

Theme 3: Coping strategies

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

Interruption work related stress

The midwives included with this study used strategies, by doing religious practice, take rest and listening to music, to overcome the negative effects of the pandemic. In the interview, a 26 years old male participant pointed: "The mechanism I use to deal with this stress is primarily to listen to the words of the Creator, and I also reduce work-related stress by watching football." He continued: "I just want to have fun; listening to music can make me less anxious. Talk to a friend about something other than COVID-19;... resting and also praying will reduce my stress..." (Interview 1, 26 years).

Some of the midwives also expressed that they stopped listening of media report about death due to COVID-19 because they become stressed when they attend it. One participant noted this: (Interview 9, 42 years).

Expression of feelings

Experience sharing with families and friends were other participants' strategies to cope with work related stress. It has been reported that midwives have received psychosocial support from the social environment and their families during this pandemic and that they have expressed their emotions and thoughts direct communication or telephone call with families or friends and do spiritual activities. One participant said: "...I often talk to my sister when I'm stressed; I have a very close relationship with her; I find it easier to talk to my sister when I am feeling down; I find comfort in my family, I remember my Creator/ God, I go out with my friends and have fun" (Interview 2, 29 years).

Normalization

Participants also stabilized/ calm themselves by accepting their work as it is the necessity of the profession, convince themselves as it is interesting to help pregnant mothers as they can and by doing religious activities. A 26 male participant stated: "As a health professional, I convince myself that I need to help mothers; I convince myself that I must fulfill my responsibilities in a way that the health system allows" (Interview 1, 26 years).

Refusal to dwell on the experience

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

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

DISCUSSION

The aim of this study was to explore the work-related stress experienced by midwives caring for expectant mothers with COVID-19 during child birth at Eka Kotebe General Hospital, Addis Ababa, Ethiopia.

In this study 11 midwives were assessed about work-related stress experiences while they are caring a childbearing woman who are infected with COVID-19 were investigated and analyzed using qualitative method, and identifies to three main themes. The first main theme is "psychological feelings of the midwives when working in a pandemic" emphasizes the negative and positive feeling. The second main theme "inadequate manpower and other supplies" summarizes the causes of midwives' work-related stress during child birth of pregnant mothers with COVID-19. The third theme was "coping strategies or Mechanisms" when they face work related stress in their work. In this study, anxiety and fear of the frontline midwives in the labor ward with COVID infected pregnant mother have been frequently stated as the negative emotional feelings due to the relatively closed working environment with COVID cases. Additionally, this high stress working environment has created excessive tension, depression, worry about themselves and their family members among midwives, especially those on the front line. If these negative emotions are not addressed and resolved in a timely managed, they will have a substantial impact on individuals, hospitals, families, and society.

Psychological feeling

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

In this study, showed that midwives caring for COVID-19 midwives in Ethiopia were negatively affected by the pandemic, both in psychological and social terms. The midwives sampled in this study were mostly encountered stigmatized by the communities due to their work in

COVID-19 treatment center and this leads to anxiety, stress, fear, guilty, helpless, lonely and tense. This study is in line with study done in Turkey where most nurses were stigmatized by the society due to work in COVID-19 treatment center [19].

As this study result shows, lack of support from management, work load, effects of the epidemic, uncertainty about the virus and their concerns for other, and nature their work were major sources which leads to compromised maternity care causes work-related stress for midwives. During the interviews many participants expressed a need for support from their managers. These findings agree with previous studies report that the managerial style that is adopted in a maternity ward can have an important effect on the morale of the midwives and may lead midwives to experience stress [20]. Additionally, certain specific findings in this study are; controlling and monitoring systems of hospital administrators, lack of staff forum discussion and delayed of risk allowance have been found as a cause of work-related stress for midwives. The possible reasons might be due to the national economical differences and studies done for this pandemic situation in Ethiopia. Regarding of workload, Inadequate staffing due to unsupportive management which will for work-related stress and could be the reason for midwives to give poor quality of maternity care services which is consistent with a qualitative study done in Spain [21]. These similarities might be due to both studies used the same participant (midwives), and were conducted during this epidemic period that needs more health care workers.

Based on this study, in adequate medical supplies during pandemic, as midwives expressed causes of work-related stress, additional work demands, the lack of adequate supplies of protective equipment. This finding also in line with the study done in Spain [21]. Moreover, from this study findings, the most frequently stated as causes of work-related stress for midwives were lack of self-care like; unable eating, drinking and unable to defecate and urinate during working time due to long duration of working hours and unable to care themselves while they wearied microgard gowns.

In the present study, the midwives reported to have fear of the virus for oneself, family and for peoples around them. They also have anxiety of being separated from their children and parents and were worried about the possibility of transmitting the disease to their family members. This was consistent with similar previous study was done in Iran among nurses [22]. However, the rapid spread of COVID-19, its treatment being unclear and many peoples becoming infected and dying in many countries (including Ethiopia) may have triggered these reactions. Therefore, supportive interventions may be helpful like; informing the individual and society about the pandemic process, providing adequate material to meet the basic needs of frontline healthcare

workers and activating social networks through individuals can communicate with their family and friends.

Considering effects of the epidemic, during the pandemic in Ethiopia, work-related stress for midwives are bad feeling of clothes, people's death due to COVID-19, and social stigma.

Many midwives experienced some discomfort while wearing PPE for a long time and discomforts including sweat, hotness, and difficulty in breathing, and difficult to perform their tasks, especially during child birth procedures. Similar discomfort including sweat, headache, and difficulty in breathing, and palpitation were reported in Jordanian qualitative study [23]. But in the present study, midwives frequently noted about discomfort of PPE especially microgard gowns which is difficult to give care for laboring mothers and these covers prevents the midwives from face to face and eye contact with laboring mothers as well, and this can even lead to more exhaustion as well as their hunger and thirst. Other study also indicated, bad feeling of clothes was one of the difficulties and causes stress for health care workers [24].

In the case of respondents' nature of child bearing mother care, these research findings suggest that the childbirth care provided to a woman with COVID-19 infection was different from a "normal" birth. As a pandemic evolves, healthcare professionals can find themselves unable to realistically provide the standard and level of care that they are otherwise used to providing. Most negative feelings were expressed by midwives, such as fear and exhaustion due to labor procedure especially with COVID-19 infected mothers, and uncertainty about the infants' medical condition. This is mainly due to a high probability getting infection due to close contact with laboring mothers without mask. This category of the findings was relatively new which the study found and none of the previous studies paid attention as nature of the midwives' work is a source of work-related stress.

Coping strategies

This study has determined that the midwives used coping strategies to combat their work-related stress due to the COVID-19 pandemic and as subtheme of, Interruption, expression of feelings, normalization and refusal to dwell on the experiences. Similar to the findings of this study, was previously reported that the nurses having cared for patients during the COVID-19 pandemic to cop the negative effects of the pandemic [25]. These findings also supported by other study conducted in Turkey [19].

This study has also found that the midwives used strategies to refuse to focus on their experiences, to avoid and to express their feelings. Which is similarly, it has been reported that nurses have received psychosocial support from the social environment and their families during the COVID-19 process and that they have expressed their

emotions and thoughts regarding the outbreak mostly with telephone call [25].

The currently sampled midwives used strategies, such as sports and listening to music, to deal with the negative effects of the pandemic were supported by Sun et al. study which stated that nurses used breathing exercises and listened to music to cope their stress [25]. Determining midwives' coping strategies, strengthening the effective ones, and applying appropriate intervention methods for the ineffective ones are important methods of preventing possible mental problems.

CONCLUSION

This study provided in depth understandings of the causes of work-related stressor and strategies among midwives while caring a childbirth mother who are infected by COVID-19 through a phenomenological approach. Based on this research findings, most midwives experienced negative emotions/feelings like; fear, anxiety, depression, loneliness, discomfort, exhaustion and irritability; these feelings were prominent especially during early days.' work -related stress during this pandemic was related to shortage of manpower, self-care problems, delay of risk allowance, shortage of medical equipment& supplies, bad feelings of clothes, long working hours, patient's death, uncertainty about the disease. However, midwife was use various Self-coping styles to work effectively and prevent psychological disturbance to themselves their family and to the community too.

IMPLICATIONS

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

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

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

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

LIMITATIONS

The limitation of this study is, since it is qualitative study and focused only on midwives and midwife managers generalizability to other health professional is limited.

This study may get additional ideas if it was triangulated by focus group discussion but because of COVID-19 infection it was not realized.

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