

**PSYCHO-SOCIAL EXPERIENCES OF HEALTHCARE STAFF ON MANAGEMENT
OF COVID-19 PATIENTS AT A SELECTED PUBLIC UNIVERSITY TEACHING
HOSPITAL IN LUSAKA, ZAMBIA.**

BY

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Declaration

I, **Josephine Chelelwa Zulu** declare that this dissertation is my own work. Above all, am aware of the implications of plagiarism as academic dishonesty. Thus, other scholar's information utilized all has been properly acknowledged.

Signed.....Date.....

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Date.....

This dissertation has been submitted for examination with my approval as Supervisor

.



Signed.....Date...19-09-22.....

Doctor Joseph Mandyata

Dedication

This dissertation is dedicated to my husband, children, family and friends for their encouragement and support throughout my study. I also dedicate this dissertation to my late two brothers Michael and Mubanga who both died at the peak of Covid 19. They would have been very proud of me for this work. Am sure they are still proud of this achievement.

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I further wish to thank health workers at a selected public university teaching hospital in Lusaka, Zambia for their participation in this study.

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Abstract

This study aimed at exploring the psycho-social experiences of healthcare staff on management of Covid-19 patients at a selected public university teaching hospital in Lusaka, Zambia. The study's objectives were: establish the psycho-social experiences of healthcare staff involved in the management of Covid 19 patients at a study institution, explore how identified psycho-social experiences affect the wellbeing of health staff at the study institution and ascertain mitigation measures in place to improve the psycho-social wellbeing of health staff in the care of Covid-19 patients at the study institution. The study employed a case study research design. A case study was considered appropriate because it is used to gain concrete, contextual, in-depth knowledge about a specific real-world subject. The study's population was drawn from selected public University Teaching Hospital in Lusaka, Zambia because of high numbers of COVID-19 cases in their facility. The sample size thus comprised of 28 respondents. Grouped as follows: Medical doctors 5, nurses 10, pharmacists 5, those dealing with oxygen supply 2 and other support staff seen like drivers 6. Data was collected using interview guides while analysis was through thematic analysis. The study revealed a number of psycho-social experiences in the management of COVID-19 pandemic, among these include: stress, fear, anxiety, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), and being separated from family during quarantine. These aspects psychologically and socially negatively affected their well-being as they continued to care for COVID-19 patients at the study institution. The study recommended that, healthcare facility should always prepare staff for possible pandemics such as COVID-19, make sure facility had sufficient PPE and other medical equipment in readiness for situations like COVID-19 and have sufficient staff to reduce on high workload experienced during COVID-19 period. In order to motivate healthcare staff, management should provide sufficient information, regularly hold team meetings and ensure employees are psychologically and socially supported through positive reinforcement by providing counseling services not only to patients but staff as well during pandemic period or demanding situations at the facility.

List of acronyms

CSI	Context Sensitivity Index
DASS	Depression Anxiety Stress Scales-
HCW	Health Care Workers
MD	Medical Doctor
MOH	Ministry of Health
NS	Nurses
PD	Psychological Distress
PHEOC	Public Health Emergency Operations Centre
PHS	Pharmacists
PPE	Personal Protective Equipment
UNZA	University of Zambia
WE	Work Engagement
WHO	World Health Organization
ZNPFI	Zambia National Public Health Institute

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CHAPTER ONE: INTRODUCTION

1.1. Overview

This chapter serves as an introduction to Chapter One. It provides the background of the study, the statement of the problem, purpose of the study, objectives, research questions and significance of the study. Further, it has discussed delimitations, limitations, theoretical framework and definitions of operational terms used. It ends with a chapter summary.

1.2. Background of the study

COVID-19 was first reported from China in Wuhan, Hubei Province in December in 2019 (WHO, 2020). By the end of March 2020, the disease rapidly spread to other parts of China. It then spread worldwide in less than three months, with Africa reporting its first case, on the 14th of February 2020, in Egypt (WHO, 2020). Since then, the virus had been detected in all the African countries. This led to the World Health Organization (WHO) to declare the disease, a worldwide pandemic, on the 11th of March 2020 (MOH, 2021).

According to the WHO (2020), COVID-19 is generally a potentially severe, primary respiratory illness caused by coronavirus and characterized by fever, coughing and shortness of breath. Hamoonga (2020) reviews that a suspected case of COVID-19 was defined by the Zambia National Public Health Institute (ZNPFI) in four ways: an acute respiratory illness in a person with a history of international travel in the 14 days prior to symptom onset, an acute respiratory illness in a person with a history of contact with a person with laboratory-confirmed COVID-19 in the 14 days prior to symptom onset, severe acute respiratory illness requiring hospitalization and being a household or close contact of a patient with laboratory-confirmed COVID-19.

The ongoing COVID-19 pandemic has affected people in more than one way. With reference to WHO (2020) the effects of COVID-19 on people is accompanied by various morbidity and mortality progression with long lasting effects impacting health care staff with psycho-social consequences across the globe. This increase in COVID-19 cases has heavily burdened and in many cases overwhelmed and impaired the healthcare systems. Health care staff experience a number of psycho-social experiences in the management of COVID-19 pandemic, among these

include: stigma, bullying, the demise of COVID-19 patients and the coexisting feeling that they could not do enough, ethical, moral and professional dilemmas, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), a lack of specific drugs and methods to treat COVID-19, and being separated from family during quarantine

Experiences of stigma and discrimination of health care staffs during the COVID-19 pandemic have been reported from all over the world (WHO, 2020). This was greatest in the earlier phases of the outbreaks or in contexts where less was understood about transmission of the virus. The neighbors perceived health care workers as a nuisance and usually avoided communication for fear of infection. In some cases, landlords raised monthly house rents of the medical workers and evicted them from their property if they were tested COVID-positive (Razu et al, 2021). Similarly, Sharma (2021) asserted that COVID-19 pandemic had brought out different expressions of stigma that health care staffs faced with experiences of verbal and physical abuse reported to a large extent in social and print media platforms. For example, manifestations of stigma have been reported in India with doctors, and nurses being forced to vacate from their premises and reports of physical violence on healthcare workers in many parts of the nation (Sharma, 2021). This stigma extended to the families of healthcare workers with some reporting their children being discriminated against.

At community level, societal morale and norms were perceived as enhancing supportive attitudes among the public towards health care workers and triggering community initiatives that supported health care staffs in both emotional and material ways. This supportive element was especially experienced by frontline health care workers across the world, who felt valued, appreciated and empowered by their communities (WHO, 2020). However, Califf et al (2020) pointed to the hypocrisy that some healthcare workers experienced when they were publicly commended for their work but privately discriminated against. A clear negative aspect of social norms manifested in the stigmatization and negative judgment by community members who avoided contact with healthcare staffs based on the perceptions that they were virus carriers and spreaders. Such discrimination had negative consequences with regard to healthcare's personal

lives, including lack of access to public transportation, supermarkets, childcare and other public services (Califf, 2020).

According to Shi L-s-b (2022), Chinese healthcare workers working abroad reported bullying due to others perceiving and labeling COVID-19 as the 'Chinese virus'. Wright (2015) defined bullying as repeated, persistent deliberate behaviors intended to control or harm the target. Bullying has detrimental effects on the victim, it undermines the victim's integrity, attacking his or her reputation or competence, lonely, unhappy and frightened (Wright, 2015). Equally, Knock et al (2011) reviewed that people who are bullied experience depression, low self-esteem, physical illness such as headaches and insomnia shyness, loneliness, and threatened or attempted self-harm. Isabel (2018) concluded that bullying occurs frequently amongst health care staff and is deleterious to health and occupational functionality.

Another experience of health care staffs on the management of COVID-19 patients is the demise of patients and the coexisting feeling that they could not do enough (National Institute for Health and Care Excellence, 2020). Wards to isolate and care for COVID-19 patients were often created from available space, which lacked optimal equipment to manage the complexity of COVID-19 patient care. The feeling of not being able to do enough occurred partly because of the limited resources of the environment.

In terms of ethical, moral and professional dilemmas, the greatest sources of tension is the competing obligation healthcare workers felt between providing good patient care and protecting their own physical safety (Razu et al, 2021). Strict infection control procedures meant that staffs are not always able to intervene in the way they wanted, resulting in them feeling like they fell short of their usual standards of care. In the same way, Lin et al (2020) document that COVID-19 pandemic has been clouded with uncertainties accompanied by high transmission rates which have challenged health staffs to a large extent. On the one hand, they need to respond to their call to serve humanity, and on the other hand, they are gripped with the fear of infection through the provision of care. This is a paradox that has resulted in psychological distress including depression, anxiety and sleep disturbance among health care staffs.

During the COVID-19 pandemic, Healthcare workers especially developing countries commonly reported elevated workloads, which impacted on their psychosocial wellbeing. They cited increased hours and weekend shifts (Carlos et al, 2021). This was compounded by staff shortages due to inadequate staffing or staff absences because of ill health or caring responsibilities resulting in requirements for staff to work overtime. This led to the workers feeling fatigued and risking mistakes. Lee and Mccann (2017) have demonstrated that long working hours contribute to psychological stress and work stress. According to Lee and Mccann (2017), working 10 or more hours per day tend to create stressful feelings. This means longer working hours during the pandemic might have contributed to stress among health care staffs in various hospitals. This is because they spend longer periods of time on the job, as they carryout aerosol generating procedures, swabbing the throat or nose of a patient and as such, and this put them at a higher risk of getting infected more than average citizens. Health workers equally, spend a lot of time worrying of catching the COVID-19 and consequently infecting their spouses and other family members. This has the potential of creating stress.

According to Gebeyehu (2017) handling unexpectedly high workloads affects mood and behavior, causing poor mental focus, decreased motivation and difficulty concentrating on the task at hand and all these contribute to stress. Inadequate or lack of personal protective equipment (PPE) such as masks, gloves, and gowns may health care workers even at higher risk of contracting the infection and hence increasing their levels of anxiety (Lee and Mccann, 2017). This is because healthcare workers spend more time with patients thereby, increasing their exposure to the disease. In addition, health workers may have fewer years of work experience, which may make them feel less sure about themselves, and all these add up to the greater feelings of uncertainty and lack of control of their emotions leading to stress.

Health care worker's perceptions of governmental responses, governmental support and the impact of governmental measures on their professional and private situation vary across the world. In a number of studies, healthcare staffs expressed confidence in their government's ability to respond to the pandemic and satisfaction with governmental compensation Shreffler, 2020). In most cases, however, health care staffs expressed dissatisfactions with the governmental response, particularly with the lack of health system organisation, the lack of a

coordinated, unified response and the failure to follow an evidence-based approach to policy making (Shreffler, 2020).

With regard to decision-making, studies reported that healthcare workers revealed discontent about institutional leadership and feelings of exclusion from decision-making processes (Billings, 2021). In China specifically, healthcare workers reported a lack of clear communication and coordination and a wish to be provided with the rationales behind management decisions and to be included in recovery phase planning. They perceived centralised decision-making processes as unfamiliar and restrictive (Huo, 2021). Instead, healthcare workers endorsed de-centralised and participatory approaches to communication and decision-making. Studies of both hospital and primary care settings reported perceived disconnectedness and poor collaboration between managerial, administrative and clinical staff, which was a contributing factor to burnout among healthcare workers. Dissatisfaction with communication also related to constantly changing protocols, which were perceived as highly burdening and frustrating, creating ambiguity and negatively affecting healthcare's work performance (Huo, 2021).

The impact of Covid- 19 among Health Care Workers cannot be under estimated. Clinical officers, nurses and midwives interact with patients and clients on a daily basis. Further, they work on direct patient care and management and processing the patient specimens. Other Health care Workers include medical doctors, pharmacists, Laboratory workers and radiographers. The report further states that the absence of health care workers due to the onset of the pandemic was mainly due to psychological and medical reasons which take away the capacity to manage Covid- 19 patients and ensure continuity of essential health services (MOH&WHO,2021).

The Covid -19 pandemic, has resulted in unprecedented psychological stress among Health Care workers such as anxiety, fear, panic attacks, post-traumatic stress symptoms, psychological distress, stigma, avoidance of contact, sleep disturbances and helplessness (WHO, 2020). Mental Health problems of health care workers would negatively affect their attention, cognitive functioning and clinical decision making, leading to subsequent increase in the incidence of medical errors and incidents and thus putting patients at risk. Acute stress in disasters has long-term effects on overall wellbeing. Therefore, the mental health experiences of health care

workers in the Covid -19 pandemic have become an urgent public health concern (Lee and Mccann, 2017).

In Zambia, the first cases of COVID-19 were recorded on the 18th of March, 2020, in Lusaka and later spread countrywide (Chipimo, 2020). Zambia, like the rest of the world, quickly implemented Public health measures to prevent the spread of the disease. Measures included; frequent hand-hygiene, social distancing, wearing of face masks, closure of public places, heightened disease surveillance at all ports of entry, strengthening of the emergency preparedness and response systems, which included activation of the Public Health Emergency Operations Centre (PHEOC) (Simuluundu 2020). The issue of wearing masks or personal protective equipment brought pressure among health care staffs. The idea of wearing personal protective equipment when dealing with COVID-19 affected health care staffs. Once a health care staff wears personal protective equipment, he or she cannot eat anything and it takes 4-5 hours to remove it. This exposes healthcare staff to long hours of working without food. De Hert (2020) reviews that the personal protective equipment kit is impermeable. This means that it exposes healthcare staffs to excessive sweating and dehydration. Despite that, healthcare staffs are forced to endure for the sake of their safety and the safety of the patient. All this put pressure on healthcare staffs.

A significant spike in severe COVID-19 cases and deaths was reported in December 2020 and early January 2021, and the second wave of the disease was confirmed on December 30, 2020 (MOH, 2021). This was largely, attributed to the huge gatherings during the festive season, poor adherence to public health guidelines on COVID-19 and a new strain the country was undergoing at the time. Amid low public compliance on COVID-19 preventive measures across the country, to prevent the potential spread of a deadlier strain of the virus as displayed in the second wave the Zambia Ministry of Health was compelled to expand testing capacity, disease surveillance and mitigation techniques. As a result of this, health care workers working for the ministry of health in Lusaka, particularly those directly handling the pandemic got stressed (Zulu, 2021). This meant that they were expected to handle unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), separations from families, lack of specific drugs and methods to treat COVID-19.

Hamoonga (2020) Health care staffs have been reported to be exposed to infections on a daily basis, which could result in a significant level of mental stress at work. This is especially true when a global outbreak of an infectious disease occurs. During the COVID-19 outbreak, studies on health care workers indicated severe emotional distress in 18%–57% of workers, which was linked to fear of contagion, concern for family, job stress, and attachment insecurity (Paiva et al, 2018). Healthcare staffs are among those infected during the COVID-19 outbreak, with some succumbing to the disease: however, the situation has proven to be worse during the COVID-19 pandemic, potentially putting health workers under a lot of stress within such working environment (Hamoonga, 2021).

In order to get the psycho-social experience of health care staffs on the management of COVID-19 patients, the study will use qualitative study. This is because qualitative study will enable the researcher to get the views and feeling of respondents on what they went through as they manage COVID-19 patients and how it affected them psychologically and socially.

1.3. Statement of the problem

Since the outbreak of COVID-19 pandemic, health care workers have been on the front line caring for people with COVID-19. Despite the effects of COVID-19, health care workers continued to provide care to suspected and confirmed cases of COVID-19, which put them at risk of contracting the disease and compromising their psychological wellbeing (Mukwasa et al, 2021). The World Health Organization (WHO) reports that the health and care sector is one of the most severely hit by the pandemic as those employed or contracted in it face multiple hazards that affect their physical, mental and social wellbeing (WHO, 2020). Furthermore, Andrew and Fredrick (2021: 2189) reviewed that “there have been reports which indicate that the frontline health care workers who are directly and indirectly involved in the diagnosis, treatment, and care of people with COVID19 are psychologically stressed”. From the available literature in Zambia, it not clear, with regards to the psycho-social experiences health care staff go through on management of COVID-19 patients in a stressful working environment. Thus, there is need to explore what health care staff go through as they manage COVID19 patients at a public facility and how it affect them psychologically, emotionally and socially. Therefore, this study seeks to

explore the psycho-social experiences of healthcare staff on management of Covid-19 patients at selected public university teaching hospitals in Lusaka, Zambia.

1.4. Purpose of the study

The purpose of this study was to explore the psycho-social experiences of healthcare staff on management of covid-19 patients at a selected public university teaching hospital in Lusaka, Zambia.

1.5. Objectives of study

1. To establish the psycho-social experiences of healthcare staff involved in the management of Covid 19 patients at a study institution.
2. To explore how identified psycho-social experiences affect the wellbeing of health staff at the study institution.
3. To ascertain mitigation measures in place to improve the psycho-social wellbeing of health staff in the care of Covid-19 patients at the study institution.

1.6. Research questions

1. What are the psychos- social experiences of health care workers involved in management of Covid -19 patients at the study institution?
2. How does, the identified psycho-social experiences affect the psycho-social wellbeing of health staff at the study institution?
3. What mitigation measures have being put in place to improve the psycho-social wellbeing of health staff involved in management of Covid-19 patients at the study institution?

1.7. Significance

The importance of this study is that it will contribute to the body of knowledge to the value of literature available on the psychological and sociological impact of stressful work environment caused by Covid -19 pandemic on Health Care workers. The knowledge identified may offer

future help to the Healthcare workers and increase their preparedness in dealing with future pandemics. Furthermore, the findings of this study is expected to help the following institutions; The Ministry of Health (MOH) Zambia National Public Health Institute (ZNPFI). It is visualized that the study would help the Government and the policy makers to plan for Healthcare workers' psycho-social needs so that as they work in stressful environment especially during the pandemics, their psychological and emotional needs will be taken care of.

In addition, it is hoped that this study will provide an insight to the experiences the Healthcare workers have had in dealing with Covid -19 patients during the peak periods of the pandemic. It might further be used to design programs about the impact of stressful work environment caused by Covid 19 pandemic on Health Care workers and finally it may be used in terms of designing certain policies.

1.8. Limitations

There are several constrains that affected the generalization of the study's results. Among the factors that influenced or affected the generalization of the results was unwillingness of targeted respondents to take part in the study due to their busy schedule. Furthermore, the busy schedule forced respondents to answers some questions partially and skip others due to divided attention. This might have indirectly affected the quality of information to support the study.

Another limiting factor was fear of the respondent to freely express their opinion due to the restrictions from the facility. This affected the generalization of the results because others were not able to disclose some information due to security reasons. However, the researcher assured respondents that the information is purely for academic purposes and will not be disclose to any third party, thus helping to still receive adequate information to support the work.

1.9. Delimitations of the study

The scope of this study focused on selected public university teaching hospitals in Lusaka because of large number of COVID-19 patients at public university teaching hospitals in Lusaka, Zambia. The focus sample included health care workers such as doctors, nurses and midwives

who have been directly involved in the management of COVID-19 patients. It was believed that these participants have sufficient experiences to provide relevant information for the study.

1.10. Theoretical Framework

The theoretical framework reviews the theories that underpin the:

1.10.1. James and Lange theory of emotion

The James and Lange theory was developed by William James and Carl Lange in 1884 and 1885 respectively. Each separately published similar writing about the nature of emotion. According to James and Lange, emotions consist of the body's physical response to something in the environment. In other words James and Lange theory can be summarized as follows: Environmental influence (event) → Physiological change → Psychological experience which influence how an individual projects oneself within the environment (Walter, 1927). The theory was therefore seen to be relevant for us to understand psycho-social experiences of health workers in a stressful health working environment provided by the COVID-19 pandemic.

This principle has been aligned to the psycho-social experiences of health care staff on management of COVID-19 patients because it focuses on the body's and emotional responses to something in the environment. The theory seeks to explain not just negative states but positive ones as well. The outbreak of COVID-19 has affected health workers in many ways. Thus this theory has been aligned to the study to explain how health care workers responded to psycho-social experiences during the management of COVID-19.

1.10.2. Schachter-Singer's Two-factor Theory of Emotions

Schachter's theory looks specifically at how we decide what emotions we are experiencing especially when we are experiencing one positive or negative. When trying to understand what kind of person we are, we first watch what we do and feel and then deduce our nature from this. This means that the first step in the experience of emotions is to experience physiological arousal. You are physiologically up or down compared to normal. We then try to find a label to explain our feelings usually by looking at what we are doing (behaviour) and what else is happening at the time of arousal (environment). Thus we do not just feel angry, happy or whatever. We

experience general feeling and then decide what the experience mean, a specific emotion. Physiological arousal + Environment circumstances = Attributed emotions (Schater and Singer, 1962). The theory has been aligned to the study because it focuses on the experiences of people in response to stimuli. Therefore, Schachter's theory has been incorporated to investigate psycho-social experiences of healthcare staff on management of covid-19 patients because it is going to guide the study on how high pressure work environment affect the wellbeing of health workers.

1.11. Definitions of key terms of the study

1.11.1. Investigate: to follow up step by step by patient inquiry or observation (Macmillan, 2018).

1.11.2. Stress: It is defined as an Individual's perceptions of the demands made on them and their perception of their capabilities to meet those demands (National Institute for Health and Care Excellence, 2020).

1.11.3. Psycho-social: Involving both psychological and social aspect (Macmillan, 2018).

1.11.4. Experience: It refers to practical contact with and observation of facts or events (Macmillan, 2018).

1.11.5. COVID-19: A potentially severe, primary respiratory illness caused by coronavirus and characterized by fever, coughing and shortness of breath (WHO, 2020).

1.13. Chapter Summary

This Chapter presented the introduction to the study by highlighting the background of the study and stating the statement of the problem. Further, it outlined, the purpose of the study, the objectives, research questions, significant of the study, limitation of the study, delimitation of study, theoretical framework and definition of key terms. The next chapter reviews the relevant literature to the study.

CHAPTER TWO: LITERATURE REVIEW

2.0. Overview

Chapter two reviews the literature on the psycho-social experiences of healthcare staff on management of covid-19 patients at selected public university teaching hospitals in Lusaka, Zambia. The study will begin by establishing the psycho-social experiences of healthcare staff involved in the management of Covid 19 patients. Thereafter the study will explore how identified psycho-social experiences affect the wellbeing of health staff. Finally, the study will ascertain mitigation measures in place to improve the psycho-social wellbeing of health staff in the care of Covid-19 patients.

2.1. Psycho-social experiences of healthcare staff involved in the management of Covid 19 patients.

Suzuki and Takei (2013) defined psycho-social experiences as subjective experiences, perspectives, feelings and views of the influences on mood status, cognitive behavioral responses and social factors of the person. Health care staffs experience a number of psycho-social experiences in the management of COVID-19 pandemic, among these include: stigma, bullying, the demise of COVID-19 patients and the coexisting feeling that they could not do enough, ethical, moral and professional dilemmas, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), a lack of specific drugs and methods to treat COVID-19, and being separated from family during quarantine, fear, stress, anxiety and psychological distress.

Stigma is the disapproval or discrimination against an individual or group based on perceivable social characteristics that serve to distinguish them from other members of society. According to the (World Health Organisation 2020) health care staff experience stigma and discrimination especially from their neighbors. With reference to Razu, et al (2021) some health care staffs experience stigma and discrimination from their neighbors because they perceived health care workers as a nuisance and usually avoided communication for fear of infection. In some cases, landlords raised monthly house rents of the medical workers and evicted them from their property if they were tested COVID-positive.

Equally, Sharma (2021) asserted that COVID-19 pandemic has brought out different expressions of stigma that health care staffs face with experiences of verbal and physical abuse reported to a large extent in social and print media platforms. For example, manifestations of stigma have been reported in India with doctors, and nurses being forced to vacate from their premises and reports of physical violence on healthcare workers in many parts of the nation (Sharma, 2021). This stigma extended to the families of healthcare workers with some reporting their children being discriminated against.

Bullying is an aggressive and unwanted phenomenon that involves violence and aggressive behavior by an individual or group of individuals towards others (Macmillan, 2018). Chinese na is among the people that have experienced bullying during the COVID-19 pandemic. According to Shi L-s-b (2022), Chinese healthcare workers working abroad reported bullying due to others perceiving and labeling COVID-19 as the 'Chinese virus'. Wright (2015) defined bullying as repeated, persistent deliberate behaviors intended to control or harm the target. Bullying has detrimental effects on the victim, it undermine the victims integrity, attacking his or her reputation or competence, lonely, unhappy and frightened (Wright, 2015). Equally, Knock et al (2011) reviewed that people who are bullied experience depression, low self-esteem, physical illness such as headaches and insomnia shyness, loneliness, and threatened or attempted self-harm. Isabel (2018) concluded that bullying occurs frequently amongst health care staff and is deleterious to health and occupational functionality.

Carlos et al (2021) carried out a study on psychological distress among occupational health professionals during COVID-19 pandemic in Spain: Description and effective work engagement and work environment. The objective of the study was to assess psychological distress (PD) of occupational health workers and its relationship with their work engagement (WE) and work environment characteristics. The study employed a cross-sectional survey method with a sample size of 499 nurses and physicians. The study reviewed that Workload, conflicts, stressful situations, and less job satisfaction were significantly related to a higher percentage of psychological distress ($p < 0.05$). Participants with low engagement showed higher levels of psychological distress (76.7%; $p < 0.001$).

Shi L-s-b et al (2022) examined the Impact of COVID-19 related work stress on the mental health of primary healthcare workers: The mediating effects of social support and resilience in China. The study aimed at examining the mediating roles of social support and resilience in COVID-19-related work stress and symptoms of anxiety and depression. The study comprised a sample size of 840 primary healthcare workers in 17 community health centers in Guangzhou, China. The results of the study were that more than half of participants reported mild or more severe symptoms of anxiety (68.1%) and depression (55.6%). Furthermore, the association between work stress and symptoms of anxiety and depression was also mediated by an accumulation of social support and resilience. The in direct effect of COVID-19-related work stress on anxiety and depression through resilience was much greater than other indirect effects.

Rocío et al (2020) also evaluated the psychological impact of the COVID-19 pandemic in frontline workers in Spain. The sample size consisted of 546 workers of which 296 were healthcare workers, 105 were media professionals, 89 were grocery workers, and 83 were protective service workers. The study reviewed that all groups but protective services workers showed higher psychological impact levels than the general population. Healthcare and grocery workers were the most affected, with 73.6% and 65.2% of the participants, respectively, showing a severe psychological impact. Women showed a higher psychological impact level. Healthcare workers in the regions with higher COVID-19 incidences reported greater psychological impact levels.

Similarly, Huerta-González et al (2021) investigated the psychological impact of COVID-19 on front line nurses: A synthesis of qualitative evidence in Spain. The objective of the study was to analyze and synthesize qualitative studies that investigate the perceptions of nurses about the psychological impacts of treating hospitalized people with COVID-19 on the front line. The main psychological impacts of caring for people with COVID-19 perceived by nurses working on the front line were fear, anxiety, stress, social isolation, depressive symptoms, uncertainty, and frustration. The fear of infecting family members or being infected was the main repercussion perceived by the nurses. Other negative impacts that this review added and that nurses suffer as the COVID-19 pandemic progress were anger, obsessive thoughts, compulsivity,

introversion, apprehension, impotence, alteration of space-time perception, somatization, and feeling of betrayal. Resilience was a coping tool used by nurses.

Ahmad et al (2021) analyzed work stress and its impact on employees' psychological strain in Malaysia. The objective of the study was to determine the predictors of psychological strain and identify the multidimensional measures of psychological strain. The study reviewed research articles which were gathered from Scopus and science direct databases. A total of 60 articles were reviewed from the year 2015 to 2021. It was observed that work stress affects various dimensions of psychological strain. The findings also reveal manifold work-related stressors, which can be classified into two main themes, which are work characteristics and psychosocial work characteristics.

Lenzo et al (2021) conducted a study aimed at investigating depression, anxiety, and stress symptoms among healthcare workers and examine the role of expressive flexibility and context sensitivity as key components of resilience in understanding reported symptoms in Italy. A total sample of 218 Italian healthcare workers participated in this study through an online survey during the lockdown, consequently to the COVID-19. The Depression Anxiety Stress Scales-21 (DASS-21) was used to measure depression, anxiety, and stress; the Flexible Regulation of Emotional Expression (FREE) scale was used to measure the ability to enhance and suppress emotional expression; the Context Sensitivity Index (CSI) was used to measure the ability to accurately perceive contextual cues and determine cue absence. Demographic and work-related data were also collected. DASS-21 cut-off scores were used to verify the mental status among the respondents. Correlational analyses examined relationships between DASS-21, FREE, and CSI, followed by three regression analyses with depression, anxiety, and stress as dependent variables, controlling for age, gender, and work experience. Enhancement and suppression abilities, cue presence, and cue absence served as independent variables. The results showed a prevalence of moderate to extremely severe symptoms of 8% for depression, 9.8% for anxiety, and 8.9% for stress. Results of correlational analysis highlighted that enhance ability was inversely associated with depression and stress. Suppression ability was inversely associated with depression, anxiety, and stress. The ability to perceive contextual cues was inversely associated with depression and anxiety. The regression analysis showed that the ability to

enhance emotional expression was statistically significant to explain depression among healthcare workers. In predicting anxiety, age, and the ability to accurately perceive contextual cues and determine cue absence made substantial contributions as predictors. In the last regression model, age, work experience, and the ability to suppress emotional expression were significant predictors of stress.

Mukwasa et al (2021) conducted a study on the prevalence and predictors of stress among covid-19 health workers in Kabwe district of the Central province of Zambia- a cross sectional study. The objective of the study was to determine the magnitude of stress among COVID-19 health workers in Kabwe district. The study was a cross-sectional study with a sample size of 138 health care workers managing COVID-19 cases in Kabwe. The study reviewed that the prevalence of stress among the respondents was 73%. The nurses were more perceived to experience stress compared to the pharmacy personnel (28% vs. 3%). Similarly, women displayed a higher likelihood of experiencing stress compared to men. Lack of support, increased workload and fear were among the factors leading to stress.

Andrew and Fredrick (2021) conducted a study on the psychological impact of covid-19 outbreak on healthcare service providers in Lusaka. An analytical cross-sectional study was conducted to examine the psychological impact of the coronavirus disease 2019 outbreak on the healthcare service providers in Lusaka district. The target populations were front-line health care workers who were considered most vulnerable to COVID-19 pandemic. The results show that 79 % of healthcare workers working in the first line, with higher clinical responsibilities in Lusaka district were deeply concerned about being infected with COVID-19. Shortage of personal protective equipment has been associated with fear of infection among health workers, and just like in other developing countries. The 91% who reported being worried to infect family with COVID-19 also said they had to report for work every day. During the COVID-19 pandemic, some workers have been infected and recuperated while others lost their lives. All these experiences have left them psychologically stressed. The study highlights that healthcare workers are at utmost risk for psychological distress during the COVID-19 outbreak.

2.3. How identified psycho-social experiences affect the wellbeing of health care staff

As indicated above, health care staffs experience a number of psycho-social experiences in the management of COVID-19 pandemic, among these include: stigma, bullying, the demise of COVID-19 patients and the coexisting feeling that they could not do enough, ethical, moral and professional dilemmas, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), a lack of specific drugs and methods to treat COVID-19, and being separated from family during quarantine, fear, stress, anxiety and psychological distress.

There are various effects of stigma, these include; health-risks, harassment, discrimination, life-insecurity, psychological disorder, loss of social capital and emotional capital, shattering family bond and social solidarity that work as barrier to community well-being. However, in the context of COVID-19, health care staff experience stigma and discrimination especially from their neighbors (World Health Organisation 2020). Similarly, Razu, et al (2021) asserted that some health care staffs experience stigma and discrimination from their neighbors because they perceived health care workers as a nuisance and usually avoided communication for fear of infection. In some cases, landlords raised monthly house rents of the medical workers and evicted them from their property if they were tested COVID-positive.

Quarantine and isolation measures implemented to curtail the spread of COVID-19 affected the wellbeing of health care staff in many ways. According to Huerta-González et al (2021) quarantine is the separation and restriction of movement of people exposed to a contagious disease in order to determine their status and reduce the risk of infecting others. Shi L-s-b (2022) defined isolation as the separation of people diagnosed with a contagious disease from people who are not sick. Some negative effects health care staff experienced due to quarantine are psychological effects; post-traumatic stress symptoms, confusion, and anger along with possible stigmatization from the community (Shi L-s-b, 2022).

Another identified psycho-social experience of healthcare staffs is bullying. Wright (2015) defined bullying as repeated, persistent deliberate behaviors intended to control or harm the target. Studies indicate that the COVID-19 pandemic has significantly increased workplace bullying

among health care staffs. For example, Shi L-s-b (2022) document that Chinese healthcare workers working abroad reported bullying due to others perceiving and labeling COVID-19 as the 'Chinese virus'. Bulling has detrimental effects on the victim. According to Wright (2015), bullying undermine the victims integrity, attacking his or her reputation or competence, lonely, unhappy and frightened. Equally, Knock et al (2011) reviewed that people who are bullied experience depression, low self-esteem, physical illness such as headaches and insomnia shyness, loneliness, and threatened or attempted self-harm.

Health care staffs also experienced high workload during the outbreak of COVID-19. High workload is when the amount of responsibilities one has pushes the boundaries of what can realistically be done in a given role (Macmillan, 2018). According to Gebeyehu (2017) handling unexpectedly high workloads affects mood and behavior, causing poor mental focus, decreased motivation and difficulty concentrating on the task at hand and all these contribute to stress. Another identified psycho-social experience among health care staff during the outbreak of COVID is inadequate or lack of personal protective equipment (PPE). This was experienced during the first wave. Inadequate or lack of personal protective equipment (PPE) as well as lack of specific drugs and methods to treat COVID-19 exposed health care staff at higher risk of contracting the infection and hence increasing their levels of anxiety and greater feelings of uncertainty leading to stress (Lee and Mccann, 2017).

Health care staff also experienced professional dilemmas during the outbreak of COVID-19. Professional dilemma is basically an ethical problem that requires an individual to choose a particular course of action (Razu et al, 2021). According to Razu et al (2021) the greatest sources of tension in professional dilemma is the competing obligation healthcare workers felt between providing good patient care and protecting their own physical safety. Furthermore, Lin et al (2020) document that COVID-19 pandemic has been clouded with uncertainties accompanied by high transmission rates which have challenged health staffs to a large extent. On the one hand, they need to respond to their call to serve humanity, and on the other hand, they are gripped with the fear of infection through the provision of care. This is a paradox that has resulted in psychological distress including depression, anxiety and sleep disturbance among health care staffs.

2.4. Mitigation measures in place to improve the psycho-social wellbeing of health staff

Maintaining the psychological wellbeing of health workers and fostering their resilience are crucial in addressing and containing COVID-19 (Chen et al., 2020). According to WHO (2021) health care workers who are at the frontline of COVID-19 outbreak response are unquestionably exposed to hazards that put them at high risk of infection. Hazards include; exposure to infections, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. However, various measures have been put in place to improve the psychological wellbeing of health workers involved in the care of Covid-19 patients in the study facility. Thus during an outbreak of infectious diseases, implementation of infection prevention and control (IPC) is of great importance in healthcare settings, especially regarding personal protection of health care workers. To that effect, multiple agencies, including World Health Organization (WHO) have issued regulations and best practices for workplaces so as to contain COVID-19. For health care workers performing aerosol generating procedures, World Health Organization recommends airborne and contact precautions. The use of medical masks, eye protection, gloves and gown are required for direct patient care (WHO, 2020). Research further shows that suspected and diagnosed patients as well as health professionals working in hospitals caring for infected patients should receive regular clinical screening for depression and anxiety by mental health workers. Timely psychiatric treatments should be provided for those presenting with more severe mental health problems. COVID-19 virus infects people of all ages and status.

It has been proposed that institutions should implement training and confidence in prevention equipment and measures and interventions aimed at creating a psychologically safe environment, sound leadership, clear organizational strategies, and meaningful support for the team (Blake et al., 2020). Work engagement (WE) could help professionals cope with work-related stress and contribute to their wellbeing and health (Malagón-Aguilera et al., 2019). Work engagement is a positive and satisfactory attitude related to work, characterized by vigor, dedication, and total absorption and concentration in the activity. Vigor refers to high levels of energy, persistence, and mental endurance. Dedication refers to being strongly involved in his/her work and experiencing a sense of importance and enthusiasm. Absorption refers to being fully

concentrated and happily absorbed at work (Schaufeli et al., 2002). Work engagement is considered as one of the constructs of wellbeing, a way to reduce the prevalence of stress or burnout among healthcare workers from a positive organizational psychological perspective, and as an indicator of intrinsic motivation for work (Malagón-Aguilera et al., 2019).

The work environment plays an important role in the development of work engagement .It has been described how transformational leadership, structural empowerment, a positive work climate, and social support enhance work engagement (García-Sierra et al., 2016). In addition, the job characteristics, such as skill variety, task identity, task significance, autonomy, and job feedback, promote the feelings of work engagement among workers (Wan et al., 2018). Work engagement is fostered by labor resources (e.g., autonomy and social support by peers or higher professional roles) and recovery provided by emotional contagion outside of work, as well as personal resources, such as self-efficiency, or belief in the own ability to perform the job appropriately.

2.5. Gap in Literature

From the literature analysis, it is clear that the psycho-social experiences of healthcare staff on management of covid-19 patients includes: stigma, bullying, the demise of COVID-19 patients and the coexisting feeling that they could not do enough, ethical, moral and professional dilemmas, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), a lack of specific drugs and methods to treat COVID-19, and being separated from family during quarantine, stress, anxiety, depression and may more. However, WHO (2020) document that the psycho-social experiences of healthcare staff on management of covid-19 patients vary from country to country depending on the resources and management of health workers. Since the psycho-social experiences of healthcare staff on management of covid-19 patients vary from country to county, there is need to investigate the psycho-social experiences of healthcare staff on management of covid-19 patients at selected public university teaching hospitals in Lusaka, Zambia.

2.6. Chapter Summary

This Chapter reviewed relevant literature to the subject under discussion, which is the psycho-social experiences of healthcare staff on management of covid-19 patients. The chapter reviewed That health care staffs experience a number of psycho-social experiences in the management of COVID-19 pandemic, among these include: stigma, bullying, the demise of COVID-19 patients and the coexisting feeling that they could not do enough, ethical, moral and professional dilemmas, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), a lack of specific drugs and methods to treat COVID-19, and being separated from family during quarantine, fear, stress, anxiety and psychological distress.

The chapter further reviewed literature how identified psycho-social experiences affect the wellbeing of health care staff. The identified psycho-social experiences affect the wellbeing of health care staff in many ways, these include; fear, stress, depression, anxiety, harassment, discrimination, life-insecurity, psychological disorder and many more.

Finally the chapter reviewed the mitigation measures in place to improve the psycho-social wellbeing of health staff. Among the mitigation measures in place to improve the psycho-social wellbeing of health staff are; use of medical masks, eye protection, gloves and gown, implementation of infection prevention and control (IPC), regular clinical screening for depression and anxiety by mental health workers timely psychiatric treatments should be provided for those presenting with more severe mental health problems, quarantine or isolation and social distancing.

CHAPTER THREE: METHODOLOGY

3.1. Overview

This chapter deals with the methodology applied to carry out the study under the following sections; research design, study location, study population, sample size, sample technique, data collection technique, analysis tools and approach/techniques, trustworthiness and ethical data consideration. It ends with a chapter summary.

3.2. Research design

Orodho (2015) defines a research design as the scheme, outline or plan that is used to generate answers to research problems. The study was purely qualitative and it employed a case study research design. Yin (1994) defines a case study as an empirical enquiry that investigates a complementary phenomenon within its real-life context especially when the boundary between phenomenon are not clearly evident. The research design was considered appropriate for the study because according to Robson (2002) in Sounders (2003) a case study enable a researcher to gain an in-depth understanding of the context of the research and processes being enacted. Similarly, Orodho (2008) adds that a case study enable a researcher to gain concrete, contextual, in-depth knowledge about a specific real-world subject. Furthermore, Orodho (2008) documents that a case study allows the researcher to explore the key characteristics, meanings and implications. Therefore, the research design will enable the researcher to collect information on the psycho-social experiences of healthcare staff on management of covid-19 patients at selected public university teaching hospitals in Lusaka, Zambia.

3.3. Study population

Kombo & Tromp (2012) define study population as the group of interest to the researcher, which would like to generalize the result of the study. For this study, the study population was drawn from selected public university teaching hospital in Lusaka, Zambia because of high numbers of COVID-19 cases in their facility. The study targeted Medical doctors, nurses, pharmacists, those dealing with oxygen supply, and other support staff seen including drivers because they have been involved in the care for COVID-19 patients.

3.4. Sample size

Mugenda & Mugenda (2013) define a sample as the group obtained from the accessible population. The sample size thus comprised of 30 respondents. Grouped as follows: Medical doctors 5, nurses 10, pharmacists 5, those dealing with oxygen supply 2 and other support staff seen like drivers. 30 respondents was projected and the actual sample was arrived at through a saturation point, a point in data collection when responses from the participants began to be repeated during the fieldwork.

3.5. Characteristics of the respondents

In this section, study gives contains information about the participants who were involved in the study. The participants involved in the management of COVID- 19 patients and had sufficient experiences to positively contribute to the outcome of the study on the psycho-social experiences of healthcare staff on management of covid-19 patients at a selected university teaching hospital in Lusaka in Zambia. The breakdown on of the participants was as indicated below:

With regards to status of the professional -participants, there were 5 Medical Doctors, 10 nurses and 5 pharmacists. Additionally, there support staff who took part in this study. These were 2 staff involved in oxygen supply and 6 ambulance drivers. In terms of length of involvement in care and management of COVID-19 patients at the study facility, it was observed that, the length of service differed in that some, out of the 5 Medical Doctors (MD), MD 24 and MD 25 had worked for 2 years, MD 27 and MD 28 worked for 1 year 6 months while, MD 26 had done so for 1 year. On the part of nurses (NS), their length of involvement in caring for COVID-19 patients varied significantly in that, NS 2, NS 3, NS 7 and NS 10 nurses worked for 1year, NS 5 and NS 8 for 2 years, NS 4 for 1 year 6 months, NS 6, NS 10 for 1 year 2 months and NS 1 for 6 months. In case of support staff involved in oxygen supply (OS), the 2 had worked for slightly over 1 year. On the part of the five pharmacists (PHS), PHS 15 worked for 1 year 2 months, PHS 13 and PHS 14 worked for 3 years while, PHS 16 and PHS 17 had worked for 1 year. It was evident from the background information that the participants were specialized and had sufficient experiences on care and management of COVID-19 patients to positively contribute to the present study.

3.6. Sample techniques

Sampling techniques are defined as a manner or method of collecting samples (Ogula, 2010). Since respondents were picked based on specialization brought to care for COVID-19 patients and the need to hear the experience as they manage COVID-19 patient, the method that was employed to collect samples for employees is a non-probability study called purposive sampling. According to Leedy and Ormrod (2005) a purposive sampling is where participants are selected for a specific purpose. Therefore, some of the participants were selected based on their expertise hence expert purposive sampling was used for medical doctors, nurses, pharmacists and those dealing with oxygen supply. Other support staffs seen like drivers were picked using a typical case sampling. Expert sampling and typical sampling were used because they enabled a researcher to select participants typical of a group to provide richly textured information, relevant to the psycho-social experiences of healthcare staff on management of covid-19 patients at selected public university teaching hospitals in Lusaka, Zambia.

3.7. Research instrument

The instrument of this research was an interview guide developed by the researcher. The researcher used an interview guide because it saves time, give the respondents freedom to express their views or opinions and also make suggestions, the interview schedule facilitate the conduct an interview, it increase the likelihood of collecting accurate information, it allows the researcher to get more information (Gay and Airasians, 2014). An interview guide had open ended questions formulated to address the research questions of the study.

3.8. Data collection procedure

The researcher sought for an ethical clearance permit from IDE to go to the field. Thereafter the researcher went to the Ministry of Health to get a clearance from the ethical committee through the District health Office. The researcher then got a clearance from hospital management at selected Public University Teaching Hospitals in Lusaka. After the clearance was given, the researcher identified respondents and collected data. Further, the researcher applied for ethical clearance by the University of Zambia ethics committee for responsible for Health related studies through Directorate of Research and postgraduate studies (DRGS).

3.9. Trustworthiness of Data

Trustworthiness of data refers to the degree of confidence in data, interpretation and methods used to ensure the quality of a study (Pilot and Beck, 2014). The following were protocol and procedure the researcher considered ensuring worth of consideration: credibility, transferability, conformability and dependability.

Credibility is how confident the researcher is in the truth of the research study's finding. The researcher will use triangulation to show that the research study's findings are credible.

Transferability is how the researcher demonstrates the research study's findings are applicable to similar situations, populations and phenomena. To ensure transferability, the researcher will use detailed descriptions to show that research study's findings can be applicable to other contexts, circumstances and situations.

Conformability is the degree of neutrality in the research study's findings. This occurs when the findings are based on respondent's response and not any potential bias or personal motivations of the researcher. The study will provide an audit trail, which highlights every step of data analysis that will be made in order to provide a rationale for the decision made.

Dependability or the extent that the study could be repeated by other researchers and that the findings would be consistent. If another person wants to replicate the study, they should have enough information from the report to do so and obtain similar findings. The researcher will use inquiry audit in order to establish dependability.

3.10. Data analysis

According to (Ogula, 2010), data analysis is the process of bringing order and meaning to raw data collected. A thematic analysis approach was used. This involved cleaning of data from field work, transcription since it was recorded to support field notes, coding in order to establish codes/near codes. The emerging themes arrived at by categorizing or grouping codes in some patterns.

3.11. Ethical consideration

The study was undertaken in consideration of ethical issues in social science inquiry. The process of collecting, analyzing, and interpreting data was done to respect the rights of participants and individual respondent groups. Before data was collected, an introduction at the top of the interview guide was prepared to seek informed consent from the respondents to participate in the study. Furthermore, confidentiality was observed as the researcher was responsible for protecting all data collected within the scope. During data collection, the researcher ensured that information provided by respondents was not disclosed to any third party.

3.12 Chapter summary

Chapter three looked at research design and a case study was considered appropriate for the study. The study population will be at a selected public university teaching hospital in Lusaka. The sample size comprised of 30 respondents. In terms of sample technique, the study will employ a purposive sampling. The instrument that will be used to collect data is an interview guide. A thematic analysis approach will be used to analyse the data.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0. Overview

This chapter presents the results of the study based on the data collected from the field. The purpose of the study was to explore the psycho-social experiences of healthcare staff on management of covid-19 patients at a selected public university teaching hospital in Lusaka, Zambia. The analysis and presentation of data is based on the study's objectives covered in chapter one. The findings are arranged according to set research questions as follows:

- (i) What are the psychos- social experiences of health care workers involved in management of Covid -19 patients at the study institution?
- (ii) How does, the identified psycho-social experiences affect the psycho-social wellbeing of health staff at the study institution?
- (iii) What mitigation measures have being put in place to improve the psycho-social wellbeing of health staff involved in management of Covid-19 patients at the study institution?

4.1 Research Question 1: Psychos- social experiences of health care workers Involved in management of Covid -19 patients at the study institution.

On the first research question, the participants were asked on what their psycho-social experiences were with regards to their involvement in the care and management of COVID-19 patients at the medical facility. The responses of the participants were quite varied as indicated below:

4.1.1 Activities healthcare staff were involved in before and during COVID-19

In view of activities healthcare staffs were involved in before and during COVID-19 related patients at the facility, the participants cited; testing patients, supervising other nurses and support staff, coordinating with other departments such as pharmacy and oxygen supply as well as counselling of patients. In support of these findings, NS 2 had this to say; *I was assessing and testing of COVID-19 suspects, patient education on COVID-19 as well as screening all patients*

entering the facility for COVID-19. In addition to these findings NS 8 reported that, I was supervising nurses as well as giving care to patients.

With regards to support services during COVID-19, the study revealed that, support staff in charge of oxygen supply, were supplying oxygen to patients although during COVID-19 the demand was significantly high which made them to work long hours each day as reported by one support staff. *I work in the oxygen supply unit and we do shifts but during COVID-19, we were made to work long hours and sometimes with breaks, any it was like working in a war zone with a lot of wounded soldiers needing your help.* Drivers found themselves working for long hours driving staffs and patients to various COVID-19 centers as well as delivering drugs and other equipment in various medical facilities beyond their normal working hours as evidenced on a statement made by one diver, *I have never worked for long hours at the hospital since I started work 3 years ago. I felt over worked and hard had sufficient night rests. it was a unique period in our work at the hospital.*

In the case of pharmacists, it was found that, they work was mainly to provide on demand medicines to wards. The demand for medication was significant high and in most cases pharmacy did not have the medicines requires for at the time. It was also reported that although they were pharmacists, their work coverage was extended to other fields because of a critical shortage of staff at the time. Pharmacist found themselves in COVID-19 disease preventive activities, counseling COVID-19 positive clients, drug management and even looking after patients in wards although not quite their areas of specialization. The doctors equally were over stretched in the most of the time they were working providing health care services to patients in COVID-19 centers and in some cases involved in outreach programmes on COVID-19. The study noted that healthcare staff, beyond their daily activities found themselves have more activities to do during which stress on them.

4.1.2 Changes in Activities due to COVID-19 Management

On changes in activities surrounding their work, the participants they responded that they notice increasing activities and demands on them as health care as a result of COVID-19 pandemic progressed. Various responses from medical doctors, nurses, pharmacists, drivers to those

dealing with oxygen supply pointing to increased number of activities which were equally demanding on the time and energy. Contributing to the discussion, one NS 1 said, *I wouldn't monitor my patients closely due to the high number I was made to look after and demand.* NS 2, NS 3 NS 5 and NS 10 said *one of the changes noticed was high workload and long hours of work.*

Like nurses, medical doctors equally expressed being subjected to high workloads as was indicated by MD 24 who said, *they experienced high workload and long hours of work demanding high attention and high patient turnout.*

Pharmacists also noticed significant change in demand for medicines and long working hours during the outbreak of COVID-19. As pharmacists they were made to work for long hours without off days just like nurse. To support this view PHS 14 reported that, *they noticed a high number of patient seeking medication resulting in restocking of drugs in the facility.*

In the case of supplying oxygen, the demand significantly went up. More and more oxygen cylinders were being delivered and sometimes there was less supply of oxygen as the manufactories were failing to cope with increasing demand. The study reported that, there just too much demand for oxygen services that kept them under pressure as reported by one support staff who said, *the number of patient on oxygen kept on increasing on the daily basis and at time we were running out of oxygen especially at the peak of the pandemic.* Contributing on the same NS 7 said *patients were nursed in isolation and needed mostly oxygen and proper care as majority were in a very critical condition which resulted in high workload and demanding high attention. we were really overstretched as staff.* On the part of drivers, the facility noticed a high of number of patients being referred and admitted in the facility as compared to period before COVID-19

4.1.3 Psychological and Social changes due to COVID-19

Participants were on psycho-social changes which might have emerged in their work arising from the work-overload they were experiencing. The participants acknowledged the psychological and sociological encounter they went through during the period. They cited stress due to long working hours, worries of possible catching COVID-19 virus and passing it to family

members. Psychologically, worked in fear during working periods as compared to before COVID-19 era. In support of these findings, NS 1 said, *I was worried about catching COVID-19 and the wellbeing of the parents at home if it happened. Further, since I could not spend enough time with them, they equally lived in fear of the COVID-19 entering our home.* NS 9 observed, *I was always in Personal Protective Equipment (PPE) and no time for interaction with family members and friends which made me feel isolated from family and the general public.* A medical doctor (MD 28), reported, *I was scared of contracting the virus and pass it on to my family thus I was forced to interact with others frequently on how best to minimize possibility of catch the virus. This increase anxiety, fear while at the same time gave me empathy towards COVID-19 patients, I was taking care of.*

It was evident, that health care staff were stressed, physically tired, emotionally and psychologically affected by the demand that emerged as a result of COVID-19 being managed at the medical facility. It was disturbing to see patients falling to breath and eventually dying of the disease as acknowledged by MD 27 who said; *it was difficult and stressful period seeing patients unable to breath and I developed insomnia.*

It was evident from the findings that, health care participants had diverse psychological and sociological experiences. Because of high workload, limited protective materials and long working hours, they experienced stress, fear, emotional inadequacy and burnout. They were scared of catching the virus and passing it on to friends and family members.

4.2 How the identified psycho-social experiences affected the psycho-social wellbeing of health staff at the study institution.

With regards to second research question, the participants were asked on how the psycho-social experiences identified earlier affected their well-being and their families as they cared and managed COVID-19 patients at the institution. The participants gave various responses to the questions as noted below:

4.2.1 Effects of identified psychological experiences on health care Staff and Families

The participants were asked whether the identified psychological experience had any effects on them as healthcare staff. In responses they explained how the identified psychological experiences affected their life as an individual, as healthcare giver and indeed as a family life. Several responses were given ranging from: created fear and stress, anxiety, felt isolated and often scared. These findings were supported by MD 27 who said: *fear and stress resulted in inability to socialize with my friends because I was always tired and I was afraid of contracting the virus*. Contributing to the discussion, NS 2 pointed out: *I developed anxiety and fear of infecting my family and the negative feedback from my family which almost tore us apart*. In addition one support staff providing oxygen services had this to say: *some patients made my work difficult and I was stressed confronting violent patients*. While, another medical doctor felt: *it made me fear for my life and the health of my family*. NS 7 reported that: *fear and anxiety made me isolating myself because I was scared of affecting others*.

4.2.2 Effects of high workload on Psycho-Well-being of Health Staff and Families

In order to determine the effect of high workload on the psychological well-being of the health workers, respondents were asked to state how high workload affected their psycho-well-being. Various responses were given by respondents concerning the effects of high workload on their psycho-wellbeing. The study indicated that healthcare staffs were: exposed to long working hours; denied them of leisure and recreation time and subjected them to stress and anxiety.

In support of these findings, NS 1 reported: *we experienced high workload during COVID-19 pandemic and I was usually stressed due to high workload*. NS 4 observed: *there was no free time due to long hours of working and high workload was exhausting*. Contributing to the discussion, PHS 17 felt: *high workload made me work long hours and less time to rest resulting in stress and anxiety*.

It was clear from the findings, that excessive workload has created stress, anxiety, long working hours and long absence from their families which negatively affected their psycho-social well-being.

4.2.3 Emotional State, Fear, Anxiety of Healthcare Staff

Participants were asked to state whether they experienced fear, anxiety, during your period of caring for COVID-19 patients and how such experience affect their emotional wellbeing as a health worker at the facility. Several responses were made including; being emotionally unstable, feeling of loneliness, being scared most of the time as reported by one nurse who said: *we experienced fear, anxiety*. NS 1 reported: *I experienced fear and anxiety, however, was able to show empathy*. Additionally, NS 3 indicated: *I experienced fear and anxiety because i was not allowed to go anywhere when the pandemic was at its pick I was made to stay in the hospital, I felt bad and lonely*. NS 6 noted: *fear and anxiety made me scared of attending to COVID-19 patients*. MD 27 believed: *fear and anxiety affected my emotion wellbeing especially when am in contact with a suspected patient*.

4.2.4 Sociological experiences of health Staff During management of COVID-19 patients

On this segment on sociological experiences healthcare staff faced since attachment to care and management of COVID-19 patients at the facility. Participants shared their sociological experiences including: long absence from family members, being quarantined together with patients, limited time to interact with others, isolated from friends and inadequate access to PPEs. These findings were acknowledged by MD 24 who said: *some patients found it difficult to be quarantined as they felt detached from society and others faced stigma especially those who were coming for review*. Furthermore, MD 25 noted that: *many health practioners lost their lives during the pandemic and was worldly reported which socially affected them forever and distanced from own families*. NS 7 observed: *I had no time to interact because I was always in PPE*. Another nurse (NS 9) had this to say: *some people never wanted to associate with me due to fear of contracting a disease. I had no enough time to socialise with family and friends*.

Based on the above findings, it was clear that, healthcare staff involved in managing COVID-19 patients socially felt isolated from their families, friends and constantly lived in fear of being infected and them infecting family members.

4.2.5 Healthcare Staff Views Support as They Managed COVID-19 patient

Social experiences had effects on health works' views about caring for COVID-19 patients as an individual, working life and the family. Respondents were probed show how have such social experiences affected their views about caring for COVID-19 patients as an individual, working life and the family. Findings included: efforts to educate family members and friends, healthcare was seen as a bad job because of its potential to expose them to disease. These findings are evidenced by expression such as one pharmacist (PHS 14) who said: *it has made me realise the importance of giving psychological care to patients and the need to educate my family and friend about COVID-19 in order for them not to stigmatise anyone. I never wanted to work at this facility anymore.* NS 6 felt that: *caring COVID-19 patients became a bad job because I had no time to do other things.* While one diver was of a view that: *caring for COVID-19 patients robbed my social life.*³

4.2.6 Situation on PPE for Health care Staff during COVID-19

The following are the responses given when participants were asked to state what had been the situation like with regard to supply of PPE during your management of COVID-19 patients and how it affected them psychologically and socially. Several responses were made ranging from: diverse reactions from patients, felt they were too sick to pull through, felt segregated, high cost of PPE which affected access as evidenced by NS 1 who reported: *patients reacted differently when they see a health worker wearing PPE, most of them had fear and felt segregated. This affected the therapeutic relationship.* NS 2 noted: *with the increase in the number of COVID-19 cases, it meant a high demand for PPE as such prices for PPE was doubled I could not manage to buy that made me stressed. It was risky because we were using one PPE the whole shift without changing gloves and face masks.* MD 28 noted that: *PPE were not enough during the first wave.*

4.2.7 Worries of Healthcare staff on Inadequacies of PPE during COVID-19 management

On issues of worries as participants worked, several response, were given such as: inadequate information on the disease, low incentives which brought unnecessary worries on health care staff as they worked. The insufficient PPE made it hard to work during the first outbreak and

made workers to work in fears. Poor supply PPE meant high risk of contracting the disease among healthcare staff

4.2.8. Drugs and Approaches to support management of COVID-19 patients

This segment shows whether the institution had sufficient supportive drugs and approaches to support the care for COVID-19 patients were appropriate, although did not know how the situation affected healthcare staff psychologically and socially at the facility. In support of these findings, MD 26 had this to say: *the facility sufficient drugs and approaches to support the care for COVID-19 patients and it had a positive effect in that it was able to work freely knowing that am able to treat patients and at the same time protect myself.* NS 2 also added: *no because mostly patients were prescribed drugs to buy.*

4.2.9. Quarantine Arrangement during COVID-19 and healthcare staff psycho-social wellbeing

A number of responses were provided pertaining worker's psycho-social wellbeing. The following were among the responses: inability to socialize, being quarantined too, loss of freedom and work becoming boring. These findings were supported by statements for participants such as one by PHS 16 who observed: *inability to socialise with my friend and family for a long period of time.* MD 24 said: *Quarantine made me stressed and I had no chance to attend to my business.* Contributing on the same NS 10 said: *during quarantine was unpleasant experience being separated from my loved ones, the loss of freedom, boredom.*

Generally, the study revealed that, long working time, being quarantine together with patients and having no time to socialise with friends and families affected healthcare staff psychologically and socially.

4.3 Mitigation measures put in place to improve the psycho-social wellbeing of health staff involved in management of Covid-19 patients at the study institution.

On the third research question, the participants were asked on mitigation measures their institution had put in place to help them deal with psycho-social experiences which might have affected their well-being as well as their families as they continued to cared and manage

COVID-19 patients at their work places. In responses to the research question, participants provided diverse responses such as:

4.3.1 Facility Efforts to Improve Psycho-Social Wellbeing of Health Staff during COVID-19 patient management

This part covers effort to improve the psycho-social wellbeing of health workers involved in care and management of COVID-19 patients. Several responses were given regarding efforts to improve the psycho-social wellbeing of health staff. The following were among the responses: Providing more PPE, the facility made more psychological support like bringing in counselors, all health workers were trained in COVID-19 management and management they brought in Wifi, staffs and free food. These findings were supported by statements for participants such as one by NS 1 who said *the facility is making sure that PPE and other medical equipment are sufficient and there is regular disinfection and proper disposal of waste thereby ensuring a safe environment*. MD 28 observed that *the facility made more psychological support like bringing in counselors to provide regular counseling to staffs and made structural adjustment in daily clinical practice to overcome the negative effect of working during the pandemic*. PHS 15 said *all health workers were trained in COVID-19 management and re-assured to continue saving patients*. NS 7 observed that *management brought in Wifi, staffs and free food*. NS 3 and MD 24 noticed that *management brought more staff to help in caring for patients*.

4.3.2 Support to Health Care Staff during COVID-19

This section constitute suggested measures respondents suggested then they were asked to mention what they think can be done to further improve the psycho-social wellbeing of health workers involved in the care of COVID-19 patients at the medical facility. Among the cited measures are: Controlling of health workers in the management of COVID-19 patients, providing regular training, providing more PPE, providing social amenities like TV, radio, employ more staff, provide psychological help and giving incentives to employees. The findings were suggested by statements for participants such as one by NS 2 who said *healthcare workers must be controlled and reminded of their care purpose in the care of COVID-19 patients in order to motivate them as they carry out their duties*. MD 26 proposed that *management at the facility*

should be providing sufficient information, regular team meetings and ensure employer's positive reinforcement as support enhance staff's feeling of security. PHS 13 suggested that management should provide enough PPE, provide social amenities like tv and radio at the facility to help isolated staffs and patients not feel bored, provide regular training and counseling in handling COVID-19 patients. NS 8 said they should be providing psychological help. MD 28 proposed the management at the facility should employ more staffs to reduce the high workload. Majority of the respondents (NS 4, NS 5, NS 6, PHS 13, and MD 24) said they should be giving us incentives to motivate us.

4.4. Chapter summary

The chapter has provided key findings of the study. The findings have been presented through background information of participants, activities healthcare workers were involved in before and during COVID-19 related patients at the facility, changes noticed as a result of COVID-19, effects of the changes on health worker psychologically and socially, workload before the pandemic and during the pandemic, how the identified psychological experiences affected health care worker's life as an individual, a health worker and their family life, effects of high workload on psycho-well-being of health workers, effects of fear, anxiety on the emotional wellbeing health workers, sociological experiences health workers faced since attachment to care and management of COVID-19 patients at the facility, how social experiences affected health workers' views about caring for COVID-19 patients as an individual, working life and the family, the situation regarding PPE during the management of COVID-19 patients and how it affected health workers psychologically and socially, how sufficient or insufficient PPE affected health worker's view of the care for COVID-19 patients at the facility, availability of drugs and approaches to support your care for COVID-19 patients and how the situation affect healthcare's work psychologically and socially, how quarantine arrangement during COVID-19 affected health worker's psycho-social wellbeing and measures to improve the psycho-social wellbeing of health workers involved in the care of COVID-19 patients at this medical facility. The next chapter discusses the findings of the study.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0. Overview

This chapter dealt with the discussion of the findings based on the objectives of the study, which were:

- (i) To establish the psycho-social experiences of healthcare staff involved in the management of Covid 19 patients at a study institution
- (ii) To explore how identified psycho-social experiences affect the wellbeing of health staff at the study institution
- (iii) To ascertain mitigation measures in place to improve the psycho-social wellbeing of health staff in the care of Covid-19 patients at the study institution.

5.1. Psycho-social experiences of healthcare Staff involved in the care for Covid 19 patients

According to Macmillan (2018) psycho-social experiences refers to practical contact with and observation of facts or events involving both psychological and social aspect. Health care staffs experience a number of psycho-social experiences in the management of COVID-19 pandemic. The current study reviewed a number of psycho-social experiences of healthcare workers involved in the care for Covid 19 patients, these include: stress, anxiety, fear, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), a lack of specific drugs and methods to treat COVID-19, and being separated from family during quarantine and no time to socialize.

As indicated above, this study revealed that stress is among psycho-social experiences of healthcare workers involved in the care for Covid 19 patients. this in accordance with WHO (2020) who asserted that the Covid –19 pandemic, has resulted in unprecedented psychological stress among Health Care workers such as anxiety, fear, panic attacks, post-traumatic stress symptoms, psychological distress, stigma, avoidance of contact, sleep disturbances and helplessness. Stress is simply a state of mental or emotional strain or tension resulting from adverse or demanding circumstances (Lee and Mccann, 2017). The human body is designed to

experience stress and react to it. According to WHO, (2020) stress becomes negative when a person faces continuous challenges without relief or relaxation between challenges. As the result the person become overworked and stress related tension build. This means stress experienced by health workers at the facility was due continuous challenges in the care for Covid 19 patients without relief or relaxation.

A high workload is when employee's workload exceeds what should be expected of them in terms of amount of hours and or intensity of work. According 4.6 above majority of the health workers said before the pandemic, the workload was manageable compared to during the pandemic because a lot of people were showing up to test for COVID-19 and others were admitted. This is in line with Carlos et al (2021) stressed that during the COVID-19 pandemic, Healthcare workers especially in developing counties commonly reported elevated workloads, which impacted on their psychosocial wellbeing. Carlos et al (2021) cited increased hours and -weekend shifts. This was compounded by staff shortages due to inadequate staffing or staff absences because of ill health or caring responsibilities resulting in requirements for staff to work overtime. This led to the workers feeling fatigued and risking mistakes. High workload has an effect on the lives people. According to Gebeyehu (2017) handling unexpectedly high workloads affects mood and behavior, causing poor mental focus, decreased motivation and difficulty concentrating on the task at hand and all these contribute to stress.

5.2. How identified psycho-social experiences in high pressure work environment affected the wellbeing of health workers.

Wellbeing of health workers is important for the effective functioning of the health system. However, health care staffs experience a number of psycho-social experiences in the management of COVID-19 pandemic. With reference to this study, health workers experience a number of psycho-social experiences such as stress, anxiety, fear, handling unexpectedly high workloads, longer working hours, insufficient personal protective equipment (PPE), and being separated from family during quarantine and no time to socialize.

Ahmad, et al (2021) defined stress as psychological disturbance or damage caused by adverse circumstances or experiences. The World Health Organization declared the COVID-19 as a

pandemic which likely put health care professionals throughout the world in unprecedented situation. Health workers have been at the frontline of the COVID-19 pandemic response and have the high risk of infection. Such high levels of job related stress can affect the wellbeing of health workers adversely.

Another psycho-social experience of healthcare workers involved in the care for Covid 19 patients is fear. COVID-19 has exposed health workers to unprecedented level of risk while carrying out their duties. This has made health workers fear of being infected and infecting others.

The high workload experienced by health workers affected their wellbeing in that it resulted in stress. Studies indicate that overworked employees face higher degree of stress which can impact output and lead to physical and mental problems. This is because a stressed worker is not always focused or not able to give complete attention to professional responsibilities. The high workload experienced by health workers limited their ability to do other things because they were always tired from work.

5.3. Mitigation measures put in place to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients

According to Chen et al (2020) maintaining the psychological wellbeing of health workers and fostering their resilience are crucial in addressing and containing COVID-19. Thus, mitigation measures have been put in place to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients. According to 4.16 above, a number of efforts have been put in place to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients. Among the efforts put in place include making more psychological support like bringing in counselors to provide regular counseling of staffs and made structural adjustment in daily clinical practice to overcome the negative effect of working during the pandemic. This is in accordance with Blake et al. (2020) who documented that it has been proposed that institutions should implement training and confidence in prevention equipment and measures and interventions aimed at creating a psychologically safe environment, sound leadership, clear organizational strategies, and meaningful support for the team. Such efforts are therefore

important in improving the wellbeing and emotional resilience of health worker for maintaining healthcare service during the pandemic.

Another effort put in place to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients is making sure that Personal Protective Equipment (PPE) and other medical equipment are sufficient and there is regular disinfection and proper disposal of waste thereby ensuring a safe environment. This is an important move because PPE prepares health workers for safety risks and gives them extra protection in an event of the accident or against various hazardous conditions. Further, training of health workers in COVID-19 management and re-assured to continue saving patients is among the efforts put in place to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients. This is because health worker training is critical to controlling pandemics such as COVID-19 as it facilitates triage, rapid assessment and management.

Another effort put in place to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients is employing of more staff to help reduce the high workload. Carlos et al (2021) documented that high workload was compounded by staff shortages due to inadequate staffing or staff absences because of ill health or caring responsibilities resulting in requirements for staff to work overtime. Therefore, employing more staff to curb high workload is a recommendable effort towards improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients.

Section 4.17 above also contain a number of mitigation measures suggested to improve the psycho-social wellbeing of health workers involved in the care of Covid-19 patients. Among the mitigation measures suggested is giving health workers incentives to motivate them. Egbon, (2012) asserted that when it comes to employees, rewards and incentives in the work place have benefits for both employees and employers. When recognizing employees for their performance and productivity, it can improve moral, job satisfaction and motivation to support organisations in achieving their goals.

Another mitigation measure is providing sufficient information, regular team meetings and ensure employer's positive reinforcement as support enhance staff's feeling of security. Regular

team meetings are important because they help to engage workers. According to Malagón-Aguilera et al. (2019) Work engagement (WE) could help professionals cope with work-related stress and contribute to their wellbeing and health. Work engagement is a positive and satisfactory attitude related to work, characterized by vigor, dedication, and total absorption and concentration in the activity.

CHAPTER SIX: SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Overview

This Chapter presents the summary, conclusion and recommendations based on the on psycho-social experiences of healthcare staff on management of COVID-19 patients at a selected public university teaching hospitals in Lusaka in Zambia.

6.2 Summary of Findings

The study explored the psycho-social experiences of healthcare staff on management of covid-19 patients at a selected public university teaching hospital in Lusaka, Zambia. The first objective was to establish the psycho-social experiences of healthcare staff involved in the management of Covid 19 patients at a study institution. The second objective was to explore how identified psycho-social experiences affect the wellbeing of health staff at the study institution and the third objective was to ascertain mitigation measures in place to improve the psycho-social wellbeing of health staff in the care of Covid-19 patients at the study institution.

As outlined in both the presentation and discussion of findings, it can be summarised as:

1. There are many activities healthcare staffs were involved in before and during COVID-19 related patients at the facility, these include; testing patients, supervising other nurses and support staff, coordinating with other departments such as pharmacy and oxygen supply as well as counseling of patients.
2. As the COVID-19 pandemic spread across the county, it brought uncertainty and pressure on the health workers. Thus, health workers experienced various psychological and sociological changes which are: quarantine, stress due to long working hours, worries of possible catching COVID-19 virus and passing it to family members.
3. According to this study, the effects of identified psychological experiences on health care Staff and Families ranged from: created fear and stress, anxiety, felt isolated, worry and often scared. The above effects emanated from inadequate information on the disease, low incentives which brought unnecessary worries on health care staff as they worked.

The insufficient PPE made it hard to work during the first outbreak and made workers to work in fears. Poor supply PPE meant high risk of contracting the disease among healthcare staff.

4. Quarantine arrangement during COVID-19 also affected the psycho-social wellbeing of healthcare staff in many ways. The following are ways quarantine affected the psycho-social wellbeing: inability to socialize, being quarantined too, loss of freedom and work becoming boring.
5. Like quarantine, high workload also affected the psychological well-being of the health workers. The study established that healthcare staffs were: exposed to long working hours; denied them of leisure and recreation time and subjected them to stress and anxiety.
6. Various efforts have been made by the facility to improve the psycho-social wellbeing of health workers involved in care and management of COVID-19 patients. Among the efforts made include: providing more PPE to reduce the risk of contracting COVID-19, providing more psychological support like bringing in counselors to provide counseling to patients and staffs, all health workers were trained in COVID-19 management, employing of more staff to reduce the high workload, installing of Wifi for research and communication, and free food to support staffs.
6. In order to further ascertain mitigation measures in place to improve the psycho-social wellbeing of health staff in the care of Covid-19 patients at the study institution, a number of mitigation measure were suggested. Among the cited measures are: Controlling of health workers in the management of OVID-19 patients, providing regular training, providing more PPE, providing social amenities like TV, radio, employ more staff, provide psychological help and giving incentives to employees.

6.3 Conclusion

Health care staff experience a number of psycho-social experiences in the management of COVID-19 pandemic, among these include: stress, fear, anxiety, handling unexpectedly high

workloads, longer working hours, insufficient personal protective equipment (PPE), and being separated from family during quarantine. Despite of the above psycho-social experiences, Health workers have been at the frontline of the COVID-19 pandemic response and have the high risk of infection. This implies that healthcare workers should be given special consideration due to their high risk of developing psycho-social problems. The study's findings are expected to inform the development and implementation of interventions to reduce the psycho-social experiences of working in a stressful environment. Furthermore, the lessons learned from the COVID-19 pandemic are hoped to help decision-makers at all levels of government, hospital management, and the community influence emergency preparedness policies and promote readiness to protect healthcare workers not only from Covid-19, but also from future public health crises.

6.4. Recommendation

According to this study, it is evident that healthcare workers experience a number of psycho-social experiences in the management of COVID-19 pandemic. Thus, the following recommendations were made to help health worker in the management of COVID-19 pandemic.

- i. The health facility should always make sure that PPE and other medical equipment are sufficient and there is regular disinfection and proper disposal of waste in order to ensure a safe environment.
- ii. The government through the ministry of health should employ more health workers to reduce the high workload experienced by health workers.
- iii. Management at the facility should provide incentives to motivate health workers.

6.6. Suggestions for Future Research

This study is not representative of the whole country as it was limited to a selected public university teaching hospital in Lusaka, Zambia. Therefore, other researchers need to broaden the scope by looking at more than one facility. A comparative study needs to be undertaken to make an informed decision.

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Appendices

Appendix 1: Interview Guide (For all Medical Staff Participants)

Dear, Participants

I am **Zulu Josephine** from..... I am conducting a research on the psycho-social experiences of healthcare staff during management of covid-19 patients at selected public university teaching hospitals in Lusaka, Zambia. The information is purely for academic purposes and will not be shared with any other person or group of persons except those that my institution will authorize to look at the outcome of this study at the University of Zambia. The study is part of the requirements for the award of a Master of Science in Counseling degree of the University of Zambia in Association with Zimbabwe Open University. The outcome will help me learn more of the experiences of health workers during management of COVID-19 patients and it si likely to improve may practice. Strict confidentiality will be observed regarding the in information that will be shared during the discussion. You are also free to not to participate or stop at any time. Do you agree to participate in this interview? YES/NO?

Date of Interview:..... Start Time:.....and End time:.....

Section A: Basic information

1. Gender: Male /Female:
2. Job title:.....
3. Description of Work done:.....
.....
3. Qualifications in Medical work:.....
4. Filed of specializations:.....
5. Length of working in medical facilities?.....

6. Length of involvement in caring for COVID-19 patients at the medical facility:.....

Section B: Psycho- Social experiences

7. what activities were you involved in before and during COVID-19 related patients at this facility?

.....
.....

8. What changes if any did you notice in activities and demands on you as a result of the COVID-19 pandemic?

.....
.....

9. How did these changes affect you as an individual health worker psychologically and socially?

.....
.....

10. How would you describe the workload before the pandemic and during pandemic?

.....
.....

SECTION C: Experiences and wellbeing of health workers

11. From your point, what have been some of the psychological experiences you have gone through as a result of your association COVID-19 patients?

.....
.....

12. How have, the identified psychological experiences affected your life as an individual, a health workers and your family life?

.....

.....

13. Did you experience high workload during COVID-19 management? If so, how did it affect your psycho- wellbeing?

.....

.....

14. Did you experience, fear, anxiety etc during your period of caring for COVID-19 patients? How such experiences affect your emotional wellbeing as a health worker at this facility?

.....

.....

15. From your experiences, what have been some of the sociological experiences you have faced since attachment to care and management of COVID-19 patients at this facility?

.....

.....

16. How have such social experiences affected you views about caring for COVID-19 patients as an individual, working life and the family?

.....

.....

17. How did the high work load if so, affect your psycho-social –wellbeing as a health worker?

.....
.....

18. What has been the situation like with regards to PPE during your management of COVID -19 patients? How did it affect you psychologically and socially?

.....

19. How has sufficient or insufficient personal protective equipment (PPE) , affected your view of the care for for COVID-19 patients at this facility?

.....
.....

20. DID the institution have sufficient drugs and approaches to support your care for COVID-19 patients? How did the situation affect your work psychologically and socially?

.....
.....
.....

21. How has quarantine arrangement during COVID-19 affected your psycho-social wellbeing?

.....
.....
.....

Section D: Improving Psycho-Social Wellbeing of Health workers Caring for COVID-19 Patients

22. What efforts is your medical facility making to improve the psycho-social wellbeing of health workers involved in care and management of COVID-19 patients?

.....
.....

23. What do you think can be done to further improve the psycho-social wellbeing of Health workers involved in the care of Covid-19 patients at this medical facility and why?.....

.....

Thank you for participation