
		በፍፁም አልስማማም 1	አልስማማ ም 2	እስማማለሁ 3	በደንብ እስማማለሁ 4
	መሥሪያ እቅድ ለመፈጸም				
503	ሥራዬን ለማከናወን አስፈላጊ ስልጠና ይሰጠኛል	_1_	_2_	_3_	_4_
504	በዚህ ሥራ ገዢ የሚሰጠኝ ክህሎት ተግባራዊ አለ	_1_	_2_	_3_	_4_
505	ሀሳቤንና ማሻሻያ እንዲቀርብ በቅርብ ተቆጣጣሪ እንዲሆን አለመቻሉን አውቃለሁ	_1_	_2_	_3_	_4_
506	የተቋሙ አስተዳደር እኔን በማቅረብ ሃሳብ ግብረመልስ ለመስጠት ለወጥታለሁ	_1_	_2_	_3_	_4_
507	መደበኛ የሥራ ግዴታዬን በደንብ ካከናወንኩ በተገቢ ሁኔታ እወቅታለሁ	_1_	_2_	_3_	_4_
508	የተቋሙ ህጎች ጥሩ ሥራ እንዲሰራ ማረጋገጥ ይቻላል	_1_	_2_	_3_	_4_
509	ለመደግባለኝ እድል ረክቻለሁ	_1_	_2_	_3_	_4_
510	የሚሰጠኝ ጥያቄን ለማሳደግ በቂ አጋጣሚዎች አሉኝ	_1_	_2_	_3_	_4_
511	የተፃፈ ቀጥተኛ የሥራ መዝናኛ አለኝ	_1_	_2_	_3_	_4_
512	በየሳምንቱ ማጠቃለያ የሚከበሩትን የሥራ መዝናኛ ምክንያቶች አውቃለሁ	_1_	_2_	_3_	_4_
513	የሥራዬ የቤት ሥራ ሁኔታዬ በግልፅ ይገልጻል	_1_	_2_	_3_	_4_
514	ሥራዬ የሚገባው በተገቢ	_1_	_2_	_3_	_4_

ተ.ቁ.	ዝርዝር	የመመዝናኛ መከፋፈሪያዎች									
		በፍፁም አልስማማም			አልስማማም		እስማማለሁ			በደንብ እስማማለሁ	
		1			2		3			4	
	የአፈፃፀም ስታንዳርድ መሠረት ነው										
515	የሥራ ክፍሌ ሥራዬን ለማከናወን የሚረዱ ሁሉንም አስፈላጊ ዕቃዎች፣ አቅርቦትና ሀብት ያቀርብልኛል።	_1_			_2_		_3_			_4_	
516	የግቢው ሕንፃ፣ ወለሉና አቀማመጡ ሥራዬን ለማከናወን በቂ ነው	_1_			_2_		_3_			_4_	
517	እኔና ሥራ ባልደረበቦቼ በጥሩ ሁኔታ አብረን እንሰራለን	_1_			_2_		_3_			_4_	
518	ከሁሉም ደረጃ የተቋሙ አባላት ጋር በቀላሉ ለመግባባት እችላለሁ	_1_			_2_		_3_			_4_	
519	ይህ የጤና ተቋም ጥሩ የሥራ ቦታ መሆኑን ለሌሎች ሠራተኞች ሀሳብ አቀርባለሁ	በፍፁም አላደረግም			ምናልባት አላደረግም		ምናልባት አደርጋለሁ			በእርግጠኝነት አደርጋለሁ	
520	ይህንን የጤና ተቋም እንደ ሥራ ቦታ ከ1 (በጣም የከፋ) እስከ 10 (ምርጥ) እንዴት ይመድባሉ	1	2	3	4	5	6	7	8	9	10
		በጣም የከፋ.....ምርጥ									

ክፍል 6፡ ከሥራ ጋር በተያያዙ ጭቀትን በተመለከተ

ተ.ቁ.	ዝርዝር	በ ፍጹም 1	አ ምባዛ ም 2	አ ል ፎ አ ል ፎ 3	ብዙ ጊዜ 4	በ ጣም ሁል ጊዜ 5
601	ባለፈው ወር ወስጥ፣ ሳይጠበቁ በተከሰተው ነገር ምክንያት ምን ያክል ጊዜ ሲበሳጩባቸዋል?	_1_	_2_	_3_	_4_	_5_
602	ባለፈው ወር ወስጥ፣ የሕይወትዎ አስፈላጊ ነገሮችን መቆጣጠር እንዳይቻሉ የተሰማዎት ምን ያክል ነው?	_1_	_2_	_3_	_4_	_5_
603	ባለፈው ወር ወስጥ፣ የወጥረትና የሜንጅና ቅስሜት የተሰማዎት ምን ያክል ነው?	_1_	_2_	_3_	_4_	_5_
604	ባለፈው ወር ወስጥ፣ ችግሮችና የመቆጣጠር ነገሮችን በወጥታላችሁ የተወጡት ምን ያክል ነው?	_1_	_2_	_3_	_4_	_5_
605	ባለፈው ወር ወስጥ፣ በሕይወትዎ እየተከሰቱ ያሉትን ለወጥቻ በተሰካ ሁኔታ እየተቋቋሙ መሆኑ የተሰማዎት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_
606	ባለፈው ወር ወስጥ፣ የግል ችግርዎን የመቆጣጠር ብቃትዎ አስተማማኝ መሆኑን የተሰማዎት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_
607	ባለፈው ወር ወስጥ፣ ነገሮች እርሶ በመፈልጉ መንገድ እየሄዱ መሆናቸው የተሰማዎት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_
608	ባለፈው ወር ወስጥ፣ ማድረግ የሚገባዎትን ሁሉ መቋቋም	_1_	_2_	_3_	_4_	_5_

ተ.ቁ.	ዝርዝር	በፍጹም 1	አምባዛም 2	አልፎ አልፎ 3	ብዙ ጊዜ 4	በጣም ሁልጊዜ 5
	እንደሚቻሉ ሆኖ ያገኙት ምን ያክል ጊዜ ነው?					
609	ባለፈው ወር ውስጥ፣ በሕይወትዎ የሚያስፈልጉ ገሮችን ምን ያክል ጊዜ ለመቆጣጠር ቻሉ?	_1_	_2_	_3_	_4_	_5_
610	ባለፈው ወር ውስጥ፣ ከገሮች በላይ እንደሆኑ የተሰማዎት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_
611	ባለፈው ወር ውስጥ፣ ከቁጥጥረዎ ውጪ በሆነ ምክንያት በተከሰተው ነገር ምን ያክል ጊዜ ተናደዱ?	_1_	_2_	_3_	_4_	_5_
612	ባለፈው ወር ውስጥ፣ ማጠነቀቅ ስላለበዎት ነገር እያሰቡ ራስዎን የገኙት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_
613	ባለፈው ወር ውስጥ፣ ግዜዎችን እንዴት ማሰላፍ እንዳለብዎት ለመቆጣጠር የቻሉት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_
614	ባለፈው ወር ውስጥ፣ ችግሮች በጣም ከመባዛታቸው በተነሳ እንደሚወጡ የተሰማዎት ምን ያክል ጊዜ ነው?	_1_	_2_	_3_	_4_	_5_