Challenges Experienced by Social Workers after Handling Traumatic Cases in Maseru District Hospitals, Lesotho.

By

Tiisetso Ngatane

200901604

A Research Dissertation Submitted to the Department of Sociology and Social Work in Partial Fulfillment of the Requirements for Masters in Social Work degree.

National University of Lesotho

Roma

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CERTIFICATION

This is to certify that this dissertation has been read and supervised as having met the requirements of the Faculty of social sciences, National university of Lesotho, for the award of the Degree of Master of Social Work.

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Principal Supervisor

……………………………………………………………………………

Head of Department

……………………………………………………………………………

External Examiner

DECLARATION

Name	Tiisetso Ngatane
Student ID Number	200901604
Degree	Master of Clinical Social Work

I declare that the work on 'The Challenges Experienced by Social Workers after Handling Traumatic Cases in Maseru District Hospitals, Lesotho' has not been previously submitted in whole, or in part for the award of any degree. Each significant contribution and quotation in this dissertation from the work or works of other people has been attributed and has been cited and referenced.

………………………………………………………… ……………………………………………

Signature Date

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ABSTRACT

There is an increase in trauma cases in Lesotho and globally, and this leaves social workers with a lot of work to help survivors of the traumatic events to cope. The main objective of the study was to explore the challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho and data was collected in the first two weeks of May. In spite of the high increase of traumatic cases, that expose social workers to different kinds of traumatic material, there is lack of literature, both in Lesotho and globally.

This study took a qualitative and phenomenological research design to interview ten social workers from Maseru district hospitals and their affiliating clinics in the first two weeks of May 2021. Participants were selected using purposive and snowballing techniques, while data was collected using unstructured interviews and each interview lasted for forty to sixty minutes and was analyzed using content analysis.

The study found out that majority of social workers experience challenges after handling traumatic cases, these challenges include anxiety, tiredness, loss of concentration, insomnia, irritation and stability, low mood, low self-esteem, avoidance, poor service delivery, lack of support, re-experiencing of traumatic events and affected interpersonal relationships.

However, the study also found few social workers stated that they receive support from supervisors, they do not experience the client' traumatic events, and their self-esteem is not affected.

The study recommendations include escalation of awareness of the challenges experienced by social workers, the other recommendation to agencies and supervisors is to frame and develop professional network forum with different professionals and volunteers who can help each other.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

Social work profession is committed to the needs of populations who are vulnerable, oppressed, and disadvantaged (NASW, 2008). Many of the populations served by social workers have experienced some form of trauma, either from witnessing it or directly experiencing an event that involves actual or threatened death or serious injury, or threats to one's physical integrity (American Psychiatric Association, 2000).

When social workers engage with their clients' traumatic recollections, they sometimes experience strong emotional reactions such as grief or rage. According to Kanno, (2010), these reactions may reflect secondary traumatic stress meaning negative emotional reactions resulting from knowledge of traumatizing events experienced by others.

In recent years, there have been major developments in social work in regard to the context of practice. It is a profession that began as a call to help the poor, the destitute and the marginalized of a rapidly changing social order. Developments in social work draw heavily from group work, social planning, and community organization. They also include the provision of personal social services to people with distress for example war victim, refugees, or orphaned children and more. There are also organizational efforts directed at helping poor and other powerless people to remove the source of their oppression like racism (Eates, 2008)

Social workers who directly work with clients of trauma can be negatively impacted by clients' recognition of traumatic events when in the field of service. The other purpose of social work is to help people who cannot advocate for themselves, while many are not advocating for the social workers' mental health. There are various difficulties that social workers experience while handling traumatic cases and are overlooked; they include secondary trauma and advocacy for self-care within the profession of social work which seems not to be enough to address the overall encompassing aspects of those difficulties experienced. (Berrios and Zarate, 2020).

In the last several years, working with trauma has become a major focus among social workers and other mental health professionals. With the high amount of trauma victims social workers see, it is important to explore the effects that traumatic stories have on the therapists who hear them. Although the social worker did not experience the trauma, he or she is not immune to the negative mental and emotional consequences. There is a need for more research in this area to better educate experienced social workers about challenges that may ascend due to their profession and to explore an overall consensus of social workers knowledge surrounding the impact of trauma on personal wellbeing and mental health.

1.1 BACKGROUND OF THE STUDY

One of the main duties of helping professionals is to hear about or even witness the horrible and disturbing things that happen to other people on daily basis. Social workers frequently encounter clients with a history of trauma, which is defined as exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear, American Psychiatric Association cited in (Levenson, 2017).Traumatic experiences take many forms, but they usually involve an unexpected event outside of a person's control such as criminal victimization, accident, natural disaster, war, or exposure to community or family violence.

The exposure to these traumatic cases may result to some social workers in symptoms such as intrusive thoughts of the event, hyper arousal to stimuli in the environment, negative moods, and avoidance of cues related to the trauma are characteristics of both acute and chronic posttraumatic stress disorders. Secondary trauma is also a result of exposure to those traumatic cases and is therefore described as a trauma that can be transferred over to helping professionals after repeatedly engaging and empathizing with people who have been traumatized (Clements, et al., 2014). This is relevant to my study as it aims to explore such psychological challenges experienced by social workers due to the trauma cases they handle.

Additionally, research has shown that the symptoms of secondary trauma can be just as real and personal as those of primary trauma, despite helping professionals having

experienced the disturbing event directly. Stamm, (2012) further argues that secondary trauma is an occupational hazard so therapists need to accept it as a reality of their jobs that must be recognized and dealt with by both victim service providers and the organizations that employ them, therefore there is need for this study to help the professionals and their organizations to be aware of such occupational hazard.

While social workers' ability to empathize may also make them good at their jobs, it is vital for them to understand that vicariously engaging in another persons' suffering can take a profound toll over time, as it may cause them to experience symptoms of trauma, like tension headaches, exhaustion, and irritability that did not originate from their own experiences. It also manifests in the feeling of depression and hopelessness, social isolation, difficulty setting boundaries between work and personal life and feeling unable to escape client trauma, and changes the way clinicians view themselves others and the world (Tarshis, 2019).

The national child traumatic stress network, (2011) estimates 50% of professionals in the helping field have higher chances of experiencing challenges such as suffering from post-traumatic stress disorder type symptoms and a higher risk of secondary stress. Effects often seen with such experiences include cognitive distortions, intrusive thoughts, avoidance, withdrawal, aggression, and stress (Whirfield and Kanter, 2014). The study will therefore raise awareness that understanding these symptoms is vital for social workers to aid in identifying potential factors that lead to vicarious trauma to minimize the risk, also, identifying both barriers on a personal level, as well as professional level, are important to find strategies that will aid in combating re-experiencing clients' experiences.

In a study conducted by Gil, (2015), he explored the association between coping strategies (problem-focused, emotion-focused and avoidance), internal resources (dispositional optimism and mastery), demographic and work characteristics, and secondary trauma symptoms among 160 social workers in public agencies in Israel, treating clients who were victims of trauma.

A hierarchical regression analysis revealed that emotion-focused and avoidance copi\ng strategies, previous history of exposure to the traumatic event, and high

exposure to traumatic material through clients were associated with increased levels of secondary trauma, while dispositional optimism, mastery, and steady supervision every week were associated with a reduction of those symptoms.

In a study conducted by Berger, (2012), hospital Social workers confirmed that they would leave their jobs due to stress and secondary trauma; they also claimed that they often serve clients with behavioral health as well as physical health problems, and 26% of hospital social workers serve clients with mental illness while 18% serve people with substance use disorders. Overall health care social workers were more dissatisfied with access to appropriate mental health care for themselves after dealing with trauma clients.

Research literature has demonstrated that the symptoms characterizing trauma stress are essentially similar to those post-traumatic stress disorder symptoms, such as experiencing the traumatic event, avoidance, or hyper-arousal, although the security of the symptoms tends to be lower (Gilber et al, 2013). Social workers who assist traumatized clients from family violence are vulnerable to traumatic stress or compassion fatigue, which may hinder social workers in providing quality services of family violence. Moreover, secondary traumatic stress could also affect the social worker's job satisfaction and occupational commitment (Bride and Kintzle2010) it is therefore vital to carry out this study so that awareness is raised and social workers take necessary precautions towards experiencing their clients' trauma.

Secondary traumatic stress is indirect trauma stress that helping professionals may experience as they empathetically engage in helping trauma victims. When affected by such traumatic stress, social workers can have symptoms similar to post-traumatic stress such as intrusion, avoidance, and arousal (Bride, 2011). An existing study reports that approximately 55% of the social workers experienced at least one or more secondary traumatic stress symptoms of intrusion, avoidance and arousal (Choi, 2016).

1.2 Statement of the problem

Social workers experience challenges while handling traumatic cases. The range of the responsibilities for social workers continue to grow exponentially, therefore each

social worker has to be both a micro and a macro person. They must get support and mentorship to have a conversation about workload and how they can be assisted to realize the need of time to take care of themselves and to share with others about what they are experiencing and yet it is difficult for social workers to get that support.

Some social workers face psychological health problems if their stress is not recognized and dealt with quickly and appropriately. Therefore the research aims to identify such problems so that they are recognized and given attention in order to prepare for affected social workers working conditions that are conducive to good physical and mental health that allows them to care for themselves and their mental health through resting from work and seeking professional assistance where need arise.

After repeatedly hearing about torture, humiliation, and betrayal people perpetrate against one another, social workers might react with grief or rage. These strong emotional reactions can lead to occupational stress symptoms such as secondary traumatic stress, vicarious trauma, compassion fatigue, countertransference or burnout (Kanno, 2010).

Treating trauma survivors exposes therapists to difficult accounts of these clients' profound emotional expressions of fear, grief, rage, horror, pain, injustice, cruelty, hopelessness, suffering and post-traumatic symptoms (Adams and Rigg, 2008). In a study conducted by Gil and Weinberg, (2008), findings suggest an important coping mechanism among social workers who treat trauma survivors, would be raising awareness of reoccurring of symptoms of clients' trauma and effective coping strategies for therapists. So this study will assist in raising awareness of social workers concerning the challenge of experiencing clients' trauma and how the affected social workers can try to handle those incidents.

Additionally, in a study that examined the relationship between psychological empowerment and secondary traumatic stress among social workers, Choi, (2016) found that social workers who demonstrated higher levels of psychological empowerment experienced lower levels of secondary traumatic stress. Therefore the

study will help promote knowledge that social service organizations can help social workers prevent or alleviate secondary traumatic stress symptoms by enhancing their psychological empowerment, also that several organizational strategies can be developed to empower social workers who assist survivors of trauma to prevent secondary traumatic stress.

Due to the traumatic material of their clients, social workers are often faced with reoccurring of symptoms of clients' trauma, these symptoms can have an impact on a social worker's ability to form therapeutic relationships with their clients, and therefore this study will help in identifying those challenges and their impact on health issues through interviewing social workers, to raise awareness of such challenges to social workers so that those who are affected can seek and get psychological interventions, and stress management techniques to confront those feared situations and distressing memories caused by their work experience.

The traumatic material that social workers are exposed to include gender based violence, child abuse, poverty, natural disasters and increasing number of reported killings, for instance, a female nurse in Mafeteng has recently been brutally murdered by the husband, living behind children who may need psychosocial support from social workers. It has also been reported by (Lebitsela, 2021) two dead bodies of male and female were discovered near the junction to parliament along Mpilo road in Maseru Lesotho, the two deceased aged 40 and 26 were brutally stabbed and murdered using sharp object, and it is also suspected the female was raped. The two are leaving behind traumatized spouses and children, and social workers are faced with handling such cases for psychosocial support to the affected, and due to the exposure, they are faced with reoccurring of symptoms of clients' trauma.

According to Gil and Weinberg, (2015), social workers face their own emotional distress, such as secondary trauma symptoms, internal resources may contribute to better coping and fewer secondary trauma symptoms, taking into account that secondary trauma extends beyond social workers and may affect the entire family system.

There is also a statistical increase of traumatic incidences globally and in Lesotho, and the negative magnitude of challenges faced by helping professionals, and yet there is failure to find specific studies about the experiences of helping professionals after handling traumatic cases, there is scarce literature regarding this topic in Lesotho, hence its aim is to investigate those challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho.

1.3 Purpose of the study

The current study focuses on the challenges that social workers come across. Specifically, the purpose of the current study is to explore the experiences of social; workers after handling traumatic cases and identify the factors which are affecting directly or indirectly their personal and professional life. The other aim is to discover the physical, emotional, psychological and social difficulties that social workers are experiencing. The study also sought an explanation as to how social workers respond to those emotional, physical, psychological and relational difficulties.

As social workers are supposed to be professionals and experts when it comes to working with people in need, sometimes the suffering of clients can appear overwhelmingly powerful and frightening, so the other purpose is to help social workers to acknowledge the presence of such feelings, because these experiences of secondary trauma may take time to manifest as social workers continue with their day to day work, but yet they are slowly being affected. These symptoms need to be brought into social workers attention so that they can be able to notice when they experience those symptoms, which is what the study aims to achieve.

Moreover, social workers with secondary traumatic stress face psychological, emotional and physical health problems if their stress is not recognized and dealt with quickly and appropriately. These health issues range from minor emotional disruptions to more serious suicidal ideation. It may also prevent social workers from working effectively (Kanno, 2010). The study therefore, aims to endorse knowledge and understanding of these health issues and thereby promote self-care awareness.

Social workers need to understand and know secondary trauma and burnout, their symptoms and what they can lead to. The study therefore aims to raise awareness to

social workers about practicing effective self-care and self-awareness and create increased awareness about the stress of social work (Hydon, 2019).

1.4 Objectives of the study

The study will be guided by the following General and specific objectives

1.4.1 General objective

To explore the challenges experienced by social workers after handling traumatic cases in Maseru District Hospitals.

1.4.2 Specific objectives

1. To understand social workers awareness about challenges experienced by them after handling traumatic cases
2. To discover emotional challenges experienced by social workers after handling traumatic cases
3. To find out physical challenges experienced by social workers after handling the traumatic cases
4. To study the psychological challenges experienced by social workers after handling traumatic cases
5. To explore the social challenges experienced by social workers after handling traumatic cases
6. To explore the coping strategies of social workers towards the overall challenges they experience after handling traumatic cases.

1.5 Significance of the study

Social work is seen as a helping profession with the knowledge to aid those who cannot help them, but often social workers also suffer from similar struggles as clients. This is due to the lack of implementation of self-care at the personal level, and social support and lack of training in secondary trauma at the agency level. The findings of the study could be used to raise awareness about the problems faced by social workers after handling traumatic cases.

As indicated in the problem statement, many individuals who seek therapeutic services from social workers have experienced trauma in their lives. Social workers who counsel trauma survivors may develop physical and emotional symptoms similar to those endured by their clients in a phenomenon known as secondary trauma. It is therefore important for social workers to recognize it happening in themselves and others. Findings in this study can help arm social workers with important self-care strategies and the awareness necessary to address secondary trauma.

With the high amount of trauma victims social workers see, it is important to explore the effects traumatic stories have on the therapists who hear them. Even though the social worker has not experienced the trauma, they are not immune to the negative mental and emotional consequences. As with all client-therapist relationship, there is a varying degree of countertransference that occurs. Countertransference refers to the thoughts and feelings a therapist experiences in response to the client and material he or she presents. With trauma therapy, in particular, therapists are at risk of taking on trauma-related symptoms in response to the stories they hear.

They can be short term and immediate or become a long-term change in the social worker's internal belief system. In order for social workers to remain effective, they must pay attention to their own mental, physical and emotional health. Finding support and learning how to work through difficult personal stressors are vital in preventing social workers from burning out and leaving the field.

The study will also enrich health professionals with information that can raise awareness of the need to develop policies and regulations that can guide the profession and thereby augment evidence-based strategies that can help social workers in overcoming the challenges that they experience after handling traumatic cases.

It is also important to conduct this study as there is an increasing number of traumatic cases in Maseru, that social workers have to step in to provide psychosocial support, so the repetitive hearing of such stories do affect social workers, also the study will assist in facilitating the prevention and implementation of self-care and other strategies that would assist social workers against secondary trauma.

1.6 Research questions

The study will answer the following questions;

- What do social workers know about the challenges they experience after dealing with traumatic cases?
- What are the emotional challenges experienced by the social workers after handling traumatic cases?
- What are the physical challenges experienced by social workers after handling traumatic cases?
- What are the psychological challenges experienced by the social workers after handling traumatic cases?
- What are the social challenges experienced by the social workers after handling traumatic cases?
- Which coping strategies do social workers use towards the overall challenges they experience after handling traumatic cases?

1.6 Definition and measurement of terms

This section comprised of definitions and operational meanings of the key terms used in the study. These terms are:

1.6.1 Challenge

A challenge is something that by its nature or character serves as a serious test. In this research, challenges are obstacles or problems that are faced by social workers after handling traumatic cases.

1.6.2 Social workers

Zastrow, (2008) defines social workers as graduates from schools of social work with either bachelor's or masters degrees, who use their knowledge and skills to provide social services for clients, who may be individuals, families, groups, communities, organizations or society in general. Social workers help people increase their capacities for problem-solving and coping and help them obtain needed resources;

facilitate interactions between individuals and between people and their environments, make organizations responsible to people and influence social policies.

Social workers are graduates of social work who use their knowledge and skills to provide social work services (Lambert, 2010). In this study, the words clinicians and social workers will be used interchangeably.

In this study, social workers are people who assist victims of trauma as they tend to meet traumatized populations in their everyday practices. These populations include survivors of war and terrorism, natural disasters, childhood abuse, and violent crime. Social workers offer counseling, advocacy services, provision of shelter resources and therapy to this population.

1.6.3 Trauma

It refers to psychologically or emotionally stressful in a way that can lead to mental and emotional problems. In this manner, traumatic cases are the client's psychological or emotionally stressful experiences that they present to social workers (Rogers K, 2004).

The Diagnostic and Statistical Manual for Mental Disorders (2010) defines trauma as a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical I integrity; to witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or close associate. This study adopted the above meaning as social workers witness clients' various traumatizing events that force them to experience different challenges.

1.6.4 Traumatic cases

Traumatic cases are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death. Traumatic cases affect survivors, rescue workers, and the friends and relatives of victims who have been involved. They may also have an impact on people who have seen the event either firsthand or on television.

In this study, traumatic cases are those cases presented to social workers by clients; these cases have caused a client experience depression, fear, anger, fatigue and stress, so they come to social workers to share those cases for relief.

1.6.5 Secondary trauma

It is described as disruptions of the therapist's internal experience in reaction to repeated exposure to clients' traumatic material (Pearl and Madan, 1995) as cited in Adams et al (2001). It is different from primary trauma by that the therapist did not witness the traumatic event, but was affected by hearing about his or her client's experience, which in this study; focus will be finding those challenges they have had after hearing their clients' experiences

Secondary trauma is used in this study as those experiences social workers go through, after attending to their client's traumatic cases. As they are committed to the needs of others, while social workers empathetically engage with their client's traumatic stories or materials, they may re-experience these images as clearly as their own internally generated ones.

1.6.6 Social challenges

They are social conditions that are perceived to be harmful to more than just a few people. Social challenge is both an objective reality and a subjective perception. As an objective reality, it is absolutely or intrinsically real in that it possesses a harmful quality that can be verified by the experience of some people. The harmful nature of this experience is universal, existing all over the world (Michailakis & Schirmer, 2014)**.**

In this study, social challenges are those social problems that social workers experience due to the exposure of clients; traumatic cases.

1.6.7 Emotional challenge

Emotional challenge is a condition exhibiting an inability to learn that cannot be explained by intellectual sensory or health factors, it includes an inability to build or maintain satisfactory interpersonal relationships with peers and teachers and inappropriate types of behaviors or feelings under normal circumstances.

In this study, emotional challenges are the inappropriate feelings and behaviors that social workers have under normal circumstances, which are caused by the presented trauma cases experienced by clients.

1.6.8 Psychological challenges

They are described as the difficulties and obstacles that arise due to the cognitive and psycho social abilities and mental status of an individual (Michailakis & Schirmer, 2014). In this study, psychological challenges are those cognitive obstacles and difficulties social workers experience after handling traumatic cases.

1.6.9 Physical challenges

Challenges that affect a primary sense or ability to move and get around easily, having some physical problems that hinder some activities, in this study, physical challenges refer to those physical impairments that hinder social workers from functioning effectively.

1.6.10 coping strategies

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events (Holahan & Moos, 2007). In this study, coping strategies refer to the efforts social workers employ to reduce or minimize the challenges they experience after handling traumatic cases.

1.7 Limitations of the study

The study limits to social workers working at hospitals because they work with different clients, hence diverse experience. Additionally, only social workers around Maseru urban hospitals participated in the study. Not every hospital in Maseru has a social worker; therefore the sample number got affected. There is also a lack of prior studies on this topic, especially in Lesotho.

Due to COVID 19, it was not possible to meet with respondents physically; it denied me an opportunity to learn through their gestures and to also be sure that their

responses a legitimate. As this is a qualitative study, sample size was small and thus maynot allow for results to be generalized to all social workers.

1.8 Overview of chapters

The research report is structured into three chapters;

1.8.1Chapter one: Introduction

This chapter outlines the alignment of the study; it depicted the introduction, statement of the problem, purpose of the study, main objective and specific objectives, significance of the study and its research questions. It further presents the definition and measurement of terms as well as study limitations.

1.8.2Chapter two: Review of literature

The chapter provides a synopsis of empirical literature and reviews the studies conducted about the challenges faced by social workers after handling traumatic cases and how they overcame those challenges. It also presents the theoretical framework guiding the study and states the gaps identified in the reviewed literature.

1.8.3Chapter three: Methodology

This chapter contexts the adopted research design, it also outlines and gives justification of the selected techniques, strategies and methods.

1.8.4Chapter four: Results

This chapter presents the findings of the study.

1.8.5Chapter 5: Discussion and Conclusion

The chapter interprets and gives clear discussion about the findings, it also gives recommendations and conclusions in regard to the findings of the study.

1.9 Chapter summary

This chapter presented the general alignment of the study. It outlined the introduction, statement of the problem, purpose of the study, main objective and specific objectives, significance of the study and its research questions. It further outlined the definition and measurement of terms as well as study limitations.

CHAPTER 2
REVIEW OF LITERATURE

2.0 Introduction

This chapter will discuss the literature and theories associated with secondary trauma that supports the claims to further this study. The negative impact of trauma on social workers who work with clients that have undergone traumatic events will be demonstrated and preventive measures will be discussed. Previous researches will be reviewed in order to further the understanding of the negative impacts that trauma has on the physical and mental health of social workers. The last part of the chapter discusses theoretical literature which will be used to guide the proposed study. From the studies reviewed, gaps will be identified.

2.1 Empirical literature

According to Fogel (2015), in the United States, 60.7% men and 51.2% of women have been exposed to at least one traumatic event in their life. Social workers are often professionals who are dealing with these individuals who have experienced trauma. Social workers are therefore more likely to work with individuals who have suffered from trauma than any other helping profession (Bride, 2011).

Brian, (2011) stipulates that social workers are increasingly being called on to assist of childhood abuse, domestic violence, violent crime, disaster and war and terrorism. It has become increasingly apparent that the psychological effects of traumatic effects extend beyond those directly affected. Secondary trauma stress is becoming viewed as an occupational hazard of providing duet services to the traumatized population. A higher number of contact hours with clients have a correlation with decrease compassion and higher threat of burnout (Killian, 2008).

According to the American Psychiatric Association, (2013), trauma is described as an emotional response to terrible events like an accident, rape or natural disaster. Trauma

experienced by helping professionals due to their work can manifest in several ways. Research studies have identified challenges of occupational trauma working professionals experience and they include secondary traumatic stress, compassionate fatigue, burnout and vicarious trauma (Sprang, et al., 2011). The literature will focus on five aspects regarding the challenges experienced by social workers after handling traumatic cases and they are; awareness, emotional challenges, physical challenges, psychological challenges, social challenges and coping strategies.

2.1.1 Awareness

2.1.1.1 Awareness of symptoms

Social workers need to be aware of symptoms of traumatic stress that result from clients experiences presented to them. They may lead to varying health problems affecting physiological health, as well as the worker's cognition and behaviors. They may also affect corporate performance due to costs associated with increased absenteeism and stuff turnover, reduced performance and productivity, increased unsafe working practices and accident rates (Leka, et al., 2005).

When social workers experience client's trauma, it may lead to variety of emotional reactions that include; fear, irritation, depressive mood, anger and diminished motivation, and psychological reactions that include; decreased attention, narrowing of perception, forgetfulness, less effective thinking, less problem solving and reduced learning ability, and social reactions that include; decreasing productivity, making errors and reporting sick, alcohol and drug use (Houtman & Karin , 2007).

According to Lloyd, et al., (2011), social workers may be faced with prolonged stress associated with chronic anxiety, psychosomatic illness and a variety of other emotional problems. Burnout is also of chronic stress and can impair the human service worker effectiveness. A previous research by Mslach el al, (1996) predicted that burnout would be related to the desire to leave one's job.

A community care survey (2009) indicated that UK social workers had more than double the rates of depression and one third of the respondents had been prescribed anti-depressants. In 2015, community care distributed a survey to qualified social workers in the UK that sought to examine levels of stress (Schraer, 2015). Out of 2000

respondents, 97% indicated that they were much stressed, and these high levels of stress were attributed to complex caseloads, workplace bullying, and reoccurring of client's trauma.

Social workers are at high risk of developing depression due to work related stress (McGregor, 2011). Symptoms of secondary traumatic stress can include some of the same symptoms experienced by the direct victims of trauma, including increased fatigue or illness, social withdrawal, reduced productivity, feelings of hopelessness, despair, nightmares, feelings of re-experiencing of event, having unwanted thoughts or images of traumatic events, anxiety, avoidance of people or activities and anger and sadness (international Society for Traumatic Stress, 2005).

Additionally, effects of traumatic stress may include changes in how individuals experiences themselves and other, such as feelings of safety, increased suspicion, and disconnection from co-workers and loved ones (Siegfried, 2008). Exposure to terrible knowledge about inhumane treatment of people often forces staff to end up re-experiencing such. Friedman, (2002) has also emphasized that the workplace traumatic stress has been associated with higher rates of physical illness, great absenteeism, higher turnover and lower productivity.

A study conducted by Bride, (2007) regarding social workers symptoms of secondary traumatic stress, and he explained in his findings that the more the trauma survivors social workers have in their caseload, the more symptoms of trauma a social worker is likely to have, he added on to say that these trauma symptoms are believed to be one reason why many social; workers leave the field prematurely. It is therefore important for social workers to know such symptoms in other to seek help before they aggravate.

2.1.1.2 Awareness on work environment, supervision and support

It is vital that social workers become aware of the effects of support and supervision towards their job stress, and the importance of the environment and how it is organized in exacerbating the trauma caused by client materials. Himle et al, (2009) examined the ability of emotional support to buffer the impact of job stress and discovered that

support by both supervisors and coworkers is associated with low levels of burnout , work stress and mental health problems.

Moreover, a study made by Coady et al, (2007) on the relationship between team support and job stress discovered that, social workers that perceived the team as being supportive had higher scores on the measure of personal accomplishment, indicating less risk of burnout. The findings suggest that social workers who perceive their supervisors as supportive have less potential for burnout.

Unresolved trauma reactions can cause re-occurrence of trauma symptoms to social workers, therefore it is important for social workers to be aware that, poor work organization, poor management and unsatisfactory working conditions can also worsen symptoms of vicarious trauma (Leka, et al., 2005).

Additionally, Hashmi, (2015) states that interpersonal conflict among people at work has been shown to be the frequently noted stressors for employees, hence it is important for social workers to be aware of workplace bullying and conflict. They can contribute to stress that can be divided into five categories which are; threat to professional status, threat to personal status, isolation, excess work and destabilization and lack of credit for work and meaningless tasks.

The link between home and work is increasingly being recognized as a potential source of stress, as social workers may face fast paced and intensive work, shift work, irregular working hours, unsympathetic treatment by management and co-workers and lack of control over the content and organization work (International Labour Organaisation, 2016). This therefore calls for awareness to social workers, about such stressors that can even affect their relationships with family members.

The World Health Organization, (2007) entails that stressful working conditions are related to psychosocial hazards, such as too high or too low job demands, a fast work pace or time pressure, a lack of control over workload and work processes, lack of social support from colleagues and supervisors, discrimination, isolation, psychological harassment, lack of participation in decision making and being exposed to unpleasant or dangerous physical conditions and not being able to control them.

2.1.1.3 Awareness on prevention and coping strategies

Bell, et al., (2003) specifies that trauma specific education diminishes the potential of vicarious trauma, information can help individuals to name their experience and provide a framework for understanding and responding to it. Pearlman and Saakvitne (2005) also noted that training settings such as schools of social work, have a responsibility to provide this information to field interns entering placements where they will encounter trauma.

Agencies are said to have a duty to warn new stuff of the potential risks of trauma work and asses their resilience, new employees can be educated about the risks and effects associated with trauma, as new and inexperienced workers are likely to experience the most impact (Pearlman & Saakvitne, 2005). It is further explained by Bell, et al, (2003) that ongoing education about trauma theory and the effects of vicarious trauma can be included in staff training, and discussed on an ongoing basis as part of staff meetings.

It is also recommended that agencies should have counselling resources available for all staff that interact with traumatic material, if there are many social workers encountering the same type of trauma in the agency it should consider feasibility of forming a peer support group. Social workers also need health insurances that provide their mental health coverage (Bell, et al, 2003)

Social workers need to be aware of strategies they can implement in order to prevent challenges they experience and how best they can cope with them. At workplace, social workers need to be aware of adequate stuff levels that allow workers a say in how their work is to be carried out (International Labor Organization, 2016).

While being exposed to negative events I normally associated with negative thoughts and emotions that can have negative consequences, especially on mental health, a study conducted by in Italy by Pajardi et al, (2020) , on traumatic events, found out that, traumatic events may also be associated with positive changes after trauma, therefore self-perception, relationships, with others, and appreciation of life may help social workers in developing positive feelings about their character and competence.

Moreover, it is noteworthy for social workers to regularly assess time requirements and assign reasonable deadlines ensuring that working hours are predictable and reasonable. The international Labor Organization, (2016) inspires the organizations should also allow for social contacts between workers, maintain a workplace that is free of physical and psychological violence, ensure that there are supportive relationships between supervisors and workers and create an environment where supervisors are able to encourage workers and discuss any conflicting demands between work and home (Tsai, 2012).

A study conducted in UK community care in 2015, investigating into burnout among children and adults social workers, confirmed that despite the levels of emotional exhaustion (McFadden 2013), a major contributor to burnout, the sample participants reported an impressive, and unexpected 91% level of high personal accomplishment, which indicated that good management and strong peer support are key in dealing with stress and burnout.

Cooper, (2015) further stipulates that 50.4% participants from the community care study in UK said they felt that supervision is useful tool to help manage work related stress. There were social workers however, who felt that they did not have enough time to do their job and to leave on time and worrying about not coping which declares that awareness on time management as a prevention strategy needs to be done.

Bell, el al, (2003) further recommended that in addition to providing resources for therapy, organizations should provide opportunities for structured stress management and physical activities. Again, sending one stuff member to a conference or workshop to learn stress management techniques and then asking that person to present what they have learned to co-workers is a cost-effective way to circulate this information throughout an organization

2.1.2 Psychological Challenges

It can be considered a disruption in the therapist's life experience associated with their role as a secondary witness to their client's trauma narrative. Individual self-identity, ideals and strongly held beliefs may be compromised when remaining empathically available to survivor clients overtime thereby changing g one's perceptions of the

world, personal relationships as well as potentially disturbing a therapist's emotional and spiritual wellbeing (Zaccari, 2017).

2.1.2.1 Anxiety Disorders

It is a common mental illness defined by feelings of uneasiness, worry and fear. While anxiety occurs to everyone sometimes, a person with an anxiety disorder feels an inappropriate amount of anxiety more often than is reasonable (Gajendrag, et al., 2016).

In a study conducted in Egypt that was aimed to understand levels of anxiety on workers, it confirmed that social workers the level of anxiety on social workers was high and there was high risk of psychological distress and lower levels of job satisfaction on social workers (Ghanem, et al., 2009).According to Fung, (2012) a study done in Hong Kong also showed the high levels of social workers suffering from anxiety than the general population. This high level of anxiety among studied social workers was explained to disturb their social work practice and their emotional experiences at work.

Moreover, the inadequate administrative support, poor working conditions, lack of involvement in decision making, legislation, reform policies, and relationships with clients and co-workers and lack of resources intensifies the levels of anxiety. A study conducted by Indregard, et al.,(2018) confirmed that there is higher prevalence of anxiety among female social workers compared to male social workers, this was explained by the higher workload and higher conflict between their roles in work and at home with their families.

Klassen and Chiu, (2010) conducted a study that examined the the prevalance of anxiety among providers with higher experience and it demostrated that there was a relationship between increased years of experienced and challenges that providers experience. Providers with more years of experience denonstrated more anxiety levels than those with fewer years of experience.

Anxiety in social workers can be caused by low self esteem in individuals, it is charactorised by fear, apprehension, worry, and often physiological distress in response tpercieved threats, uncertainity, critical decisions, and major llife events

(american Psychiatric Association, 2013). Social workers tend to worry a lot about what may occur in future that is related or similar to what have been presented to them by clients rather than focusing on the reality of the present.

2.1.2.2 Depression

A study conducted byStanly, et al., (2020) in UK that was aimed to understand the personal experiences of social workers, fifty of the social workers interviewed had defined themselves as depressed. Seventy percent of the group reported being prescribed anti-depressants, which indicates that their general practioners had confirmed or provided this diagnosis.

Moreover, three quarters of those interviewed also reported physical illnesses concurrently with their depressin. The majority of the physiological problems described seemed to be associated by the respondants with their depression and included lethargy and sleep problems, back problems, viral disorders and eating problems(Stanly, et al., 2020) .

Social workers with depression mostly present a depressed or low mood, which may be observed in comments abojut feeling sad, low or blue. They present loss of motivation, diminished ability to concentrate, weight gain or loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness, loss of interest and pleasure in activities, low self-esteem and difficulty in concentrating (Colarossi, et al., 2019).

A study conducted in North carolina by Siebert, (2004),explored depression in social workers, and findings stipulated that 16% had seriously cosidered suicide at some time in their lives, 20% were currently taking medication for depression, and 60% self evaluated as depressed either currently or at some time in the past. Both occupational and personal variables were related to depressive symptoms.

Another study was conducted by Teresi, et al., (2001) in New York, to estimate the prevalence of depression among nursing home residents, and the extend of recognition of depression among nursing home staff and the findings confirmed that the corresponding estimates of any depression on social workers was 19.7% and that depression recognition among stuff is still low, meaning that there was still lack of

knoledge in regard to deprression caused by job stress hence there has to be utility of awareness to providers about such occurances..

2.1.2.3 Vicarious Trauma

Research has also shown that vicarious trauma can refer to the change of cognitive representations and belief system occurring from empathic connections with victims of traumatic events as well as the stress from providing care to individuals who are suffering or have experienced a traumatic event.

According to McCann and Pearlman (1990), vicarious trauma emphasizes the changes in the therapist’s cognitive schema; believe systems, and personality as a consequence of their indirect exposure to a client’s traumatic material with manifestations of disruptive symptoms including intrusive imaginary and painful affect. Symptoms associated with vicarious trauma include nightmares, fears for safety, of oneself and loved ones, avoidance of violence of violent stimuli in the media and emotional numbing (Zaccari, 2017).

In addition, The American Counseling Association (2010) stipulates that counselors working with trauma survivors experience vicarious trauma because of the work they do. It is defined as the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear and terror that trauma survivors endured. It is a state of tension and preoccupation might be experienced by counselors in several ways like; avoiding talking or thinking about what the trauma effected client have been talking about, almost being numb.

Moreover, it is stated that counselors have to be aware of the signs and symptoms of vicarious trauma and the potential emotional effects of working with trauma survivors. Signs and symptoms for counselors may include having difficulty talking about their feelings, free floating anger or irritation losing sleep over patients, worried that they are not doing enough for their clients, dreaming about clients and their experiences as well as feeling trapped by their work as counselors (American Counseling Association 2010).

Vicarious trauma can impact a counselor's professional performance and function, as well as result in errors, judgments and mistakes counselor may experience behavioral changes like; tardiness, free floating anger, absenteeism, irresponsibility, exhaustions and talking to oneself. They may also experience interpersonal problems that include; blaming others, poor relationships, blaming others, poor communication and avoidance of working with clients with trauma history. The counselors' believes and personal values may also be affected and experience; dissatisfaction, negative perception, loss of interest, apathy, blaming others, hopelessness, detachment and low self-image. Job performance also deteriorates and they become less motivated, avoid job responsibilities and lack flexibility.

2.1.2.4 Self-esteem

A study conducted in Israel about self-competence by Chen (1999) also revealed that self-esteem is another important personal factor that is believed to contribute to a sense of role competence among therapists working with trauma populations. The study revealed a negative correlation between the sense of mastery or sense of control and competence among social workers in Israel, which lowers their self-esteem and thus their cognitive capabilities.

The American Psychiatric Association (2000) expounds that intrusion symptoms include recurrent and intrusive recollections like images, thoughts, and perceptions of the event or recurrent distressing dreams during which the event is replayed; acting or feeling as if the traumatic event were recurring in the form of illusions, hallucinations and flashbacks.

A survey conducted in United States by Dutton & Harris (2001) to explore prevalence of traumatic stress among Social Workers revealed that the most frequently reported symptom was intrusive thoughts related to work with clients, with 40.5% of respondents indicating that they thought about their work with traumatized clients without intending to. This shows relevance to my study as it also seeks to explore the psychological challenges that social workers experience.

As for experiencing psychological distress, 19.1 percent of respondents in this study reported the symptoms, 5.1 percent reported disturbing dreams and 5.0 percent reported sense of reliving the trauma reported by clients.

2.1.3 Physical Challenges

A condition where a person is unable to person a task because of physical impairment or strength, and in this situations, traumatic cases handled by social workers may course them such physical challenges.

2.1.3.1 Burn out

A study was conducted in California , the investigation incorporated a subsample of 346 social workers recognized from an irregular cross sectional overview of 1.500 California state enrolled social workers. for age sexual orientation , authoritative residency and yearly compensation, basic condition examinations uncovered that job stress had a positive direct impact on burnout (Kim and Stoner 2010).

It has been said that the level of exposure to the stress may likewise incorporate the nature, length, recurrence and extent of contact with survivor .In this condition where the recurrence and power of contact was high, these social specialists experienced incessant side effects related with vicarious injury for example maltreatment of synthetic substances investing less energy with clients, lateness and non- appearance to their jobs making proficient mistakes being reproach full of others and depersonalized clients (Morse et al 2012).

An investigation analyzed the feeling of burn out among 120 social workers who specifically treat children and youths inside the human professions of services. Burnout was explored in connection to social workers statistic and attributes (age, family status, instruction and rank at work) extraneous and unborn work conditions and social help by associates, coordinate chiefs and association superiors. Discoveries demonstrated ,all things considered ,a moderate power of burn out among these social workers who straightforwardly treat children and young people.(Hamama 2012).

In a study conducted to understand burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain, Hombrados & Cosano-Rivas, (2013) found out that an increase in burnout directly and significantly decreases workplace support and job satisfacion, and also has an indirect and very strong effect mediated by workplace support on job satisfaction, meaning that workplace support has a dual role,; it increases satisfaction and attenuates the effects of burnout . Burnout indirectly and negatively influences life satisfaction.

In Madrid, two hundred (200) a study was conducted by Moreno, et al., (2014) to explain burnout, informal social support and psycholigical distress amond social workers and results exposed that participant reported high levels of burnout, more than half of the participants presented emotional exhaustion. There were high levels of distress among social workers and social workers also presented high levels of social dysfuntion.

2.1.3.2 Compassionate Fatigue

It explains the nature of feelings social workers and counselors experience when working with traumatized clients. Discussion on compassion fatigue among social workers in adult protective services stated that learning of client's trauma placed social workers at risk of developing compassion fatigue. This trauma is described as a stressor eventually effecting helping professionals as they come in contact with, listen to, and witness trauma clients that clients go through (Bourassa, 2009)

Figley (2006) defines compassionate fatigue as a clinician's experience of fatigue they experience due to chronic use of empathy when treating patients suffering in some way. He further explains that when chronic use of empathy is combined with the day to day obstacles such as stress within agency, problems with billing or balancing client work with administrative tasks, the onset of compassion fatigue may occur. It occurs to clinicians who work with trauma victims and any type of population (Newell & Macnei, 2010)

Compassion fatigue is different from vicarious trauma in that the latter occurs over a period of time as helping professionals are continuously exposed to clients' trauma. It relates more to emotional and physical fatigue and it occurs because of working with

suffering people for a longer time and affects professionals cognitively, behaviorally and emotionally (Robinson, 2016).

Robinson (2016) further stipulates that compassion fatigue has shared characteristics with the countertransference and burnout, but these are different phenomenon based on that compassion fatigue is the therapist or professional's absorption of the emotional distress of the patients traumatic experiences, whereas, countertransference is the therapist or professional's negative response to the suffering the patient is experiencing.

2.1.3.3 Insomnia

In a study conducted in Japan, by Nakata, et al., (2014), to clarify the relationship between perceived job stress, social support and prevalence of insomnia in Japanese daytime health workers. Insomnia was diagnosed if one had at least one of three types of symptoms on an almost nightly basis. There symptoms were; taking more than 30 minutes to fall into sleep, difficulty in maintaining sleep, and early morning awakening.

The study results showed that workers with high intragroup conflict, high job dissatisfaction, and high symptoms of depression had a significantly increased risk of insomnia after adjusting for multiple confounding factors, (Nakata et al, 2014). Physical environment and low coworker support also were weakly associated with risk for insomnia among workers. Furthermore, high depressive symptoms significantly increased the risk of insomnia and interpersonal conflicts with co-workers and social support were also associated with insomnia.

Additionally, a study was conducted in Britain by Linton, (2010) to investigate the one year development of self reported sleep problems in workers with no sleep problem at baseline, and to evaluate the role in the etiology of a new episode. Results in this study were that prevalance of self0reported sleep problems for this population was 14.3% and stress in the fprm of poor psychosocial work enviroment increased the risk of a new episode by more than twofold. The attributable fraction suggested that eliminating stress could prevent 53% of the cases.

2.1.3.4 Difficulty in concentrating and back pains

A study was conducted to assess the level of concetration to social workers experiencing job stress by Beer & Asthana (2016) and the results exhibited that over 35% of social workers in the sample reported using alcohol to be able to concentrate. The research findings suggest that there are significant levels of chronic stress among social workers and emotional eating and alcohol usage as a mechanism to concentrate and cope with work related stress.

Another study conducted in 2017 regarding the effects of occupationlal stress on job perfomance among social workers in Ghana by Amoako, et al., (2017) results disclosed that the most prominent symptom of stress among social workers was tiredness and difficulty in concentrating on their work which negatively impacted on their work as there levels of absenteesm would increase.

A survey of 892 employees from three non profit agencies in Canada was administered by Denton, et al., (2012) to discover job stress and dissatisfaction of home care workers where results displayed that health care restructuring has resulted in organisational change, budget cuts, heavier workloads, job insecurity, loss of organizational support, loss of time to provide caring aspects of home care work and all due to loss of concentration.

In addition, Boran, et al., (2011) piloted a study to determine job stress, its sources and its effect on health care professionals in northen Jordan and results indicated that of the 402 health care professionals, 27% reported high levels of stress, and factors associated with highest stress were having long working hours, dealing with uncooperative patients and heavy workloads associated with high stress irritability 58%, consuming more arousal drings 56%, difficulty in concentrating 51% headaches and chronic back pains 48%.

2.1.4 Emotional Challenges

The internal changes that occur as a result of trauma are arguably the most devastating consequences of traumatic stress (Cunningham, 2003). Social workers who counsel trauma survivors are vulnerable to experiencing psychological effects similar to those their clients' endure. Even though the therapist is hearing of the trauma

second hand, hearing client stories can be an emotionally draining experience (Bell et al, 2003). Aside from the typical in session reactions and reflecting what the client may be feeling, the therapist may internalize some of the emotions and transfer those feelings to life outside of his or her office.

2.1.4.1 Emotional demands and Irritability

This can result in overwhelming negative feelings and an emotional imbalance for the therapist (Ting, Jacobson, Sanders, Bride and Harrington, 2005). These feelings may include irritability, anger, frustration and emotional pain. If not attended to, the negative feelings can become more severe and the therapist may develop larger affect changes such as depression or anxiety (Bishop and Schmidt, 2011).

Literature also points out that if the negative feelings are not attended to, a social worker may develop larger effect changes such as depression and anxiety. They may begin doubting their own capabilities. Bell (2003) reported that clinical social workers were highly critical of themselves in difficult trauma cases and began to doubt their work.

In a study conducted social workers were administered a questionnaire that included three scales, involvement in their work job satisfaction and burnout. According to Gila (2015) the major cause of burnout has been attributed to the emotionally demanding interpersonal relationship of professional social workers with their clients.

According to Frigley, (2013), there has been an aim to explore the link between burn out and high turn around role in social worker due to elevated stress caused re-experiencing clients' trauma. Burnout is progressively seen as a worry in the social work field. It is an issue for emotional health in social work setting regarding two basic issues; its predominance and its relationship with a scope of troubling results for staff, associations and clients.

2.1.4.2 Helplessness and Anger

Lavee and Strier, (2020), stipulated in their study, that seeked to understand social workers' emotional labor with familes in poverty, that respondents described feelings of helplessness when having to serve the poor with very limited resources.The

participants also felt alone and trapped in the cycle of poverty. Not only does the system provide insufficient resources for a proper response to their clients' material needs but the social workers also reported that they felt there was no guidance in coping with the emotions involved in their daily encounters with poverty.

Additionally, Lavee and Streir, (2020) added on to say the interviewees stories depicted an ambiguous, split empathy as an organizing mechenism of their emotional labour. They directed anger and even rage at those who were totally dependant, did not participate in the labour market , and seemed unwilling to help themselves. At the same time displayed emphaphy, Sdness, compassion, and pain with those who were perceived as struggling to help themselves but remained in poverty.

Fischman, (2008) stipulated that professionals that engage with empathy and care with people that have endured severe trauma may experience psychological difficulties produced by the survivors' account of their trauamatic experience and the professional's reactions to such accounts., therefore the professional may experience heeelplessness, horror and anger which may hinder effective service delivery.

2.1.5 Social Challenges

This are problems that people go through when interacting with people in society or engaging in normal social behaviors, in this case, social challenges are those challenges that emerge after social workers handle traumatic cases and these challenges force them to socially interact normally with people around them

2.1.5.1 Relationships

Trauma stress also effects on relationships, due to the psychological impacts and the decrease in trust, a therapist may experience strains in interpersonal relationships (Bride, 2007). As the therapist is more aware of power and control issues, he or she may unconsciously withdraw from personal relationships as a defense against experience trauma similar to what clients have shared (Bishop and Schmidt, 2011).

This alteration in personal relationships can range from a general mistrust of others to rejecting intimacy and sexual advances from his or her partner (Bell et al, 2003). The other therapist relationship that suffers is the therapeutic relationship with a client.

Difficulties arise when the therapist is unable to separate his or her own experience from that of the client's. If the social worker is unhappy with his or her job due to secondary trauma, the quality of care decreases, also if symptoms are causing the social worker to miss work and have to cancel appointments frequently, clients do not receive the consistent support that is essential to the healing process (Kanno, 2010).

On the other hand, the American Counseling Association (2013) stipulate that Social Workers may experience secondary trauma as a result of becoming witnesses to the pain, fair and terror that trauma survivors have endured. This phenomenon can lead to symptomology comparable to that of posttraumatic stress disorder (PPSD) including re-experiencing, hyper arousal and avoidance.

In a study conducted by Graves & Murray, (2012) In regard to social workers occupational dimension and exposure to family violance, findings were that exposure to family violance poses specific challenges to socal workers who are exposed everyday to perpetrators and victims of family violance as well as children in violant families. They are exposed as earwitnesses to traumatic events in marital relationships, and beyond this they become victims of violence by the aggressor themselves (Slattery & Goodman, 2009). They are therefore forced to confront basic beliefs regarding human relationships, particularly spousal and family relationships. All of this can blur the boundary between a personal and professional matters, and undermine the social worker's sense opf role competence (Graves & Murray, 2012).

2.1.5.2 Avoidance and numbness

Social workers who have re-experience trauma may find themselves unable to stop thinking about a certain client traumatic past, or alternatively may find themselves purposefully avoiding the subject or even feeling numb toward it. Secondary trauma relates to the natural and consequential behaviors and emotions resulting from knowing about traumatizing event experienced by a significant other or a client and the stress coming from helping or wanting to help a traumatized or suffering client (Newell and Macveil 2010).

As research published in the Journal of mental health, (2015) points out , even within service focused roles social workers may experience higher levels of stress

and burnout than those in comparable occupational jobs. There are also bevies of other factors that may affect an individual's risk of experiencing secondary trauma stress or burnout. For instance, research on child welfare workers indicates that factors such as gender identity, age & religious affiliation may play a significant role in determining risk younger male workers in this positions were found to be at risk for both secondary traumatic stress & burnout that can manifest in avoidance.

A survey conducted in United States by Dutton and Harris (2001) to explore prevalence of traumatic stress among Social Workers revealed that avoidance symptoms ranged from 10.9 percent for avoidance of people, places, or things that served as reminders of work with traumatized clients to 31.6 percent for avoidance of clients. Rated of endorsement of the remaining avoidance symptoms were inability to recall the information related to work with clients, detachment from others, diminished interest or participation in activities, emotional numbing and sense of foreshortened future.

2.1.5.3 Poor service delivery

Bride and Kintile, (2011) also state that social workers who assist traumatized clients from family violence are vulnerable to traumatic stress or compassion fatigue which may hinder social workers proving quality services and empowering the survivors of family violence . This trauma can also affect social worker's jobs commitment and satisfaction.

It has also been discussed that since social workers are highly exposed to the traumatic situation of others such as rape, accident or killing ,they are more exposed to stress than other health care workers. The stress in them causes various problems. This examination analyzes the initial and intelligent impacts of job stress ,work independence and social help in foreseeing burnout and tum over goal among social workers (Kim and Stoner 2010).

Findings in a study conducted by Calitz, et al., (2014) on how satisfaction can lead to enhancing the social worker's role within the organization and reducing absenteeism while dissatisfaction leads to decrease in retention and reducing the quality of services offered to clients. Research on job satisfaction has shown that the more satisfied an

employee is with his/her job, the less likely they will contemplate leaving (Farmer, 2011).

Also, Calitz, et al., (2014)points out that when employees are more active in decision making, they feel more engaged, which leads to higher satisfaction and lower turnover rates (Peltier & Dahl, 2009). In their study, Peltier & Dahl, (2009) explained that respondents who indicated that they felt they were involved in decision making process showed satisfaction and good service delivery, while those who felt less involved and dissatisfied showed poor service delivery.

Moreover, Fourie, (2014) mentions that burnout included withdrawing from social contact outside of work, having a quicker temper, suspiciousness, rigidity, overconfidence, alcoholism, stubbornness, headaches and loss of commitment to work., which leads to reduced work performance, which means that social workers who are unsatisfied and experience burnout end up performing badly and losing interest in their job.

2.1.6 Coping Strategies

Coping strategies are the behavioral and psychological techniques that people use to master, tolerate, lessen, or limit stressful situations (Holahan & Moos, 2007). Coping techniques relate to the efforts social workers make to reduce or minimize the obstacles they face after dealing with traumatic cases in this study.

2.1.6.1 Acceptance

According to Pearlman and Saakvitne, (2005), the first and most important step towards overcoming trauma is for Social workers to recognize and accept that experiencing clients' trauma is normal when working with clients. If trauma therapist is ashamed, embarrassed, or in denial of painful feelings that emerge when hearing client's stories.

Hesse, (2002) puts emphasis on the importance of a social worker spending time with their family and friends as a crucial component to keep their own identity, while Conrad and Perry (2010) suggest that spending time alone , praising oneself, allowing self to cry and finding things to laugh about.

Social workers who seek personal psychotherapy are able to deal effectively with trauma, as Pearlman and Saakvitne, (2005) agree that psychotherapy is a way of understanding and nurturing oneself. A social worker who is able to get professional help demonstrates a sign of strength and acceptance and their work with the client will be more effective because of help received (Yassen 2005).

Social workers are in danger for encountering burn out and secondary traumatic stress (STS) because of the idea of their work and the setting inside which they work . little considerations have been paid to the variables inside a social worker's control that may counteract-burnout and secondary traumatic and enhance compassion fulfillment . Empathy which is a mix of psychology and subjective procedures might be an apparatus to help to address the burnout and STS.(Wagon et al 2015).

2.1.6.2 Self-care and social supports

Trauma manifests itself in different ways, such as, feelings of depression hopeless social isolation and feeling unable to escape client trauma, and changes the way a social worker view themselves, others and the world (Cohen, 2013). Studies demonstrate that professionals working in the helping field who have a diagnosis such as anxiety, mood disorders and a history of past abuse, lack coping skills and those who tend to subdues emotions are more prone to re-experience trauma (Newell and MacNeil, 2010). Previous studies have tried to identify ideas and concepts to lessen the negative impact on social workers and below are those ideas;

Studies have described self-care and social support networks as important factors in preventing and alleviating secondary trauma. Self-care is described as an individual who sets boundaries between personal and professional life by dedicating time to important domains in life such as family, emotional and spiritual needs (Newell, &MacNeil, 2010). Even though self-care and leisure time is often recommended to reduce the risk of secondary trauma, many social workers do not commit time to such activities due to their responsibilities and workload (Sprang et al, 2018).

Additionally, self-care can also be extended to implementation of strategies, such as finding adequate time to rest and relax, taking full lunch breaks despite the workload,

and maintain a positive relationship with coworkers, as well as family and friends (Lee &Miller, 2013). Social support at the workplace is also an important aspect of decreasing symptoms of secondary trauma. Studies suggest that funding comfort, emotional support, constructive feedback, and humor with coworkers is a protective factor.

In their study of two hundred and fifty-nine social workers, Bober and Regehr (2006) found coping strategies, there is no evidence that using the recommended coping strategies is protective against symptoms of acute distress. Lerias and Byrne (2003)'s review of literature on secondary trauma found that a clinician's social support is an important factor in finding out how able they can deal with exposure to a client's trauma that while participants of the study were likely to believe in the effectiveness of dealing with symptoms by participating in self-care activities, attending supervision and using

2.1.6.3 Supervision and Agency

Supervisors that social workers interact with should be helping to find a solution aid and support social workers prior to, and after secondary trauma is experienced. It is important to ensure that workers understand their roles, boundaries, and hours of the job, without this social workers concentration, organization and compassion are at risk (Whitfied & Kanter, 2014). Those who help others heal need healing them thus making it vital that agencies and supervisors are providing an outlet of resources not only for clients but for the workers that are helping the clients heal.

Resources in agencies should demonstrate their sensitivity to workers affected by trauma-related stress one to demonstrate this is to routinely evaluate utilizing scales and measures such as secondary traumatic stress scale and professional quality of life scale (Mac Neil, 2010).the scales are said to be good indicators for supervisors to begin providing options of outside counseling, peer support groups, trainings, and educational opportunities.

2.1.6.4 Mediating factors of compassion fatigue

Researchers have found that efficacy, self and collective, to act as intervening factors that can help to a positive quality of life for emergency responders. Self-efficacy is part of the appraisal that responds to a stressful event as the individual assess the

observations they hold of their coping abilities. In regard to helping professionals' quality of life, it plays an important part as the workers view of abilities and skills reduces distress and the occurrence on the negative traumatic stress outcomes (Prati, et al., 2010).

However, regular exposure to the trauma of various types and high emotional demands can deplete energy fueling coping abilities and therefore hinder self-efficacy, therefore work environment for helping professionals like social workers require a collaborative effort and strong levels of collective efficacy to accomplish tasks and that is how individuals view the capacities, efforts and skills of the group as it pertains to the group's actions when handling the critical situation. Also, Tuckey and Hayward (2011) explain a method of proving protection against the emotional demands of emergency response work as to foster a strong psychological work environment to help responders meet the ever- present demands.

2.1.6.5 Personality

Researcher's findings showed support for personality as a contributor to coping abilities. As shown by multiple researchers, an individual's affective personality type can influence or vulnerability to stress effects. Four types of affective personalities (self-destructive, low affective, high affective, and self-actualization) created based on different combinations of positive and negative affect levels have been examined as to their influence or response to stress.

2.2 Theoretical framework

Theoretical framework is the structure that can hold or support a theory of a research study. It introduces and describes the theory which explains why the research problem under study exists. It must demonstrate an understanding of theories and concepts that are relevant to the topic of a research paper and that will relate it to the broader fields of knowledge (Kendra, 2020).Grant & Onsaloo, (2014) define it as a blueprint or guide to research while Adom & Hussein, (2018) adds that it is a framework based on an existing theory in a field of inquiry that is related and reflects the hypothesis of the study.it serves the foundation upon which the research a research is constructed.

To further understand the challenges experienced by social workers and how they may affect them, I have identified constructive development theory as a useful framework, as it provides an idea that defines the impact of life traumatic experiences either directly or indirectly on psychological needs within relational and sociocultural contexts.

2.2.1 Constructive development theory

Constructive development theory is a theoretical framework for epistemological and psychological assessment for adults. Phipps,(2010) specified that it is based on the developmental research showing that an individual's perception of reality is an actively constructed world of their own, unique to them and which they continue to develop over their lifespan. It was coined by Otto Laske (1982) on the work of his lecturers Kegan and Basseches. It focuses on the growth and elaboration of a person's ways of understanding the self and the world (Mccauly, et al., 2006).

The foundation of constructive development theory centers on cognitive and psychological skills to help professionals manage the effect of the others' traumatic experiences (Pearlman, 2012). This theory was developed to explain the adaption and development of meaning people create for traumatizing events. It is a theoretical framework used to describe vicarious drama among helping professionals.

Furthermore, the constructive development theory describes the self-perceptions of helping professionals affected by people's trauma and it is based on the influence trauma has on one's self development by affecting their personality (Freeman, 2016). Pitcher (2010) also noted that this theory explains how exposure to traumatic experiences affects human service providers

Jankosi (2010) describes it as trauma-focused, developmental and interpersonal theory, which impacts five different parts of an individual's personality. The five personality traits that are impacted by trauma are frame of reference, (how and individual interprets experience), self-capacities, (the ability to maintain a sense of self), ego resources, (strategies to self-awareness and interpersonal skills), psychological needs and related cognitive schemas, and memory and perception (physical and emotional responses to trauma). These traits are negatively impacted

an individual's personality is then altered because the original beliefs and thoughts are challenged and questioned due to the experience of trauma.

Saakvitne and Pearlman (2012) emphasized that the theory explains the adaption and development of meaning people created for traumatizing events. They stated their theory describes the self-perceptions of helping professionals affected by other people's trauma, the statement justifies the relevance of this theory to the study as the study seeks to explore the impact of clients' trauma on social workers, because reality is that they get affected, so it seeks to understand how they are affected.

Van Horn Gatlin, (2009) stressed that the theory is based on the influence trauma has on one's self-development by affecting their personality, while Devilly et al, (2009) shared the theory explains how human services professionals deal with the traumatic experiences cognitively, this also is the other area of interest of the study, as it aims to discover the psychological impact of client trauma on social workers hence the choice of the theory.

2.2.2 Application of theory to the study

Understanding the constructive development theory can assist the study in identifying the experiences and manifestation of challenges that social workers go through. The theory assess that the changes in the therapist belief system and cognitive schemas while adaptive, are both pervasive and cumulative Trippany et al, (2004), Changes are passive in that they have the potential to touch nearly every aspect of a social worker' life, and cumulative in that each encounter with a traumatized client reinforces beliefs and schemas.

2.2.3 Components of the theory

2.2.3.1 The frame of reference: is one of the personality aspects that can be affected by traumatic cases that social workers handle. This theory contends that the individual response to trauma will be determined by one's psychological needs of safety, trust, dependency esteem and control. The introduction of a traumatic event contributes to changes in ones' frame of reference or the way they view their life experiences.

These, therefore, challenge a therapist understanding and interpretation of themselves and their world view, meaning that what they are or what they used to believe in is no longer true, because they have adapted to their clients' experiences of trauma, hence some of the affected social workers are not aware or lack knowledge of such challenges because they have lost meaning and understanding of themselves.

Based on the frame of reference, this study adopts objective one “To understand social workers awareness about challenges experienced by them after handling traumatic cases” and aims to answer the research question “do social workers know about the challenges they face after dealing with traumatic cases?”

Literature also confirms that any disruptions in an established frame of reference can create disorientation for the counselor and potential difficulties in the therapeutic relationship. For instance, in attempting to understand a client's pain, counselors discussing a traumatic event may conclude that the victim was actually to blame, an outcome that will likely victimize the client (Robym, et al., 2005). Also, the traumatic stories may affect them in understanding who they are and how they view the world, because of believing in presented cases and re-experiencing clients' trauma.

2.2.3.2 Ego resources

psychological health to deal with reality and emotions, The experiences of clients affect them both emotionally and psychologically, and force them to be unable to distinguish themselves, their believes and feelings from those of their clients. This component adopts the second objective “To discover emotional challenges faced by social workers after handling traumatic cases “and answers the question “What are the emotional challenges faced by the social workers after handling traumatic cases?” According to literature, therapist may internalize some of the emotions and transfer those feelings to life outside of his or her office. This can result in overwhelming negative feelings and an emotional imbalance for the therapist (Ting, Jacobson, Sanders, Bride and Harrington, 2005). These feelings may include irritability, anger, frustration and emotional pain. If not attended to, the negative feelings can become more severe and the therapist may develop larger affect changes such as depression or anxiety (Bishop and Schmidt, 2011).

2.2.3.3 Self-capacity

Exposure to traumatic events may result in disruption to social workers' capacities to control and maintain benevolent inner connection to self and the fulfillment of psychological needs. Due to exposure to traumatic experiences of clients, social workers may end up being negative about themselves and start failing to control and manage their strong negative emotions which can lead to avoidance and poor response to psychological needs, which could lead to risks of physical weakening and symptoms of anxiety like digestive problems and headache insomnia or other sleep issues.

Self-capacity therefore adopts the third objective "To find out physical challenges faced by social workers after handling traumatic cases" and seeks to answer the question "how do the challenges affect social workers physically?" Literature also points out that if the negative feelings are not attended to, a social worker may develop larger effect changes such as depression and anxiety. They may begin doubting their own capabilities. Bell (2003) reported that clinical social workers were highly critical of themselves in difficult trauma cases and began to doubt their work.

2.2.3.4 Psychological needs and related cognitive schemas

Feeling safe, ability to trust, having control, being able to be intimate and valuing oneself and others; Social workers have developed awareness of how they manage the psychological needs and believes, but after exposure to traumatic experiences, they experience feeling unsafe, lack trust in themselves and others around them, and start being dependent and believing in others.

This component adopts the fourth and fifth objectives "To study the psychological challenges faced by social workers after handling traumatic cases and to explore the relational challenges faced by social workers after handling traumatic cases" and seeks to answer the questions "What are the psychological challenges faced by the social workers after handling traumatic cases? And what are the relational /social challenges faced by the social workers after handling traumatic cases?

This is supported by literature that suggests that social workers internal changes that occur as a result of trauma are arguably the most devastating consequences of traumatic stress (Cunningham, 2003). Social workers who counsel trauma survivors are vulnerable to experiencing psychological effects similar to those their clients' endure.

Secondary trauma stress also effects on relationships, due to the psychological impacts and the decrease in trust, a therapist may experience strains in interpersonal relationships (Bride, 2007). As the therapist is more aware of power and control issues, he or she may unconsciously withdraw from personal relationships as a defense mechanism against experiencing trauma similar to what clients have shared meaning that their relationships can be affected due to the presented client's trauma experiences.

2.2.3.5 Memory and perception

Established memory and perceptions of oneself and others, therefore social workers who are able to develop defense mechanism against the traumatic events are less affected or not affected and are able to overcome such challenges. Memory and perception adopts the sixth objective "To explore the coping strategies of social workers towards the overall challenges they experience after handling traumatic cases" and seeks to answer the research question "which coping strategies do social workers use towards the overall challenges they experience after handling traumatic cases?" as researches made by Miller et al (2010) found that professionals that respond to clients trauma according to their feelings of safety, esteem, intimacy, trust and need to control experienced less secondary traumatic stress.

Table 2.1 Application of theory to the study

Component of the theory	**Components of the study**
The frame of reference (how and	Objective 1.To understand social workers awareness about challenges experienced by them after handling traumatic cases.

individual interprets experience)	Research question: What do social workers know about the challenges they face after dealing with traumatic cases?
	Methodology: Interviews with social workers will be administered to gather information they have about social workers experiencing challenges after handling traumatic cases
Ego resources (strategies to self-awareness and interpersonal skills),	Objective 2. To discover emotional challenges experienced by social workers after handling traumatic cases
	Research question: What are the emotional challenges experienced by the social workers after handling traumatic cases?
	Methodology: Interviews with social workers to determine how the experienced challenges affect them emotionally.
Self-capacity(the ability to maintain a sense of self),	Objective 3. To find out physical challenges experienced by social workers after handling traumatic cases
	Research question: What are the physical challenges experienced by social workers after handling traumatic cases?
	Methodology: Social workers will be interviewed on how the challenges they experience affect them physically.
psychological needs and related cognitive schemas,	Objectives 4 & 5. To study the psychological challenges experienced by social workers after handling traumatic cases and To explore the social challenges experienced by social workers after handling traumatic cases
	Research questions: What are the psychological challenges experienced by the social workers after handling traumatic cases? And What are the social challenges experienced by the social workers after handling traumatic cases?

	Methodology: Interviews administered to understand how the challenges affect social workers psychologically and socially.
Memory and perception (physical and emotional responses to trauma	Objective 6.To explore the coping strategies of social workers towards the overall challenges they experience after handling traumatic cases.
	Research question: which coping strategies do social workers use towards the overall challenges they experience after handling traumatic cases?
	Methodology: Social workers interviewed to discover how they overcome the challenges

2.3 Gaps in literature

When going through various articles and studies containing social workers challenges in handling traumatic cases, there is lack of research and on challenges experienced by social workers after handling traumatic cases trauma and how the challenges can be reduced. Re-experiencing client's trauma is a common occurrence in the social work field of practice and because of this; it is not handled in an appropriate way to aid those social workers who are more likely affected (Ashley-Binge & Cousins 2019).

Social workers affected by secondary trauma are expected to be the ones handling the healing all in their own, whereas in a sense, the organization should be held accountable for providing help with this work and health related issues, this is throughout many studies where agencies are not taking initiative to reduce the risk of secondary trauma

2.4 Chapter summary

The chapter presented the empirical literature and highlighted researches conducted on the topic and in other related fields. The chapter concludes with Constructive development theory as a Theoretical Framework of this study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Methodology is described as ways of obtaining, organizing and analyzing data. It is the approach taken to the research design as a whole in relation to reaching answers to research questions (Jackson, 2013). It is the systematic, theoretical analysis of the methods applied to the study. It contains the theoretical analysis of the body of methods and principles associated with a division of knowledge, therefore offers the theoretical foundation for understanding which method, set of methods or practices can be best to apply to a study (Lwenagu, 2016). Leedy and Ormrod (2010) also explain that a research methodology refers to the researchers' general approach in carrying out the research project.

This chapter focuses on methodological procedures and processes to be used in studying the challenges faced by social workers after handling traumatic case, and begins by outlining the philosophical underpinnings of the study, research approach and design, the study site where it will take place, the study population, selection procedure for the study sample, how the study results will be attained and ethical considerations that will be taken into consideration when conducting this study.

3.1 The philosophical underpinnings of the study

According to Saunders (2009), philosophy in research refers to a system of believes and assumptions about the development of knowledge. These assumptions inevitably shape how one understands their research questions, the methods used how they interprete findings. Research philosophy can also be defined as the development of research assumption, its knowledge, and nature.it is a method which, when applied, allows the researchers to generate ideas into knowledge in the context of research (Zukauskas et al 2018)

In its effort to understand and explore the challenges explained by social workers after handling traumatic cases, the study adopted both the constructive ontology and interpritivist epistemology.

3.1.1 The constructivist ontology

Ontology is the beginning of any research after which epistemology, methodology and methods follow, it refers to the nature of believes about reality. Researchers have of assumptions about reality, how it exists and what can be known about it. It is the ontological question that leads a researcher to inquire what kind of reality exists; whether singular, verifiable reality and truth or socially constructed (Rehman & Alharthi 2016).Saadi & Hashil (2014) also describes ontology as the nature of knowledge and reality.

According to constructivist ontology, external truth exists but only known through mind and socially constructed meanings; people construct meanings to their realities and shape the nature of the social world that they occupy meaning that individuals are responsible for the construction of the world around them (Bryman, 2016).

There are multiple realities constructed by actors of research, thus they argue that research is grounded on a relativist ontology which rejects the existence of possible correct reality and believe that research is time and context bound and that generalization is impossible (Saunders, et al., 2007). The ontology on this research problem is that social workers experience different challenges when handling traumatic cases they get affected.

3.1.2 The interpretivist epistemology

Epistemology is concerned with providing a philosophical grounding for deciding what kind of knowledge is possible and how to confirm its adequacy and legitimacy. It is also described by Al-Saadi (2014) as a way of looking at the world and making sense of it. It deals with the nature of knowledge, its possibility, its scope and legitimacy. Similarly, Brine (2008) defines epistemology as an issue that concerns the question of what is or should be, regarded as acceptable knowledge in discipline.

The position of interpretivism in relation to epistemology is that interpretivists believe that there reality is multiple and relative and these multiple realities depend on other systems for meaning. Their goal is to understand and interpret the meaning in human behavior rather than to generalize and predict issues hence they concentrate on description and explanation and aim to discover external reality rather than creating the object of the study.

Interpretivist epistemology is concerned with ways of knowing and learning about the world and it focuses on issues like how we can learn about reality and what forms the basis of knowledge. The key issues include the way in which knowledge is best required and one view holds that knowledge is based on induction process where patterns are derived from observation of the world, researchers do not find knowledge but the construct it (Creswell 2013). The epistemology of this research therefore is that through interviews I gained access and acquired relevant information on different challenges that social workers experience after handling traumatic cases

3.2 Research approach

The intension is to use the qualitative research approach which is described by Barbie (2014) as a scientific method of observation to gather non-numerical data. Merriam & Tisdell (2016) describe qualitative research as a mature field of study with its own literature base, research journals, special interest groups, and regularly scheduled conferences. They further stipulate that qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds and what meaning they attribute to their experiences. This approach is most suitable for my study because the study aims to understand how social workers interpret their experiences of handling traumatic cases and how they are affected by such traumatic cases.

Moreover, Creswell and Creswell (2020) stipulated that qualitative research approach is an approach for exploring and understanding the meaning individuaks or groups accredit to social or human problem. The questions and procedures are emerged, and data is collected in the participants' settings, where the researcher seeks to establish the meaning of a phenomenon from view of participants, which is what is going to be

done in this study, to understand the meaning of challenges that social workers experience from their views observing their behaviour during their engagement in activities and through their explanations during interview to determine how they personally experienced those challenges.

Qualitative research explores attitudes, behaviour and experiences through such menthos as interviews or focus groups. it tries to get an indempth opinion from participants fewer people take part in this research as it deals with attitudes, behaviours and experiences (Dawson, 2009). This study adopts this approach as its goal is to explore challenges that social workers experience hence only few social workers will takepart in the study and it is going to enable the researcher an opportunity to know the lived experiences of social workers working with trauma clients.

3.2.1 Research design

A research design is a set of methods and procedures used in collecting and analyzing measures of the variables specified in the research problem. It is a framework that has been created to find answers to research questions (Creswell 2014). Creswell and Creswell also put more emphasis that the research designs are types of inquiry that provide specific direction to procedures in research study

The study adopted the phenomenological research design which is where the researcher describes the lived experiences of individuals about a phenomenon as described by participants (Leedy & Ormrod, 2015). They examine human experience through descriptions provided by the people involved, questioning about the lived experiences. Polit and Beck (2017) further explain that phenomenologists view the person as essential to the environment.

Additionally, in this design, the researcher focuses on what is happening in the life of the individual, what is important about the experience and which alterations are needed, all through the participant's perspective (Cypress, 2017). This is how the researcher can understand what concepts mean to the participants, for instance health or caring. The approach may lead to the development of concepts and themes which can be developed into interventions which in this study, the aim is to explore

challenges in order to understand how clients trauma affect social workers, so that through their responses, themes and concepts can be developed that may develop into interventions of how best they can overcome the challenges.

3.3 Study site

Johnson (2018) defines the study site as a place where people conduct research. “once the research problem has been found, the researcher is obligated to find a site that maximizes the opportunity to engage the problem, so the researcher should have prior knowledge of the setup to be able to foresee possible problems that might crop up during the study” (Vos et al 2011).

Social workers from three hospitals in Maseru District were interviewed, namely Queen Mamohato memorial hospital, Scott hospital and St Joseph’s hospital and they have their affiliating health facilities, therefore in this research, social workers from those hospitals and their affiliating clinics participated.

Among these hospitals and their clinics, the study will use Queen Mamohato Memorial, Likotsi filter clinic, Qoaling filter clinic, Scott hospital, St Joseph’s hospital, Nazareth and Fatima clinics, as there are social workers based in these facilities.

Table 3.1 presenting the hospitals and their Clinics*;*

Hospitals	**Affiliated clinics**
Queen Mamohato Memorial Hospital Ha Leqele	Likotsi Filter Clinic, Mabote filter Clinic and Qoaling Filter Clinic
Scott Hospital (CHAL) Morija	Masemouse Health center, Ribaneng Health Center, Matelile Health Center and Mofoka health Center
St Joseph’s Hospital (CHAL) Roma	Nazareth Health Center, Fatima health Center, Bernard Health Center and Benedict Health Center

3.4 Population

A research population is described as a large collection of individuals or objects that is the main focus if a scientific query. It is also known as a collection of individuals or objects with simil.ar characteristics (Hassan Mahommad 2014). It is further explained by Burns, Grove, & Gray (2011) as the entire group of persons that are of interest to the researcher, and which meet the criteria they are interested in studying.

The study population in this research are active Social workers from Maseru urban who hold as a minimum degree in Social Work and have minimum of three years' experience working with trauma cases.

3.5 Sample and selection procedures

It is part or fraction of a whole, or a subset of a larger set, selected by the researcher. It consists of a selected group of the elements of analysis from a defined population (Brink, et al., 2018).Bryman (2016) also explicate that a sample is a segment of the population selected for investigation. The method of purposive sampling was used to develop the sample of the research under discussion. According to this method which belongs to the category of non-probability sampling techniques, a researcher uses their judgment regarding participants or objects that are typical, or representative of the study phenomenon, especially who are knowledgeable (Brink, Walt & Rensburg, 2018).

3.5.1 Sample size

In qualitative research, Boddy, (2016) enlighten tha tthe determination of sample size is contextual and partially dependent upon the paradigm under which investigation is taking place, so as the study is orientated towards interpretivism, it does not require larger sample but in-depth qualitative interviews with knowledgeable individuals.

Due to the COVID 19 pandemic, the size of the sample will be smaller to avoid contact with multiple people, therefore the sample sizeis ten (10) participants from the three hospitals and their affiliating clinics. Moreover Polit &Beck, (2017) explain that in qualitative research, the sample size is adequate when the meanings are clear and data are fully explored, also, where the type of sample is usually purposive, too many

participants would increase the complexity of the analysis process (Brink et al 2018) And again, a smaller sample size imply that finding may be distinctive and make it easier for the researcher to observe the identity of participants.

Moreover, sample saturation was observed, it is the criteria for judging when to stop sampling the different groups pertinent to a category. Saunders, et al., (2018) articulates that theoretical saturation means that no additional data are being found, whereby the researchers can develop properties of the category, so in this case, seeing similar instances over and over again, assisted me reach the conclusion that a category is saturated.

3.5.2 Selection Procedure

The purposive sampling method helped in selecting participants who were better able to assist with the relevant information; therefore the first social worker was selected according to attributes that are crucial to the study. Lecompte & Schensul (2010) use the term criterion-based selection to refer to this method where the researcher determines what criteria are essential in selecting a sample. From there snowballing sampling procedure was used where more social workers were referred by the initially selected social worker. Snowballing sampling procedure is a selection of hidden population which begins with a convenient sample of initial subject who serves as a seed, through which wave one subject is recruited and in turn recruits wave two subjects and sample consequently expands wave y wave like growing snowball (Etikan 2016).

3.5.2.1 Inclusion criteria

Social workers who were included in this study are trauma social workers of any age and gender, whose work places are within Maseru district and the mentioned facilities, who hold a degree in social work and have at least three years' experience working with trauma clients.

3.5.2.2 Exclusion criteria

Social workers who were excluded are those who are not employed by the mentioned facilities, have an experience less than three years and are not trauma social workers.

3.6 Data collection

Data was collected from three hospitals, Queen Mamohato Memorial Hospital, St Joseph's Hospitals Roma and Scott hospital as well as their affiliating clinics in the first two weeks of May 2021 and interview session took around forty to sixty minutes. Face to face Interviews were used at the facilities that social workers are based at, and it is depicted by Brinkmann & Kvale (2015) as a conversation that has a structure and purpose. Gubrium et al (2012) appended on that by saying it is a process in which a researcher and participant engage in a conversation focused on questions related to the study.

Interviews are explained as face to face interviews allowing a researcher to get up close and personal with participants while keeping an eye on the body language. They allow researchers to probe the participants' attitudes, beliefs and experiences so that they get to understand the responses (Hughes, 2015)

Unstructured interviews were used where social workers were asked open ended questions so that they were able to explain themselves during interviews. It helped me when more than a few of the open ended questions required follow-up queries or clarification. It was also important for me to use unstructured interviews because I was able to probe to get independent thoughts of each individual.

Audio recording; it is considered an effective means of recording data for several reasons. It holds capacity track trends in speech such as variations in tones pace of speech often revealing emotions which accompany the words. They helped me to access information that I missed when interviewing the participant and was able to listen at my own pace as this practice ensured that everything said was preserved for analysis Williamson et al (2015)explains that audio recordings are useful in that interviewers can listen for ways to improve their questioning techniques Williamson et al (2015)

Observations; it is a research tool that provide me an opportunity to record in writhing behaviors that I was learning especially activities that participants had difficulty about in their natural setting. They enable researchers to access those aspects of a social setting that may not be visible to the public and allow researchers to view unscheduled

events, improve interpretation and develop new questions (Kawulich, 2012). This therefore assisted me to scrutinize non-verbal behavior, assumptions and thoughts that were not expressed verbally.

3.7 Data analysis

Pandey and Pandey , (2015) define data analysis as studying the organized material in order to discover inherent facts, he further says that the data are studied from many angles to explore new facts. Analysis of qualitative data involves an examination of text rather than the numbers considered in quantitative research. Researchers use a series of common steps for analyzing data brink et al (2018).

Data was analyzed using content analysis. in qualitative content analysis, data is presented in words and themes which makes it possible to draw some interpretation of the results. Krippendorff (2013) defines content analysis generally as a research technique for making replicable and valid inference from text or meaningful matter to the context of their use. Maschi (2016) defines content analysis as a family of research techniques for making systematic credible or valid and replicable inferences from texts and other forms of communication.

According to Datt and Cherry (2016) content analysis strength lies in its stringent methodological control and step by step analysis of material. In other words, every element in the data collected is categorized into themes which are identified through secondary literature.

After the interviews, data was prepared for analysis it was firstly transcribed and then translated from Sesotho to English, the following content analysis steps took place;

Firstly, data was condensed, meaning that it was broken into smaller units, these units contain some of the insights the researcher needs, and it is the constellation of sentences or paragraphs containing aspects related to each other, answering the question set out in the aim (Lundman, 2004).

Secondly, the identified meaning unit were labeled with codes, which is called coding, and the codes needed to be understood in relation to the context. Codes facilitate the identification of concepts around which the data can be assembled into blocks and

patterns, codes lists are used to minimize a cognitive change during the process of analysis in order to secure reliability

Thirdly, categorizing was done, where patterns observed in the data into meaningful units categorized are grouped. They are grouped according to their relatedness in respect to their context and content. A category consists of codes that appear to deal with the same issue. After this step, themes are developed which is where the categories are grouped. These themes express underlying meaning which is latent content.

After these results were analyzed and presented, and this is where results are put containing a detailed information about various factors that were observed during the study. They are supported with verbatim and presented in the form of graphs and matrices.

3.8 Ethical considerations

3.8.1 Avoidance of harm

Participants were protected from physical harm that can be caused by this research; therefore risk minimization strategies will be adopted. De Voset et al (2011) stipulates that researchers should consider the risks against the importance and probable benefits of the study, because it is a researcher's ethical responsibility to protect participants against any form of physical or any discomfort that may emerge from the study therefore I made sure our interview takes place in a safe place and was sensitive with sensitive words or gestures that may make my client uncomfortable.

3.8.2 Informed consent

The process of obtaining informed involves; consent should be given freely and participants understanding what is being asked from them (Roshaidai, 2018). Participants should understand what they are being asked to do and be informed if there are any potential negative consequences of such participation. An informed consent form will be provided to participants in order for them to understand what they are consenting to participate in. Consent was freely given; no one coerced into

participating. The participants were also made aware of what is in for them, meaning how they would benefit from the study; I also made it clear why they were doing they were participating in the research and what practical implications are there for participants.

3.8.3 Voluntary participation

According to Polosky & David, (2014), participation has to be voluntary and there should be no coercion and deception, which occurs when researchers represent their work as something and not what it actually is. There was use of offensive and discriminative words and misleading information and exaggeration shall be avoided as transparency and honesty will be considered (Pascual-Leone, et al., 2010). The participants werel also made aware that the participation is voluntary and they have the right to withdraw at any time, no one was forced to participate in the study and they are not subject to any pressure and threat of harm for refusal of participating. They were also made aware of any risks that may have occurred and that they should be able to give informed consent (Matthews B, 2010)

3.8.4 Confidentiality and Anonymity

Anonymity requires that a researcher should not know who the participants are, and confidentiality means that a researcher can know who participants are but that their identity will not be revealed in any way in the report (Polosky & David , 2014).They were preserved by not revealing the participants and identity in the data collection, analysis and reporting of the study findings. The privacy and confidentiality of interview environment was managed during interview sessions and telephone communication where need arose.

3.9 Trustworthiness of findings

Qualitative researchers speak of trustworthiness as a word that questions whether findings can be trusted or not (Korstjene & Moser, 2018). Polit and Beck (2012) explained it as the degree of confidence that researchers have in their data, interpretation and methods used to ensure the quality of their study. In order to achieve trustworthiness of the study, there are aspects that need to be considered and they include;

Credibility; it refers to the confidence in how well data and processes of analysis address the intended focus Korstjene & Moser (2018). It is where the study addresses the fit between participants' views and the researcher's representation of them, to check for credibility, member checking was done which is where participants were revisited in order to check with them whether they reflect the data they provided.

Transferability; refers to the extent to which the findings can be transferred to other settings or group. Bryman (2016) stipulates that finding should provide future researchers with what is called database for making judgments about possible transferability of findings which is the generalizability of inquiry, Polit and Beck (2012) indicated that transferability refers to finding that can be applied to other settings or groups. Extensive methodological procedures was provided and clearly stated so that those who are willing to transfer the study to their side may be able to judge transferability.

Dependency; Bryan (2016) defines dependability as ensuring that complete accounts are kept of all phases of the research process to problem, from formulation, selection of research participants, fieldwork notes, interview transcripts, data analysis decisions and so forth. It requires the research proposal to be logical, traceable, and clearly documented; therefore any changes that arose that were not documented in the proposal were documented.

Conformity; refers to the objectivity and implies that the data accurately represent the information that the participants provided and interpretations of those data are not invented by the inquirer (Polit & Beck, 2012). It is mostly to ensure that the study interpretations and finding are derived from the data, requiring the researcher to demonstrate how conclusions and interpretations have been reached, for instance, each concept should be linked to the data by a quotation, and conformability is established when credibility, transferability and dependency are all achieved (Nowell et al, 2017).

3.9 Chapter summary

In conclusion, Social workers from Maseru District hospitals and their affiliating clinics that are sampled by purposive and snow bowling sampling will be interviewed using unstructured interviews. Ethical considerations that include privacy and confidentiality, informed consent, avoidance of harm and shall be observed and triangulation shall be maintained to unsure trustworthiness of findings.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter converses the findings from the data collected which required to explore the Challenges experienced by social workers after handling traumatic cases in Maseru District Hospitals Lesotho. According to Gil and Weinberg (2015), social workers face their own emotional distress. There is also a statistical increase of traumatic incidents in Lesotho and globally, and a negative magnitude of challenges faced by helping professionals, and yet there is failure to find specific studies about the experiences of the helping professionals after handling traumatic cases. There is scarce literature regarding this topic in Lesotho, hence the study aims to investigate the challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho.

The determination of the study is to explore the experiences of social workers after handling traumatic cases, to identify the factors which are affecting them directly and indirectly their personal and professional life, and to discovers the physical, psychological, emotional and social difficulties that social workers are experiencing as well as to explain how social workers respond to these difficulties. It aims to endorse knowledge and understanding of the health issues subsequent to the difficulties and to raise awareness to social workers about practicing effective self-care and self-awareness and to create increased awareness about the stress of social work

The study therefore aims to answer the questions; What do social workers know about the challenges they experience after dealing with traumatic cases?, What are the emotional challenges experienced by the social workers after handling traumatic cases?, What are the physical challenges experienced by social workers after handling traumatic cases?, What are the psychological challenges experienced by the social workers after handling traumatic cases?, What are the social challenges experienced by the social workers after handling traumatic cases?, and Which coping

strategies do social workers use towards the overall challenges they experience after handling traumatic cases?.

The chapter gives demographic profiles of social workers, presents a table of a combined demographic information, followed by a diagrammatic presentations of each sample, it also presents the findings of the study using six specific objectives as main themes, which are directed by problem statement, research questions and theoretical me work and sub themes that emerged during the analysis.

Data was collected from social workers in Maseru district hospitals and their affiliating clinics where purposive and snowballing sampling were used to select the sample. It was collected using individual interviews described by Bryan (2016), where ten social workers were interviewed in Sesotho language and then translated into English language. Four social workers from St Joseph's hospitals and its clinics; Nazareth, Benedict and Fatima were interviewed, three social workers from Queen Mamohato memorial clinics; Likotsi, Mabote and Qoaling filter clinics and three social workers from Scott hospital and its two clinics; Masemousi and Ribaneng were also interviewed.

Table 4.1: The facilities and numbers of social workers interviewed.

Hospitals	Affiliating clinics	Number interviewed
St Joseph's hospital	Nazareth	4
	Benedicts	
	Fatima	
Queen Mamohato memorial hospital	Likotsi Filter Clinic	3
	Qoaling Filter Clinic	
	Mabote Filter Clinic	
Scott Hospital	Masemouse Health Cent.	3
	Ribaneng health center	

Data was collected from ten social workers who hold a degree in social work and work in Maseru district hospitals in the first two weeks of May 2021 and interview session took around forty to sixty minutes.

After the interviews, Data was analyzed using content analysis as described by Krippendorff (2013); Maschi (2016),

After preparation of data it was transcribed and translated from Sesotho to English., then the first step was to break data into small units, secondly, the units were coded, which labeling them in relation to the context. Thirdly, the patterns observed (codes) were grouped into categories, in accordance with codes that appear to deal with the same issue. After that themes were developed which is where categories were grouped, this themes express the underlying meanings. Lastly, results were presented under each theme and were supported by verbatim and presented in the form of graphs and matrices.

4.2 Demographic profiles of participants

In this part, participant's demographic information is provided, in a form of tables and pictographic for organization of data in a clearer and summarized arrangement. The ages of the social workers, who took part in the study ranged from 28 years to 41 years, ten of the social workers were females and they all stayed in Maseru district. Their period of work experience ranged from 4years to 15years, most of them had 4years to 8years working experience while only one had 15years working experience.

The minimum cases handled per day ranged from 2 to 10 while maximum traumatic cases ranged from 1 to 4 cases. Nature of traumatic cases normally handled were rape, gender based violence, abuse, prolonged disability and oppression of the most vulnerable groups. Six of the social workers were married while four were single. All social workers has degree in social work as their highest educational attainment.

Table 4.2: Demographic characteristics of the social workers.

ID.No	Age	Gender	Marital status	Highest educational attainment	Period of experience	Minimum cases handled per day	Traumatic cases handled per week
1	28	F	Single	Degree in social work	4years	7	2
2	28	F	Married	Degree in social work	4years	5	4
3	30	F	Married	Degree in social work	5years	4	2
4	30	F	Single	Degree in social work	4years	5	3
5	31	F	Single	Degree in social work	5years	6	3
6	32	F	Married	Degree in social work	4years	7	4
7	32	F	Single	Degree in social work	5years	10	3
8	32	F	Married	Degree in social work	4years	5	1
9	33	F	Married	Degree in social work	4years	2	1
10	41	F	Married	Degree in social work	15years	6	4

4.1.2 Age of the participants

The participants' age group ranged from 26-30, where there were four participants, 31-35, where there were five participants, 36-40 where there were zero participants and 41-45 where there was one participant.

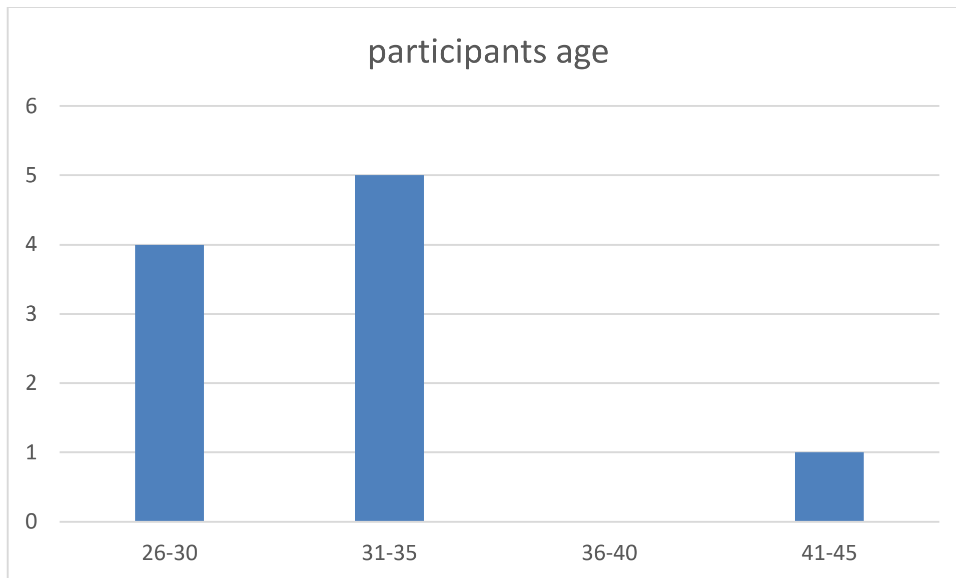

Figure 4.1: Age of the participants

4.1.2 Participant's Gender

All ten social workers interviewed were females

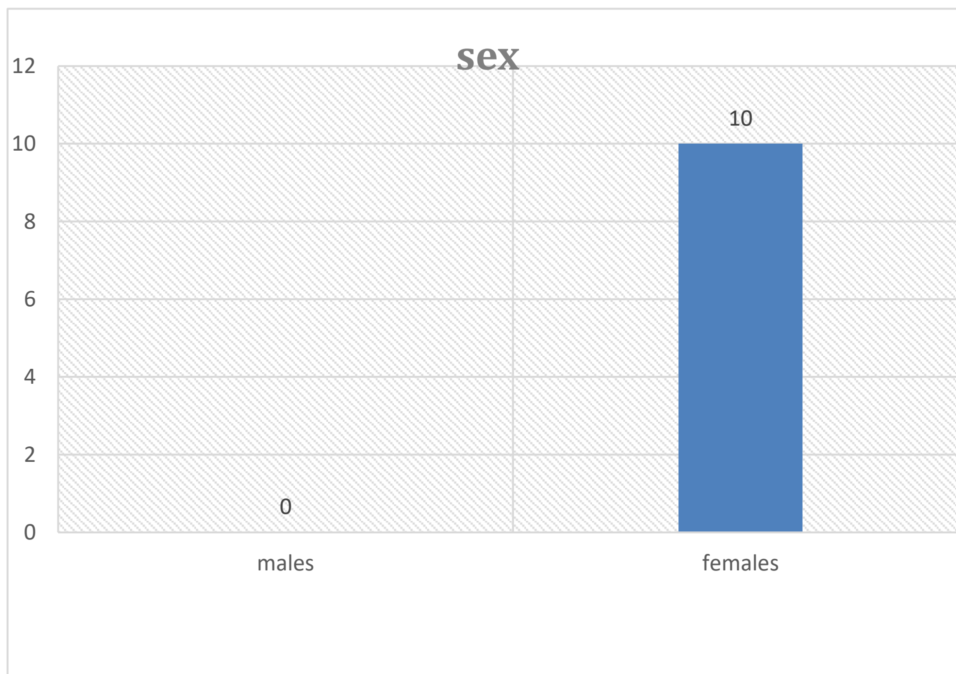

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Figure 4.2: Gender of the participants

4.2.3 Marital status of the participants

Out of ten social workers, four were single, six were married, zero were separated, and zero were divorced.

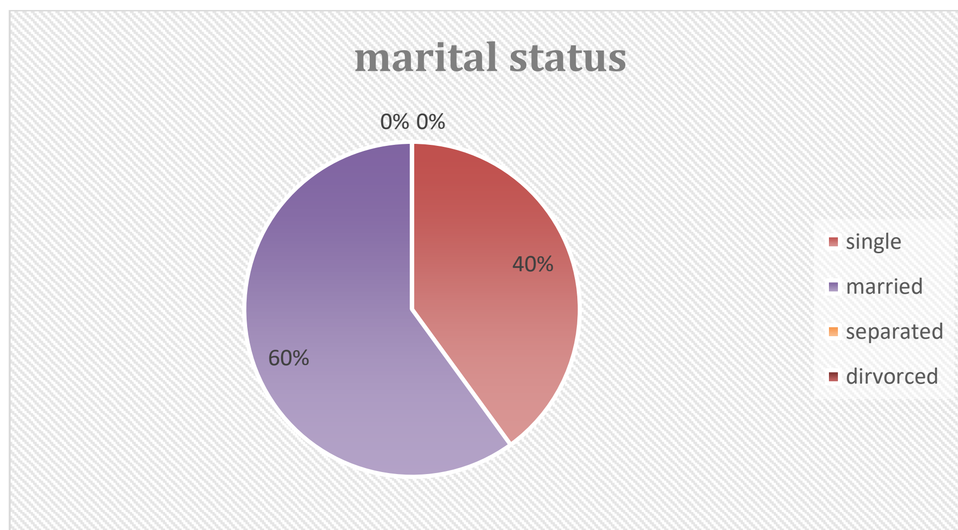

Figure 4.3: Marital status of the participants

4.2.4 Participant's educational attainment

All ten social workers had reached a degree in social work.

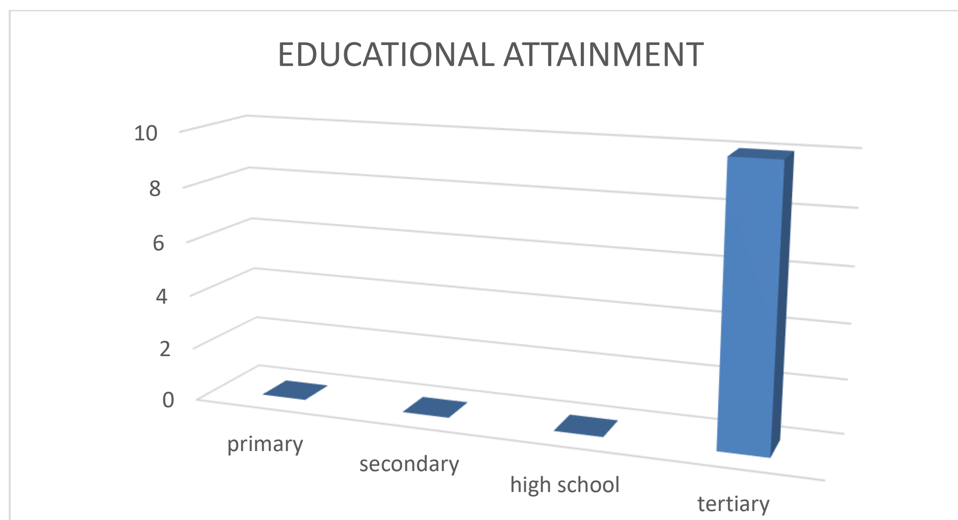

Figure 4.4: Participant's educational attainment

4.2.5 Participants' period of work experience

Out of ten social workers, six had four years working experience as social workers, three had five years' experience while one had fifteen years working as a social worker.

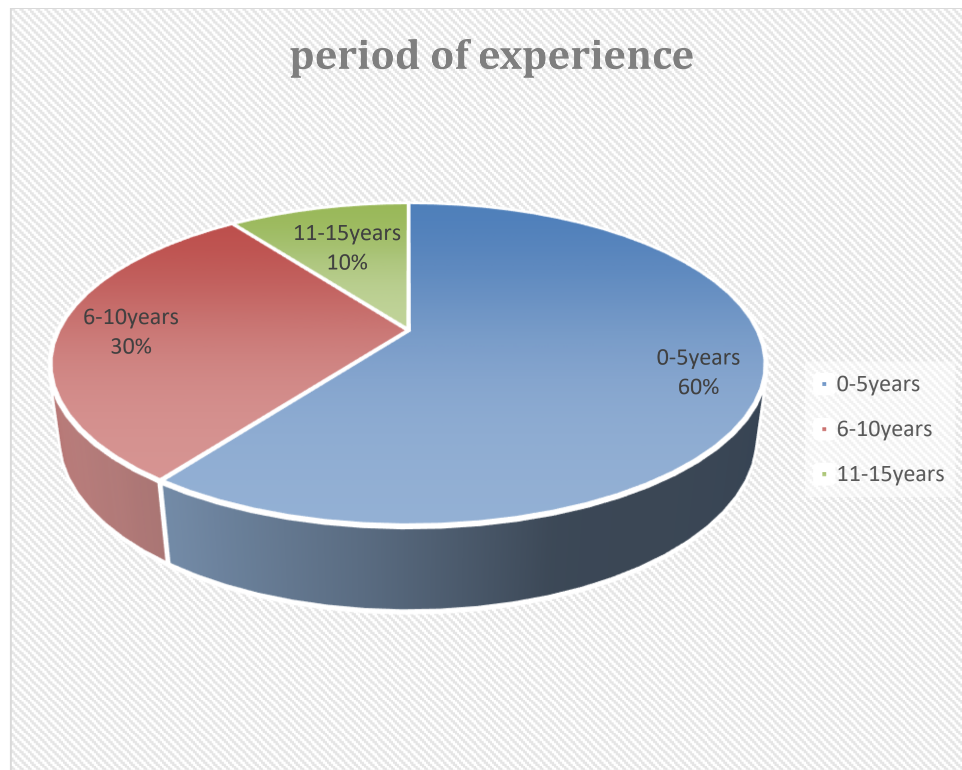

Figure 4.5: Participant's period of work experience

4.2.6 Minimum number of cases handled per day

Out of ten social workers, one confirmed to handle at least 2 cases per day, one also stipulated to handle at least four cases per day, three claimed to handle 5 per day, two specified to handle six cases, two also claimed to handle seven cases while one stated to handle at least 10 per day.

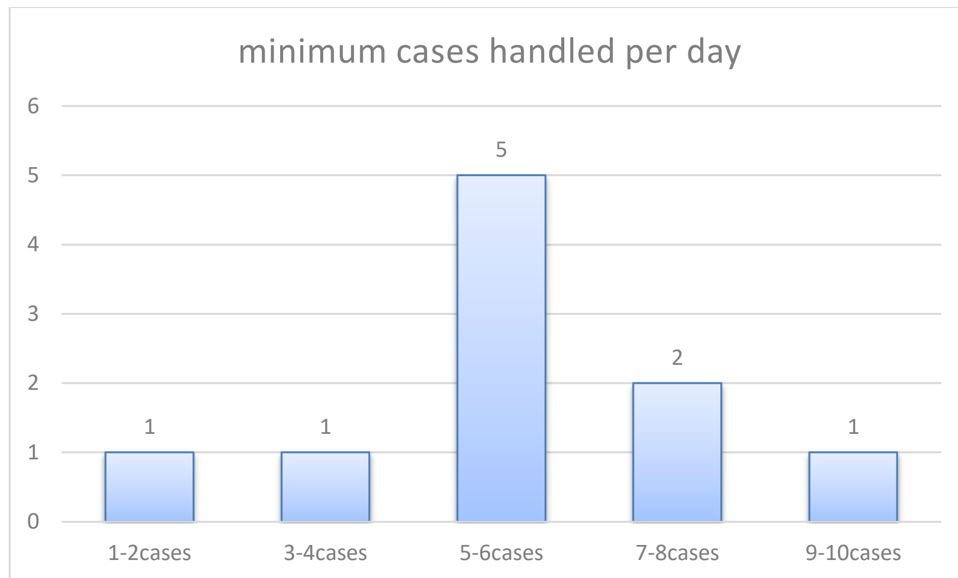

Figure 4.6: Minimum number of cases handled per day

4.2.7 Maximum number of traumatic cases handled per week

Out of ten social workers, two claimed to handle maximum of 1 traumatic case per week, two confirmed that they handle maximum of 2 traumatic cases per week, three stated that they handle maximum of 3 traumatic cases per week and three confirmed they handle 4 traumatic cases per week.

Table 4.2. Maximum number of traumatic cases handled per week

Number of participants	maximum traumatic cases per week
2	1
2	2
3	3
3	4

4.3 Findings

This section presents the six main themes which are guided by specific objectives, research questions and the chosen theoretical framework. It also outlines the sub themes which emerged during the analysis and provides the verbatim quotation from the interviews that were transcribed.

4.3.1: social workers awareness about challenges experienced by them after handling traumatic cases in Maseru district Hospitals, Lesotho

This theme aims to understand the extent to which social workers aware of the challenges they experience. There are three subthemes under this theme which are; work environment, difficulties that emerge due to traumatic cases handled, support and response to difficulties

4.3.1.1 Work environment;

Majority of respondents work with children and adolescents, HIV positive clients, sexual violence, gender based violence victims, and vulnerable groups while only a few work with chronic disabilities. All the ten social workers work in health facilities and out of ten, nine confirmed that they work in a conducive work environment;

> "*it is a conducive work environment and very accessible both for my clients and I, also we work as a team with colleagues, share skills and important information as well as knowledge, our supervisors support and motivate us a lot so yes, it's quite an encouraging environment." (*Participant 2)

> *"We are given an office space, although I share it with my three other colleagues, the environment is favorable, because we are given a warm, neat space, even though there is lack of equipment, there is also a lot of support coming from my co-workers, we support each other more than our supervisors do, and it gives some positive motivation knowing that I have the same motive as my colleagues." (Participant 4)*

Many respondents claimed their working environment as conducive, and they explained that in terms of conditions at work, for instance, relationships with colleagues, tidiness, warmth, and quietness.

Only one social worker claimed that the environment is unfavorable because social work is not recognized as such important by the managers and other cadres;

> "*I am not recognized, you know how nurses like to rule the health facilities, they treat us as if we are less important, and they always want to lead even in our space. Every time I have to wake up to work I get depressed because I am discouraged by the work environment, yet I still have to work hard to deliver services to my clients because either way they deserve them*." (Participant 10)

One of the nine social workers who stated that they work in a conducive environment however, complained about compromised confidential space, as the facility she works at lack office space hence they share offices;

> "*One of my professional ethics is to ensure confidentiality of my clients, and I find it compromised when I provide HIV testing services in an open space where people are passing by***."** (Participant 9)

Nine social workers stated that their working environment was conducive, and they explained conducive by tidiness, warmth, relationships at work and quietness. Ten participants claimed the environment to be unfavorable as the other cadres dominate the facility.

4.3.1.2 Difficulties that emerges due to traumatic case;

Most of the participants stipulated that in health facilities, people do not know exactly what social work entails and services that social workers offer, so most often they are given cases beyond their job description and field, so it becomes difficult for them to solve such cases. Some also stated that traumatic cases affect them even outside their workplace, they claim that after each traumatic cases they are left scared and worried, wondering what they would do if it happened to them or their loved ones. Some even explained that they always feel like sharing with their family members to raise awareness of such traumatic events;

> "*Traumatic cases are very stressful, I end up thinking a lot about my clients traumatic events sometimes even feel like I'm experiencing them, I once handled a case of a mother, whose new born was abnormal, I was eight months pregnant by then, and after giving birth, I could not bond with my child because for about 30minutes, I was afraid to hold him because I saw exactly my client's child in my child… I was scared!"* (Participant 4)

Only one social worker confirmed that there are no difficulties caused by traumatic cases, but the only difficulties she experiences include transport to too hard to reach facilities as she supports many facilities, and that there is no office places in those hard to reach facilities which makes it difficult for her to deliver expected services.

> *"I am based here (St Josephs), but support three other facilities which one is a little far from the tar road, while others are very far. I am supposed to be given transport at work, so there are few cars and most often they are not available when I ask for one, they are prioritized for managerial stuff and my job is affected. Those hard to reach facilities also lack space, in one clinic I work in a very cold bathroom for purposes of privacy, you can just imagine when I go there in winter." (Participant 3)*

Another social worker who works with people living with HIV mentioned that it is very stressful to help a client in denial, or a client who does not adhere well to their medication, because she is accountable for their viral load results and she has to explain for those that cannot suppress.

> "*Dealing with patients who refuse to adhere to treatment or are in denial of their status can be very stressful, you find that I practice day to day sessions trying to explain to them the importance of treatment but to no change at all*." (Participant 2)

Nine social workers confirmed that there are difficulties that emerge due to the traumatic cases that include fixating in client's traumatic cases and re-experiencing them. Ten explained that, there are no difficulties that emerge due to traumatic cases handled, but there are other stuffs that hinder her service delivery like transport for too hard to reach facilities.

4.3.1.3 Support

Majority of the respondents mentioned that, in the case of support, they help each other as colleagues, they are able to assist each other and to equip each other with needed skills, their supervisors' support is seen mostly in material things, for instance equipment, but to help them with traumatic cases that they feel they are unable to handle, supervisors are hardly available to provide such support.

“*My supervisor is always unavailable when I need her, trust me she was once called by a nurse in charge explaining a case of a client that I could not handle, she only came because the nurse in charge intervened otherwise she couldn’t have come. I think she believes helping me with some sessions is downgrading herself or something I don’t know.” (Participant 1)*

They also mentioned that when they re-experience their client’s trauma and it affects their confidence to deliver services, there is no support they receive.

“*I feel like we need counseling sometimes, some cases extinguish our self-reliance, I for one am afraid to share to my supervisor about re-experiencing client’s trauma, because I feel like it’s going to look like I am dragging feet. She fails to assist me in difficult cases, so telling her about my experience is something else, which I wouldn’t do honestly.* “(Participant seven)

Only two social workers confirmed the presence of their supervisors to handle cases that they feel they cannot handle them;

“*I always call my supervisor to assist me with cases I feel are beyond my power, and she is always available to handle them or to assist me on how best I can handle such situations, she’s always there when I need her*.” (Participant 2)

Other social workers alleged that due to the fact that health facilities are mostly dominated by Doctors and Nurses, most of their needs are not met; even equipment requirements are left unanswered.

Eight respondents mentioned that they receive support from their co-workers and not supervisors, while two of the respondents stated that their supervisors are always there for support, as well as co-workers.

4.3.1.4 Response to the difficulties

Most of the social workers mentioned that they use combined theories when helping clients, these theories assist them on how best to respond to client’s problems and di fficulties that emerge, they also mentioned that they use learned approaches work effectively towards responding to client’s needs.

"I have learned that through ongoing sessions, some clients better understand the importance of treatment, although some are still reluctant even after the ongoing counselling. " (Participant four)

"*It's funny how we used to think incorporating theories in our cases was a torture at school, Cognitive behavioral therapy always help me in assisting clients to help them change the way they think, and it normally works for me."* (Participant 5)

One social worker stipulated that she opted for counseling after an incident of re-experiencing client's traumatic event. Also most of them mentioned compromising their social time and money to respond to clients' needs when the facilities fail to assist them especially in transport and equipment.

"*After denying a bond with my own child, not only did I think counseling was the best option, but the hospital also thought it was best for me to go for counseling and they offered such services, which helped me a lot*. (Participant 4)

All social workers mentioned the use of combined theories while helping clients, which help them in facing the difficulties, only ten percent of the respondents mentioned opting for counseling when experiencing some difficulties that are due to the traumatic cases.

4.3.2: Emotional challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

The Emotional challenges include inappropriate types of behaviors or feelings under normal circumstances. Under this theme, two subthemes emerged and they are; irritation and sadness, and frustration.

4.3.2.1: Irritation and Sadness

Most respondents revealed that they get irritated and sad at work, due to clients' traumatic cases because sometimes clients present cases that social workers feel they cannot help their clients move forward in their healing journey. Again majority

revealed that they can't get off their mind stories that clients shared even when they are at home or outside work.

> *"I find myself fixating on things that happen at work, and talk about work frequently to people in my personal life because most often I am worried and frustrated about these stories."* (Participant 6)

Others mentioned that they are being reminded of the client's trauma when watching similar stories on TV and start worrying about client's safety if there is a threat of danger. Some mentioned that trauma stories end up making them feel like they are not doing enough and they become emotionally drained which affects their attitude towards work and sometimes clients.

> "*There are those television stories that remind me of my clients, and when those relevant stories occur, I feel like checking on my clients to confirm their safety and wellbeing.*' (Participant 8)

Some revealed that sometimes they are not irritated by clients, but colleagues and work environment can be irritating at times and lead to sadness, they even made an example of having to help clients with limited resources, and having to help too many clients with different traumatic stories in one day, without being relieved by co-workers.

> "*sometimes I feel like I deserve a break after handling cases, like, there are these cases that can exhaust, and I find that co-workers tend to relax when I am in the counselling room, there is no written document ordering us to relief each other, so we take advantage of that and tend to let one person handling so many cases, when it's my turn, I realize it is really unfair to let one person handle three or more cases at a go and alone, there are those cases I feel I need break before I can handle more." (*Participant 5*)*

All social workers explained that they get irritated and sad, due to the traumatic cases and everything that reminds them of their clients' traumatic cases, three also added to that by explaining that sometimes they get irritated by colleagues and work environment.

4.3.2.2: Frustration

Majority of the participants talked about frustrations brought about by clients' dishonestly when they believe they will be assisted promptly, they mentioned that clients sometimes make it difficult for them to assist, because they lie about certain things and when they go for home visits and assessments, they find the opposite of what clients have told them.

> **"** *nothing frustrates me than a client who tells me false stories, they have a believe that lying will help them receive services quickly, and sometimes it's exactly what delays processes, you will find that time and again they change stories and it waists a lot of our time.* **"** (Participant 10)

Other participants stated that they get frustrated at work due to personal stress, thoughts about situations at home and things that need to be done sometimes prevent them from being fully present. They reported that this brings less patience, low mood, less willingness to probe more so as to achieve client healing, so it brings them a lot of frustration;

> "*Not being able to get my mind cleared when having one on one sessions with clients about larger events in life, lack of focus, change in mood sometimes and bring a lot of frustration."* Participant 7)

> *"My supervisor is so uncooperative, and nothing frustrates me than having to explain or report to her a case or any incidence I find beyond my power."* (Participant 1)

All clients confirmed that they get frustrated at work, and that clients' traumatic stories frustrate them as well as their dishonesty and sometimes not being corporative. Four participants also mentioned that personal press and work load also trigger frustration.

4.3.3: Physical challenges experienced by social workers after handling the traumatic cases in Maseru district hospitals, Lesotho

The Physical challenges are challenges that affect a primary sense or ability to move and get around easily, having some physical problems that hinder some activities. Sub

themes that emerged under this theme include tiredness, difficulty in concentrating and back pains, anger and insomnia.

4.3.3.1: Tiredness

Participants explained that they are more affected when emotional responses in sessions are intense for a number of reasons. Some attributed the strong reactions to countertransference from hearing the traumatic stories and working with difficult clients. Others focused on factors such as being tired due to having too many responsibilities or being stressed for other reasons;

> "*Sometimes I wake up tired, chronic use of empathy when treating patients sometimes reach my last nerve, stress within agency combined with day to day obstacles cause the tiredness and sometimes I feel like I need break from work."* (Participant 2)

Others also confirmed that these many challenges they encounter are tiring and scare them;

> *"These challenges are tiring because, as much as we are social workers, we are human and they scare us, for instance, some of us are yet to have babies, and dealing with mothers of abnormal children is quite scary, because we think a lot about what if we experience the same situation and whether it's wise to try on a baby now that there are such situations, so it's really tiring." (*Participant 5)

Most of the respondents stated that being empathetic and understanding about other cases is really tiring and scary, because they are not committed to some presented experiences and they worry a lot as to whether is wise to commit.

4.3.3.2 Difficulty in concentrating and back pains

Eight respondentS explained that after handling traumatic cases, they usually find it difficult to concentrate at work even at home. This affects their service delivery negatively because they fail to be there fully, therefore they miss a lot in sessions that come after traumatic case sessions.

> "*I find myself so disorganized and not present in some cases, because I literally find myself fixed in some cases I handle, I lose concentration, even when I'm*

*home, I miss some of the important points when my kids narrate their daily stories and it's embarrassing."(P*articipant 5)

They further explained they find themselves thinking a lot about those traumatic cases and it occupies their mind so much that the abandon some of their personal responsibilities.

"*sometimes I feel like my concentration is affected after handling cases, especially in those hopeless cases, or cases of clients who are resistant to change, I always feel like I shouldn't have any other cases to handle after such cases." (*Participant 8)

However, twenty percent of the respondents articulated that they neither do not experience difficulty with concentrating nor back pains.

"I think I take it out to other people, be it my partner or children, I would rather experience sleepless nights than back pains or loss of concentration. (Participant 10)

Eight participants confirmed that they experience difficulty in concentrating and back pains, while two participants (20%) stated that they do not experience both difficulty in concentrating and back pains.

4.3.3.3: Insomnia

Most of the social workers revealed that they struggle to sleep after handling traumatic cases; they also mentioned that they have difficulty in maintaining sleep and wake up too early when stressed about their clients' experiences.

*"I remember my supervisor failing to assist me in one challenging case, I literally did not know what to say to my client, I felt so small and my self-esteem was crushed, there I was in front of a client, all embarrassed and stressed, I could not sleep for some days, feeling angry and worried. (*Participant 2)

One social worker explained that the physical environment at work and relationships with co-workers and supervisor also contributes to lack of sleep. Most talked about lack of support in some cases as another factor that contributes to lack of sleep;

"I realized my colleague, who we used to get along too well, was taking advantage of me, dodging work, always referring cases to me, and instead keeping busy with organizing cues to consulting rooms, I was not happy and wanted to confront him but it wasn't easy, it took me almost a week to prepare, and I wasn't able to sleep." (Participant 1)

Most of them also put emphasis on the fact that work environment can sometimes lead to lack of sleep because cadres want to prove their superiority;

"our nurse in charge looks down on our profession, this other day she ordered me to pause my work, leave clients and organize seats for a PHC meeting, never have I felt so belittled, my partner told me he recognized my sleeping pattern changed and that's when I learned that the situation had affected my sleep pattern as I could hardly sleep." (Participant 3)

Nine social workers confirmed that they sometimes experience difficulty in sleeping, due to client's traumatic material and only one social worker explained that she has never experienced sleep difficulties due to work related issues.

4.3.4: The psychological challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

The psychological challenges are difficulties and obstacles that arise due to the cognitive and psycho social abilities and mental status of an individual. This theme has three subthemes and they are; low mood, re-experiencing clients' traumatic cases, self-esteem and anxiety.

4.3.4.1: Low mood

The respondents explained that they experience low mood due to the traumatic cases they handle. They presented loss of motivation and diminished concentration because of their clients' experiences. They also mentioned that they experience loss of interest and pleasure in activities. Those based at hospitals revealed that some patients are brought to them in critical situations, which depresses them so much because sometimes the talk therapy does not work at all because some cannot even reply.

*“From a young age, I did not like hospital environment, so working at a hospital and seeing patients who are so critical and who are in traumatic situations depress me so much.” (*Participant 9)

Other social workers who deal with children living with HIV also expressed that they always feel depressed after receiving positive results of an infant, because they believe parents could have made an initiative not to transmit the virus to their children, they further expressed that they always feel for the children as if they are theirs;

*“When I find a young child almost same age as my son living with HIV, I get attached and get to imagine if it was my own son living with HIV.” (*Participant 5)

Some respondents explained that there are clients who are very impatient, especially those who are to be linked with resources, they show up anytime as long as the promised resources have not been delivered;

“*Clients who are impatient annoy me, it’s my duty to make a client aware of services that I offer, that include resources or equipment, there are clients who show up at least twice a week as a follow up of services I promised, I am just an advocate, and I can’t catalyze some processes, so they put me in a very tight corner and I find myself so down when they walk into the office*. (Participant 7).

All social workers confirmed that they experience low mood, some said it is because of client traumatic stories, others talked about clients who are impatient, while others explained that attachment to children impacts their mood.

4.3.4.2: Re-experiencing client’s traumatic cases

Majority of the respondents declared that some of the traumatic cases influence the way they think, feel and see other situations. They stipulated that some situations that clients go through end up; changing their believe system and the way they interpret situations so much that sometimes they feel like the same situations are happening to them.

The respondents working within trauma survivors also mentioned the emotional residue of exposure they have from working with people as they are hearing their stories and become witnesses to the pain, fear and terror the survivors endured.

> "*I once handled a case of a three year baby girl who was raped by a herd boy, I just could not stand seeing her with blood on her clothes, I could not help but cried, I left my six year old with a helper, I thought to myself it could have been her, I cried. When I got home the first thing I did was to hold my child, I couldn't sleep that night because I felt like it was going to happen to my child, I didn't want to go to work in the morning, I didn't want her to go to school as well, it was really bad." (*Participant 3)

Few of the respondents reported that they do not experience the clients' traumatic cases, they claim it used to happen in the early days of practice, they however out grew it as they were growing professionally.

> "*Back then, I would even dream about these cases, but I think I have learned to live with them, and I have acquired enough experience to respond in a more positive way towards the traumatizing stories, experience taught me the best ways to handle them and I'm very proud to say, instead of being sympathetic, I'm always empathetic."* (Participant 8)

The social workers confirmed that this re-occurring of clients' traumatic situations impact on their performance and function, as it results in errors, judgments and behavioral changes like free floating anger, irresponsibility and exhaustion. They also revealed that they experience blaming others, poor communication and avoidance.

> *"I found myself blaming my husband for clients experiences, any cases that deal with men as perpetrators mostly leave me with no option but to judge my husband, I know it's not good and please don't judge me."* (Participant 2)

Eight social workers expressed that they get to think a lot about clients' traumatic experiences, they end up re-experiencing same stories, while two social workers explained that they do not experience client's traumatic cases.

4.3.4.3: Self-esteem

Out of ten respondents, seven appealed that traumatic cases affect their self-esteem because there are those hopeless cases they cannot handle, problems that cannot be solved, so they feel like they have failed, which crushes their self-esteem.

> "*There are these hopeless cases where you notice that, yes, here I am trying to convince this person, but he is not buying my explanation regardless my effort, I always find in a situation where I am trying to convince a person with absolutely no confidence."* (Participant 1)

They further stipulated that intrusive recollections like images, TV, thoughts and perceptions of client's events demolish their self-esteem. However three respondents mentioned that their self-esteem is hardly affected because they always try to rise above every difficult case.

> "*When similar incidents of clients appear on TV, or every time I think about them, and realize I could have handled them differently had my intervention be unsuccessful, I always feel so small."* (Participant 5)

Some social workers mentioned that they are not involved in some of the decision taken in the facilities and that affects their self-esteem because most cadres will have been involved

> "*some cadres still have that believe that they rule health facilities, there are some meetings that they do not invite me, which I happen to find the conclusions affecting me, it makes me feel so belittled as to how they decided to make certain conclusions without my input.*" Participant 9)

Seven social workers declared that their self-esteem get affected when dealing with traumatic cases, and that the intrusive recollections defeat their self-esteem. Three social workers explained that they try as much as possible to rise above emerging difficulties so their self-esteem is never affected.

4.3.4.4: Anxiety

Majority of the respondents kept on mentioning fear, worry and uneasiness, they explained that the traumatic events of clients worry them a lot, they worry about their clients' safety and health;

> "*I connect too well with my clients, especially children, I tend to worry a lot about their safety, I remember working so hard for my then three years old client to go for surgery, she was HIV positive and had genital wards, so her mother was in denial, I was always on the mother's case until we became friends until she died, I was only worried about my client and did all I could to make sure she receives the help she needed." (Participant 9)*

On the other hand, they are scared and worried that same situations should not happen to them or their loved ones, for example a social worker explained that she does not have children yet and some of the cases she handles trigger a lot of worry as to whether she should have children.

> "*I do not have children yet, and some cases male me to really wonder if I really want to have children, I do not imagine me raising an abnormal child*." (Participant 1)

Other respondents revealed that their anxiety is prompted by the kind of relationships they have with their co-workers, while some talked about lack of supervision and support from the supervisors as one of the causes of anxiety.

> *"It is so much tiring to wake up and go to work knowing that there is an awaiting scheduled case that I feel is beyond my power, but due to lack of support and supervision, I just have to fiddle it."* (Participant 3)

All social workers confirmed experiencing anxiety, they explained that they get worried about their clients safety, and are most often worried and scared that whatever clients experience and present to them does not happen to them or their loved ones.

4.3.5: The social challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

These are social conditions that are perceived to be harmful to more than just a few people. It has three sub themes which are avoidance, interpersonal relationships and service delivery.

4.3.5.1: Avoidance

Most of the respondents pointed out that there are those cases that they find themselves unable to stop thinking about them, or alternatively, they may find themselves trying as much as possible to talk about similar incidents because they remind them of the case they had. They also mentioned that they sometimes avoid trauma survivors due to the stress they go through because of such cases.

> *"There are times when I feel like I do not need to be stressed, we know our clients, so one of such days, a HIV positive client, whose child had recently died in a fatal car accident, walked in with her other adolescent child, I knew what it meant, they were here to seek counseling, I avoided them, faked a report writing just because I was not ready to handle such a case."* (Participant 2)

Some social workers talked about feeling like being alone both at work and home, and they revealed that when the feeling occurs, they look for a quiet space where they can be alone. Another respondent shared an experience of her avoiding her boyfriend because of a case she had of a lady who was physically, emotionally and sexually abused by her boyfriend;

> "After *talking to that lady, I would always postpone our meetings with my boyfriend, because I was afraid that could happen to me, right now I am not even sure if I would want to get married because I am threatened by the gender based violence I handle, men abuse women all the time, even good women, I am scared" (*participant 6)

Few social workers mentioned that they have never felt like being alone because of clients' stories, but because of the unfavorable work environment that stresses them. They also said even their personal stress sometimes triggers avoidance of some situations and traumatic cases at times.

‘*I can’t begin to lie and say clients have made me feel like being alone, but there are times when I don’t agree about certain things with my partner at home, and I find myself in a position where I feel like being alone and yet, work is work, I have to show up, I keep busy with other stuff that I am able to do in a private space when I get to work, as opposed to doing my actual work.”* (Participant 7)

Seven social workers confirmed that they sometimes avoid trauma clients, and after handling some traumatic cases, the feel like avoiding people and being alone. However, three social workers specified that they have never felt like avoiding people or being alone being of traumatic cases they handle.

4.3.5.2: Interpersonal relationships

Social workers who deal with gender based violence, abuse and HIV revealed that their job affects their interpersonal relationships as it affects believes and perceptions. They shared that some cases change the way they view some things, while other cases change their attitudes and behaviors towards their partners and loved ones.

“*I have had a case of a female inpatient, who tested HIV positive, she requested my presence upon disclosure to her husband, when assessing risk, the husband was more involved in risk behaviors than the wife, and yet he became so rude when he found out that the wife tested positive, without even knowing his status. My partner is the type that believes that if I am tested, then he is to, that is to say he never goes through that process, and I felt like he can also portray that behavior and judged him for that gentleman’s deeds.”* (Participant 1)

They mentioned that the traumatic cases impacts psychologically, and it therefore affects their trust towards their loved ones which sometimes leads them to withdrawing from some of the relationships. Furthermore, they stipulated that sometimes is difficult for them to differentiate from their own experiences and that of clients, so exposure to clients’ traumatic experiences cause them to develop a defense mechanism to protect against the same traumatic case happening to them.

“I have been so harsh to my husband just because my client shared with me the meanest things her husband has done to her, I arrived home to shout at my

*husband about things he didn't even know, because I felt like all men do what my client had shared, I was so mad at him because I could not stop thinking about my clients' experiences." (*Participant 10)

However, few of the clients mentioned that the clients' experiences do not affect their relationships, they just worry a lot that those experiences do not happen to them.

"*They honestly do not affect my interpersonal relationships, I just get worried that those experiences do not happen to the people close to my heart*." (Participant 7)

Nine social workers explained that, their relationships are affected by the traumatic cases, as the believes and perceptions change because of these cases. Only one social worker explained that the traumatic cases have never affected her relationships.

4.3.5.3: Service delivery

social workers revealed that their service delivery is affected by the way facilities treat them and their profession, they mention that social work is taken for granted in some facilities, there are no enough resources for service delivery and it affects the way they provide services. They also pointed out that some of the doctors and nurses still do not understand and are not aware of the services provided by social workers, so they refer clients who social workers find difficult to assist;

"*Social workers are taken for granted, and they prioritize other cadres' needs before ours, hence there is always lack of absolute service delivery."* (Participant 10)

Other social workers mentioned the importance of supervision and support and failure of those as a trigger to poor service delivery, they mentioned that some supervisors are never there for support and motivation, and it makes it hard for them to stay motivated as their efforts are left unrecognized. One social worker mentioned that her supervisor is always there for support, but with other things like resources and not services provided;

"*The fact that my supervisor is not a social worker makes it difficult for him to assist me with cases I feel I need to refer, because he is a nurse and although*

> *he would be willing to help, he can't because he is not familiar with what social work entails, so it becomes a challenge when I come across a case that I need to refer because I can't handle.'* (Participant 8)

Other social workers mentioned that clients' traumatic cases sometimes affect them psychologically, so they hinder them from providing quality services. They also shared that there are some instances where they have to assist clients who are perpetrators and it becomes tricky to provide them with services they deserve. They further explained that due to the traumatic cases, they develop some attitudes and believes about some groups or events, so they are challenged by providing services to such groups;

> *"when a men comes to my office claiming he has been abused, I don't feel pity for him, I always feel like they deserve it because mostly men are the perpetrators, I know it's not fair because some are genuinely nice, but the fact that they often abuse women, I always feel, allow me to say happy when such things happen to them."* (Participant 6)

Social workers explained that traumatic cases affect their psychological wellbeing and they sometimes hinder them to provide quality services, especially in they have to handle more than one traumatic cases a day. They further stipulated that lack of support from supervisors also affect their service delivery negatively.

4.3.6: The coping strategies of social workers towards the overall challenges they experience after handling traumatic cases in Maseru district hospitals, Lesotho

The coping strategies are how social workers survive with the identified difficulties/ problems. It has three subthemes which are support, self-care strategies and use of theories.

4.3.6.1: Support

Majority of the social workers mentioned that they receive quite much support from their colleagues, which help them to stay motivated and willing to provide effective services. Majority talked about support from co-workers, that with shared confidentiality, they are able to distress and to cope.

"*I always call my supervisor to assist me with cases I feel are beyond my power, and she is always available to handle them or to assist me on how best I can handle such situations, she's always there when I need her*." (Participant 2)

A lot of respondents also talked about support from friends and family, that every time they are low in mood, their families always try to cheer them up;

"*I have learned that my husband can now notice me when I have job stress, he always comes throw, he makes sure that he and the kids cheer me up and it really helps me"* (participant 10)

Other social workers mentioned that they do not receive support from supervisors and it affects their job and wellbeing negatively, they mentioned that support is important because there are those cases beyond their power which they feel supervisors can handle, but due to their neglect, they struggle.

"My supervisor is always negative about everything I do, even when I feel like I have out done it, it discourages me a lot because most often than not my efforts are left unrecognized." (Participant 4)

.all social workers urged that they support each other as colleagues although there are times they do not agree. Two social workers said their supervisors are hundred percent supportive and all of them confirmed receiving support from family and friends when they are down.

4.3.6.2: Self-care strategies

Most of the respondents mentioned that even though they may happen to work after hours, they always try to rest and relax; they mentioned they also try to maintain good relationship with co-workers for their sanity.

"*Above everything else, I make sure I maintain good relationships with co-workers, especially supervisees who are lay counselors, I spent eight hours of my daily time with them, and I can't afford to have grumbles with them."* (Participant 9)

They further revealed that, even though they have a lot of workload, they try to break for lunch and create time for leisure time.

“I sometimes go to town alone, just to spoil myself with thing I like as a form of relaxing my mind and of course appreciating my hard work.” (Participant 7)

Most of them pointed out that they are able to dedicate their important time to family and friends, which help them to relax and shift their minds away from job stress. They mentioned that they invite friends over or go out with friends or family.

Difficult as it would get, I always make it a point that I have quality time with family especially on weekends, comes out as rehab to me. (Participant 9)

Social workers mentioned that despite their busy schedules and work load, they make time for breaks at work, and outside work, they dedicate time for family, friends and leisure activities.

4.3.6.3: Use of theories

All of the social workers mentioned that incorporating theories and social work ethics they learned from school help them in coping even with some difficult cases .Most of them talked about Cognitive behavioral therapy and trauma focused cognitive behavioral therapy and most mentioned that they normally use a combination of theories;

“*It’s funny how we used to think incorporating theories in our cases was a torture at school, Cognitive behavioral therapy always help me in assisting clients to help them change the way they think, and it normally works for me.”* (Participant 5)

There are those who explained that they have also adapted their approaches through experience and success stories throughout their careers and it helps them cope.

“*Experience has equipped me with better skills on how best I can handle several situations. I have learned to be confident and proud, through experience.”* (Participant 3)

All social workers confirmed incorporating theories while handling cases, four social workers (40%) added that they have adapted other approaches through experience and success stories.

4.4 Chapter summary

The chapter presented the findings regarding the challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho. It also presented the demographic information of the participants and six themes and their subthemes that provided verbatim quotes coining from the transcriptions.

Theme one explored social workers awareness about the challenges experienced by them after handling traumatic cases in Maseru district hospitals, Lesotho and under this them, three sub themes emerged which are work environment, difficulties that emerge due to traumatic cases handled support and response to difficulties. Findings under this theme were that respondents claimed their work environment to be conducive, although the explained conducive in terms of tidiness, warmth, and relationships with co-workers.

Most of the participants mentioned that there are difficulties that emerge due to traumatic cases as these cases affect them even outside their workplace, because they are left scare and worried after handling this traumatic cases, they end up thinking a lot about them and even re-experiencing them, only one social worker explicated that the traumatic cases do not bring about any difficulties. Most of the social workers enlightened that they receive support from colleagues, family and friends as opposed to supervisors, while only few confirmed receiving support from their supervisors while handling traumatic cases.

Social workers mentioned that when responding to the difficulties, they use combined theories that direct them on how best to handle the cases, only one social worker mentioned opting for counseling while some difficulties occur.

The second theme explored the emotional challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho and there are two subthemes under this theme which are irritation and sadness and frustration. Most social workers clarified that they get irritated and sad at work due to traumatic cases handled, and the nature of some cases referred to them. They stipulated that when at home, they are being reminded of the clients' trauma by stories on TV and they get

irritated and sad, while others added that sometimes they are irritated and saddened by colleagues and work environment'

Majority of the social workers explicated that they get frustrated dues to traumatic cases, combined with clients' personalities that make it difficult for them to assist, other mentioned that personal stress plus job stress generate frustration.

The third theme explored the physical challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho and subthemes are tiredness, difficulty in concentrating and back pains and insomnia. Findings are that social workers explained that the challenges they experience are tiring and scary, they are more affected when emotional responses in sessions are intense, and they get tired of hearing the traumatic stories and working with difficult clients.

Most social workers, after handling traumatic cases, they find it difficult to concentrate both at work and at home, especially if they are supposed to handle more than one traumatic case a say. Only few explained that their concentration is not affect by the traumatic cases. Most social workers stated that they experience difficulty in sleeping due to traumatic cases they handle, they added that work environment and relations also contribute to the difficulty in sleeping.

The fourth theme explored the psychological challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho and subthemes are low mood, re-experiencing clients' traumatic cases, self-esteem and anxiety.

The respondents explicated that the traumatic cases affect their mood as they experience loss of interest and pleasure in activities, therefore they experience low mood. They also articulated that they re-experience their clients' traumatic stories as they influence the way they think and see other situations however few respondents reported that they do not experience the client's traumatic stories.

Most of the respondents explained that their self-esteem is affected by this traumatic cases as intrusive recollections demolish their self-esteem, as well as the hopeless cases that they find very difficult to solve. However, few social workers explained that

their self-esteem is not affected by the traumatic cases hey handle. Majority of social workers mention that their client's traumatic stories cause them fear, worry and uneasiness, as they worry about client's wellbeing and safety, and fear that these events do not happen to them or their loved ones.

The fifth theme explored the social challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho and subthemes are avoidance, interpersonal relationships and service delivery. Most respondents pointed out that there are times they feel like being alone in quiet places, and they normally avoid talking about incidents that remind them of their client's traumatic cases, and some explicated that they even avoid trauma clients at times.

Furthermore, most respondents mentioned that their interpersonal relationships are affected by the traumatic cases they handle as they affect their believes and perceptions, they mentioned taking their work frustrations out on their patners and times, however few confirmed that their interpersonal relationships are not affected by the traumatic experiences they handle. Social workers also revealed that sometimes these traumatic cases affect their service delivery as they impact on their mood and attitude to some clients. Others mentioned that lack of supervision impacts on poor service delivery a well.

The sixth theme explored the coping strategies towards the overall challenges experienced by social workers after handling traumatic cases in Maseru, Lesotho and subthemes are support self-care strategies and use of theories. All social workers confirmed that they receive support from co-workers, families and friends while having difficulties after handling traumatic cases, while only few mentioned receiving support and help from supervisors.

Respondents also revealed that they give their selves time to rest and relax, to maintain good relationships with colleagues for their sanity, and they create time for leisure. They also explained that they dedicate time to friends and family which also helps them in coping through the clients; traumatic material. All social workers confirmed use of combined theories when assisting trauma clients and some added

that there are learned approaches that have been successful in helping trauma a clients and which they use.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.0 Introduction

The goal of the study was to investigate the challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho. This chapter provides the discussions and interpretations of the study findings presented in the chapter four, in connection with the literature revised and theoretical framework. The chapter will also present six themes and their subthemes and challenges and recommendations that can address the challenges experienced by social workers and finally give the conclusion drawn from the findings and suggestions for further research.

5.1 Discussion and interpretation of findings

This section provides a discussion and interpretation of the identified themes and sub-themes using the same sequence with which findings were presented in chapter four. The six main themes are, social workers awareness about challenges experienced by them after handling traumatic cases in Maseru district Hospitals Lesotho, Emotional challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho, Physical challenges experienced by social workers after handling the traumatic cases in Maseru district hospitals, Lesotho, Physical challenges experienced by social workers after handling the traumatic cases in Maseru district hospitals, Lesotho, The psychological challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho, The social challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho, The coping strategies of social workers towards the overall challenges they experience after handling traumatic cases in Maseru district hospitals, Lesotho.

5.2.1 Social workers awareness about challenges experienced by them after handling traumatic cases in Maseru district hospitals, Lesotho.

Majority of the participants are not aware of the experiences they go through, because as they were questioned about their work environment, they were not expressing the challenges but talking about the slightest issues that do not portray awareness on challenges. The findings on social workers awareness about challenges experienced by them after handling traumatic cases in this study established that work environment, difficulties that emerge due to traumatic cases handled, support and responses to their difficulties were some of the challenges.

5.2.1.1 Work Environment

Social workers were accessed to find out if their work environment is conducive and accessible for them and their clients and majority of them responded that their work environment was very conducive, accessible and that they work as a team with their colleagues. According to them, a conducive work environment is an environment that is accessible, an environment where colleagues have harmonious relationships, that is favorable in terms of warmth, and tidiness.

However, some complained about compromised confidential space. They lamented that most of the facilities lack space and in most cases they share offices and that makes their work very difficult like when providing HIV testing, confidentiality of their clients is compromised. Another social worker also raised a point of social work being hardly recognized and understood at facility levels, which made their job difficult at times, as colleagues will be referring clients whose needs are beyond the services they provide. Additionally,

The study is consistent to the reviewed literature as, Hashmi, (2015) stated that interpersonal conflict among people at work has been shown to be the frequently noted stressors for employees, hence it is important for social workers to be aware of workplace bullying and conflict. They can contribute to stress that can be divided into five categories which are; threat to professional status, threat to personal status, isolation, excess work and destabilization and lack of credit for work and meaningless tasks.

5.2.1.2 Difficulties that emerge due to traumatic cases

The study found that traumatic cases social workers deal with affect them even outside their work space. Social workers stated that after each traumatic case they are left scared and worried and they sometimes feel like sharing with their loved ones or family members just to relieve stress and lift a burden off their shoulders.

They also mentioned that there are cases that remind them of experiences they went through, which sometimes affect the healing processes that social workers will be going through, because they relate too well with what clients present to them.

Other respondents mentioned that they experience low mood and avoidance, they also revealed that this cases affect the way they perceive other things and their believe system, which leads to their interpersonal relationships being affected.

Study findings are consistent to the literature as Lloyd, et al., (2011), also specified that social workers may be faced with prolonged stress associated with chronic anxiety, psychosomatic illness and a variety of other emotional problems. Burnout is also of chronic stress and can impair the human service worker effectiveness. A previous research by Mslach el al, (1996) predicted that burnout would be related to the desire to leave one's job.

Moreover, a community care survey (2009) indicated that UK social workers had more than double the rates of depression and one third of the respondents had been prescribed anti-depressants. In 2015, community care distributed a survey to qualified social workers in the UK that sought to examine levels of stress (Schraer, 2015). Out of 2000 respondents, 97% indicated that they were much stressed, and these high levels of stress were attributed to complex caseloads, workplace bullying, and reoccurring of client's trauma.

According to these social workers, traumatic cases are very stressful for they sometimes find themselves thinking a lot about their clients and their traumatic events, and also re-experiencing such events. Moreover, some social workers explicated that there are those clients who they find themselves very much connected to, especially children, do they find themselves helping those children outside their job, for instance

if there is some delay in some promised resources, they provide such resources to the children.

The study findings are also relevant to the literature as McGregor, (2011) also explained that social workers are at high risk of developing depression due to work related stress. They experience symptoms of secondary traumatic stress include some of the same symptoms experienced by the direct victims of trauma, including increased fatigue or illness, social withdrawal, reduced productivity, feelings of hopelessness, despair, nightmares, feelings of re-experiencing of event, having unwanted thoughts or images of traumatic events, anxiety, avoidance of people or activities and anger and sadness (international Society for Traumatic Stress, 2005).

5.2.1.3 Support

Majority of these social workers mentioned that when it comes to support they help each other as colleagues and from working together they are able to equip each other with the needed skills. They also mentioned that their supervisors are hardly available to provide them with the needed support when it comes to traumatic cases. The only support they provide is that of providing them with material things like equipment.

They also mentioned that whenever they re-experience their client's trauma, they are never given support and it is not even recognized that they may be going through such problems, instead they are looked at as being incompetent while in actual fact they also need counseling.

Although the social workers majority of the social workers who participated in this study did not receive support from supervisors and yet they were aware that the deserve it, literature also confirms the need for supports as Whitfied and Kanter, (2014) stated that supervisors that social workers interact with should be helping to find a solution aid and support social workers prior to, and after secondary trauma is experienced.

It is important to ensure that workers understand their roles, boundaries, and hours of the job, without this social workers concentration, organization and compassion are at risk (Whitfied & Kanter, 2014). Those who help others heal need healing them thus

making it vital that agencies and supervisors are providing an outlet of resources not only for clients but for the workers that are helping the clients heal.

However two social workers confirmed the presence of their supervisors to handle cases they feel are beyond their capacity while one alleged that health facilities are mostly dominated by Doctors and Nurses and most of their needs are not acknowledged and met.

5.2.1.4 Response to the difficulties

The study found that for most of these social workers, use of combined theories make it possible for social workers to be able to achieve effective results while helping clients with diverse problems. They mentioned that these theories assists them in knowing how best to respond to client's problems and difficulties that emerges. They also mentioned that they use learned approaches which works effectively towards responding to client's needs.

They also stated that sharing of information and skills amongst colleagues is important, because it equips them with skills, therefore shared skills prepare each person to be able to handle different cases on their own, and so when the difficulties emerge, they sit and talk about them, and find best possible ways to respond to those difficulties.

Only one social worker shared that she opted for counseling when she felt she was re-experiencing client's trauma, other social workers mentioned that they shared such information with co-workers or family and friends, just to ease the trauma they will be going through.

5.2.2 Emotional challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

The emotional challenges include inappropriate types of behavior or feelings under normal circumstances. From the study two subthemes emerged under this theme and they are, irritation and sadness and frustration.

5.2.2.2 Irritation and sadness

Most social workers in this study reported that they get irritated and sad at work due to client's traumatic cases and they sometimes feel they are not doing enough to help clients move forward in their healing journey so they become emotionally drained which affects their attitude towards work and sometimes clients, the study relevance to literature is confirmed where Ting et al, (2005) argued that repetitive hearing of clients traumatic events result in overwhelming negative feelings and an emotional imbalance for the therapist. These feelings may include irritability, anger, frustration and emotional pain. If not attended to, the negative feelings can become more severe and the therapist may develop larger affect changes such as depression or anxiety (Bishop and Schmidt, 2011).

Boran, et al., (2011) piloted a study to determine job stress, its sources and its effect on health care professionals in northen Jordan and results indicated that of the 402 health care professionals, 27% reported high levels of stress, and factors associated with highest stress were having long working hours, dealing with uncooperative patients and heavy workloads associated with high stress irritability 58%, consuming more arousal drings 56%, difficulty in concentrating 51% headaches and chronic back pains 48%.

Also majority revealed that most of the stories shared by clients follow them and are always in their minds even when they are at home. And this has negatively impacted their emotions so much that they find themselves being irritated by small things. Some even specified that watching TV stories that are similar to their client's traumatic stories reminds them of what the clients go through and they begin to be irritated and sad

Others shared that they are not only irritated and saddened by clients, but the work environment, supervisors ,colleagues at times, and limited resources sometimes lead to sadness and irritation, for they are sometimes unable to help clients due to lack of certain material and resources.

5.2.2.3 Frustration

Majority of social workers interviewed highlighted that they mostly experience frustrations brought by clients for some clients are dishonest about situations and it becomes difficult to help such clients.

Other participants mentioned that they get frustrated due to personal stress, they sometimes think about situations at home and things that need to be done while at work and that sometimes prevent them from being fully present. They reported that this brings less patience, low mood, less willingness to probe more so as to achieve client's healing. Others reported that they get frustrated when their supervisors are not cooperative and expect them to handle cases that are sometimes beyond their capacity.

5.2.3 Physical challenges experienced by social workers after handling the traumatic cases in Maseru district hospitals, Lesotho

The physical challenges are challenges that affect a primary sense or ability to move and get around easily, that is, having some physical problems that hinder some activities. Subthemes that emerges under this theme includes tiredness, difficulty in concentrating and back pains, anger and insomnia.

5.2.3.1 Tiredness

Social workers explained that the more powerful and strong the emotional responses get, is the more affected they become. They become emotional and tired of hearing the traumatic stories and working with difficult clients, and due to having many responsibilities and being stressed of other reasons like stress within the agency and day to day obstacles. Literature confirms this as Figley, (2006) explains that clinicians experience fatigue due to chronic use of empathy when treating patients suffering in some way.

They further shared that they get tired of these many challenges they encounter which scare them, because, as much as they are social workers, they are still human beings and some of the challenges they go through scare them away from taking bigger steps and reaching certain life decisions. Figley, (2006) further explains that when chronic use of empathy is combined with the day to day obstacles such as stress within

agency, problems with billing or balancing client work with administrative tasks, the onset of fatigue may occur. It occurs to clinicians who work with trauma victims and any type of population (Newell & Macnei, 2010)

5.2.3.2 Difficulty in concentrating

The study also found out that, after handling traumatic cases, most social workers find it difficult to concentrate at work even at home, they get hooked in cases they handle, and end up losing concentration even while at home, they cannot pay attention to family. They stipulated that their mind gets occupied by clients' stories so much that they tend to abandon some of their personal responsibilities. They articulated that there are some hopeless cases that keep dashing in their mind and hinder concentration.

A study was conducted to assess the level of concetration to social workers experiencing job stress by Beer and Asthana (2016) and the results exhibited that over 35% of social workers in the sample reported using alcohol to be able to concentrate. The research findings suggest that there are significant levels of chronic stress among social workers and emotional eating and alcohol usage as a mechanism to concentrate and cope with work related stress.

The study findings also revealed that, few social workers share their experiences to partners and children, which helps them ease pain and re-experiencing of trauma, therefore they explained that they do not experience loss of concentration and back pains.

Another study conducted regarding the effects of occupationlal stress on job perfomance among social workers in Ghana by Amoako, et al., (2017) results disclosed that the most prominent symptom of stress among social workers was tiredness and difficulty in concentrating on their work which negatively impacted on their work as there levels of absenteesm would increase.

5.2.3 .3 Insomnia

Study findings revealed that social workers struggle to sleep due to traumatic cases they handle, they have difficulty in maintaining sleep and tend to wake up early when stressed. In a study conducted in Japan, by Nakata, et al., (2014), to clarify the

relationship between perceived job stress, social support and prevalence of insomnia in Japanese daytime health workers. Insomnia was diagnosed if one had at least one of three types of symptoms on an almost nightly basis. There symptoms were; taking more than 30 minutes to fall into sleep, difficulty in maintaining sleep, and early morning awakening.

They also experience insomnia due to poor interpersonal relationships at work especially with supervisors. They shared that bed time is when reflection of the events of the day, they get lost into their thoughts and think of what they would do if the same situations happened to them. Physical environment and low coworker support also were weakly associated with risk for insomnia among workers. Furthermore, high depressive symptoms significantly increased the risk of insomnia and interpersonal conflicts with co-workers and social support were also associated with insomnia, (Nakata et al, 2014).

5.2.4. The psychological challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

The study found that the difficulties and obstacles that arise due to the cognitive and psycho social abilities and mental status of social workers cause them to experience low mood, re-experiencing clients' traumatic cases and anxiety.

5.2.4. 1 Low mood

This study found that many social workers experience low mood because of the traumatic cases they handle, they further explained that the low mood is caused by loss of motivation, diminished concentration and loss of interest and pleasure in other activities. They shared that critical situations of clients depress them because some talk therapy does not function because of the client's state.

The social workers expressed that their job nature leads them to low mood because some depressing cases can be avoided, so when such cases affect children, it really affects their mood and attitudes. Also clients' attitudes and lack of patience also affect their mood, because most of the resources are not provided by them directly, but they just link clients with such resources.

5.2.4. 2 Re-experiencing of client's traumatic cases

The study finding revealed that repetitive hearing of clients trauma experiences end up changing social workers' believe system and the way they interpret situations, hence they sometimes feel like they experience the same situations as clients'. Furthermore, social workers explained that emotional residue of exposure to hearing stories and become witnesses in the pain survivors endured. They get worried and imagine these incidents happening to their loved ones

According to McCann and Pearlman, (1990), vicarious trauma emphasizes the changes in the therapist's cognitive schema; believe systems, and personality as a consequence of their indirect exposure to a client's traumatic material with manifestations of disruptive symptoms including intrusive imaginary and painful affect. Symptoms associated with vicarious trauma include nightmares, fears for safety, of oneself and loved ones, avoidance of violence of violent stimuli in the media and emotional numbing (Zaccari, 2017).

The findings also exposed that this re-occurring of client's situations affect the way they function as well as their performance at work, researched revealed that vicarious trauma can impact a counselor's professional performance and function, as well as result in errors, judgments and mistakes counselor may experience behavioral changes like; tardiness, free floating anger, absenteeism, irresponsibility, exhaustions and talking to oneself (American Counseling Association, 2010).

Three of the four (90%) single social workers detailed that they have difficulty in committing to relationships and have trust issues due to cases they have handled and some added on to say their past experience makes it even harder. They may also experience interpersonal problems that include; blaming others, poor relationships, blaming others, poor communication and avoidance of working with clients with trauma history (American Counseling Association, 2010).

5.2.4. 3 Self-esteem

The study findings further discovered that social workers' self-esteem is affected by the traumatic cases they handle, which is consistent to literature as a study conducted in Israel about self-competence by Chen, (1999) also revealed that self-esteem is

another important personal factor that is believed to contribute to a sense of role competence among therapists working with trauma populations.

The study revealed that the intrusive recollections like thoughts and perceptions of clients' traumatic events defeat social workers' self-esteem, because they always feel like they did not do enough to help clients, especially in the hopeless cases where clients are in critical situations or are difficult to convince, this confirms relevance to the literature as a survey conducted in United States by Dutton & Harris (2001) to explore prevalence of traumatic stress among Social Workers revealed that the most frequently reported symptom was intrusive thoughts related to work with clients, with 40.5% of respondents indicating that they thought about their work with traumatized clients without intending to.

Some social workers added that, they are excluded in some decision makings that affect them, which also defeats their self-esteem. In his study, Chen (1999), also found that there is a negative correlation between the sense of mastery or sense of control and competence among social workers in Israel, which lowers their self-esteem and thus their cognitive capabilities.

5.2.4. 4 Anxiety

Findings discovered that social workers experience fear, worry and uneasiness, due to the traumatic events of clients, they worry about their clients' safety and health. In a study conducted in Egypt that was aimed to understand levels of anxiety on workers, it confirmed that social workers the level of anxiety on social workers was high and there was high risk of psychological distress and lower levels of job satisfaction on social workers (Ghanem, et al., 2009).

They also exposed that they are scared and worried that same situations should not happen to them or their loved ones, and they explained that when they experience this, their job satisfaction is affected. Fung, (2012) conducted a study a study in Hong Kong and it also showed the high levels of social workers suffering from anxiety than the general population. This high level of anxiety among studied social workers was explained to disturb their social work practice and their emotional experiences at work.

They further stipulated that, this feelings of anxiety are caused by poor support from supervisors and exclusion in decision makings Moreover, the inadequate administrative support, poor working conditions, lack of involvement in decision making, legislation, reform policies, and relationships with clients and co-workers and lack of resources intensifies the levels of anxiety (Indregard, et al.,(2018)

However, other respondents exposed that their anxiety is stimulated by the kind of relationships they have with co-workers, and lack of supervision and support from the supervisors as one of the causes of anxiety

5.2.5. The social challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

The social conditions caused by the traumatic cases that social workers handle include; avoidance, interpersonal relationships, and service delivery.

5.2.5.1 Avoidance

Study findings revealed that eighty most of the social find themselves thinking about traumatic cases of clients, so much that they end up talking about similar incidents and reminding themselves of such cases. A survey conducted in United States by Dutton & Harris (2001) to explore prevalence of traumatic stress among Social Workers revealed that avoidance symptoms ranged from 10.9 percent for avoidance of people, places, or things that served as reminders of work with traumatized clients to 31.6 percent for avoidance of clients.

In cases where there is more than one social worker, they exposed that they sometimes avoid trauma survivors because of the stress the go through after handling those cases, for instance, some traumatic cases are obvious when clients walk in, like a raped child.

Most of the social workers also explained that there are times when they feel that being alone in a quiet space may help them break from the hurtful thoughts of clients traumatic cases. They explained that it happens at home, when they avoid their spouses or children, and at work when they avoid both co-workers and clients. Fourie (2014) mentions that burnout included withdrawing from social contact outside of work, having a quicker temper, suspiciousness, rigidity, overconfidence, alcoholism,

stubbornness, headaches and loss of commitment to work., which leads to reduced work performance, which means that social workers who are unsatisfied and experience burnout end up performing badly and losing interest in their job.

However, twenty percent of the social workers stated that they never feel like being alone because of the clients' traumatic cases, they mention that their personal stress combined with work stress that does not include traumatic cases, sometimes trigger the feeling of avoiding people.

5.2.5.2 Interpersonal relationships

Finding of this study revealed that social workers working with abused children, gender based violence, abuse perpetrators and HIV/AIDS services, sometimes use the traumatic events that clients present to them against their partners. These traumatic events change their attitude believes and behaviors towards their partners In a study conducted by Graves & Murray, (2012) In regard to social workers occupational dimension and exposure to family violance, findings were that exposure to family violance poses specific challenges to socal workers who are exposed everyday to perpetrators and victims of family violance as well as children in violant families. They are exposed as earwitnesses to traumatic events in marital relationships, and beyond this they become victims of violence by the aggressor themselves (Slattery & Goodman, 2009). They are therefore forced to confront basic beliefs regarding human relationships, particularly spousal and family relationships. All of this can blur the boundary between a personal and professional matters, and undermine the social worker's sense opf role competence (Graves & Murray, 2012).

The social workers also specified that the clients' traumatic events impact psychologically, they end up lacking trust towards partners, which some mentioned they even withdraw from some relationships. This alteration in personal relationships can range from a general mistrust of others to rejecting intimacy and sexual advances from his or her partner (Bell et al, 2003). The other therapist relationship that suffers is the therapeutic relationship with a client. Difficulties arise when the therapist is unable to separate his or her own experience from that of the client's. If the social worker is unhappy with his or her job due to secondary trauma, the quality of care decreases, also if symptoms are causing the social worker to miss work and have to

cancel appointments frequently, clients do not receive the consistent support that is essential to the healing process (Kanno, 2010).

They explained that it becomes difficult for them to differentiate from their own experiences and that of clients, so exposure to client material cause them to develop a defense mechanism to protect against the same traumatic cases happening to clients. Bride, (2007), stipulated that trauma stress also effects on relationships, due to the psychological impacts and the decrease in trust, a therapist may experience strains in interpersonal relationships. As the therapist is more aware of power and control issues, he or she may unconsciously withdraw from personal relationships as a defense against experience

However, twenty percent of the study participants mentioned that the experiences do not affect their relationships, they just happen to worry a lot that the experiences do not happen to them.

5.2.5.3 Service delivery

The study results point out that social workers' service delivery is affected by the challenges they experience at work, due to lack of supervision and support from particularly supervisors. They emphasized the importance of support and supervision, because lack of those, trigger service delivery. They added by saying that some cadres do not understand the services social workers provide, and that it also affects their service delivery.

It has also been discussed that since social workers are highly exposed to the traumatic situation of others such as rape, accident or killing ,they are more exposed to stress than other health care workers. The stress in them causes various problems. This examination analyzes the initial and intelligent impacts of job stress ,work independence and social help in foreseeing burnout and tum over goal among social workers (Kim and Stoner 2010).

Findings in a study conducted by Calitz, et al., (2014) on how satisfaction can lead to enhancing the social worker's role within the organization and reducing absenteeism while dissatisfaction leads to decrease in retention and reducing the quality of services offered to clients. Research on job satisfaction has shown that the more satisfied an

employee is with his/her job, the less likely they will contemplate leaving (Farmer, 2011).

Additionally, they explained that the client's material affect them psychologically, so they hinder them from providing quality services. In the case where they assist perpetrators, social workers, stated that it becomes tricky because at times, they find themselves irritated by these people, and feel they do not deserve services even though they are human being and therefore deserve services too. Bride and Kintile (2011) also state that social workers who assist traumatized clients from family violence are vulnerable to traumatic stress or compassion fatigue which may hinder social workers proving quality services and empowering the survivors of family violence . This trauma can also affect social worker's jobs commitment and satisfaction.

5.2.6. The coping strategies of social workers towards the overall challenges they experience after handling traumatic cases in Maseru district hospitals, Lesotho

The study findings explicit that social workers survive with the identified problems by support, self-care strategies and use of theories

5.2.6. 1 Supervision and Support

Although few of social workers confirmed receiving support from supervisors, few mentioned that they do receive support from supervisors, be it with helping them with handling cases beyond their capacity, or assisting them with information on how best they can handle the cases. Lee and Miller (2013) identified that social support at the workplace is also an important aspect of decreasing symptoms of secondary trauma. Studies suggest that funding comfort, emotional support, constructive feedback, and humor with coworkers is a protective factor.

Cooper (2015) stipulates that 50.4% participants from the community care study in UK said they felt that supervision is useful tool to help manage work related stress. There were social workers however, who felt that they did not have enough time to do their job and to leave on time and worrying about not coping which declares that awareness on time management as a prevention strategy needs to be done.

Majority of the social workers reported support from family, colleagues and friends. Lerias and Byrne (2003)'s review of literature on secondary trauma found that a clinician's social support is an important factor in finding out how able they can deal with exposure to a client's trauma.

MacNeil, (2010) suggested that resources in agencies should demonstrate their sensitivity to workers affected by trauma-related stress one to demonstrate this is to routinely evaluate utilizing scales and measures such as secondary traumatic stress scale and professional quality of life scale the scales are said to be good indicators for supervisors to begin providing options of outside counseling, peer support groups, trainings, and educational opportunities.

5.2.6. 2 Self-care strategies

Social workers mentioned that they sometimes work after hours, however, they try to find time to break for lunch while at work, try to maintain good relationships with co-workers for their sanity, as well as creating time for resting and relaxation. They pointed out that they dedicate time for family and friends, which help them in relaxation and time away from job stress.

Studies have described self-care and social support networks as important factors in preventing and alleviating secondary trauma. Self-care is described as an individual who sets boundaries between personal and professional life by dedicating time to important domains in life such as family, emotional and spiritual needs (Newell, &MacNeil, 2010). Even though self-care and leisure time is often recommended to reduce the risk of secondary trauma, many social workers do not commit time to such activities due to their responsibilities and workload (Sprang et al, 2018).

In their study of two hundred and fifty-nine social workers, Bober and Regehr (2006) found that while participants of the study were likely to believe in the effectiveness of dealing with symptoms by participating in self-care activities, attending supervision and using coping strategies, there is no evidence that using the recommended coping strategies is protective against symptoms of acute distress. Lerias and Byrne (2003)'s review of literature on secondary trauma found that a clinician's social support is an

important factor in finding out how able they can deal with exposure to a client's trauma.

Only one social worker however, acknowledged the importance of counseling for social workers, and confirmed that she went for counseling while she was experiencing client's traumatic cases. Whitfied and Kanter, (2014) elucidated that supervisors that social workers interact with should be helping to find a solution aid and support social workers prior to, and after secondary trauma is experienced. It is important to ensure that workers understand their roles, boundaries, and hours of the job, without this social workers concentration, organization and compassion are at risk.

Bell, et al, (2003), recommended that agencies should have counselling resources available for all staff that interact with traumatic material, if there are many social workers encountering the same type of trauma in the agency it should consider feasibility of forming a peer support group. Social workers also need health insurances that provide their mental health coverage

5.2.6. 3 Use of theories

All ten social workers established the importance of incorporating theories and social work ethics they learned from school, they itemized that they help them in coping even with some difficult situations, most of them talked about Cognitive behavioral therapy and Trauma focused cognitive behavioral therapy and they mentioned that they used a combination of theories.

Agencies are said to have a duty to warn new stuff of the potential risks of trauma work and asses their resilience, new employees can be educated about the risks and effects associated with trauma, as new and inexperienced workers are likely to experience the most impact (Pearlman & Saakvitne, 2005). It is further explained by Bell, et al, (2003) that ongoing education about trauma theory and the effects of vicarious trauma can be included in staff training, and discussed on an ongoing basis as part of staff meetings.

There are social workers who specified that they also adapted their approaches through experience and success stories throughout their careers and it helps them cope.

5.3 Application of the theory to the study

To understand the respondents' experiences and how they affect them, I used constructive development theory as a useful framework, as it provided an idea that defines the impact of the traumatic experiences directly, or indirectly on psychological, social, physical and emotional needs. The theory helped me to understand how social workers could be affected when working with clients who experienced trauma as it explores five areas within a person's self that can be affected when they experience trauma. The theory helped me to identify the experiences and manifestation of challenges that social workers go through, as it made me understand that changes in therapist believe system and cognitive schemas can touch nearly every aspect of a social worker's life and each encounter with a traumatized client reinforces believes and schemas.

Social workers experience emotional challenges which are irritation, sadness and frustration, they also experience physical challenges that include difficulty in concentrating, tiredness, back pains and insomnia. Social workers also experience psychological experiences which are, low mood, re-experiencing clients trauma cases, self-esteem and anxiety and social challenges which include avoidance, interpersonal relationships affected and service delivery.

Table; 5.1 Application of the theory to the study

Components of the theory;	**Themes and Subthemes**
First Component The frame of reference(how an individual interprets experience	**Theme 1**; To understand social workers awareness about challenges they experience after handling traumatic cases in Maseru, Lesotho **Subthemes**; ➢ environment, ➢ difficulties that emerge due to traumatic cases ➢ support and response to difficulties

<table>
<tr><td colspan="2">Findings:

Social workers have a conducive work environment in terms of relationships with colleagues
Social workers have support from supervisors
When asked about awareness, they talk about work environment and supervision from supervisors,
After analyzing their responses, it is clear that there is still lack of awareness of the challenges social workers experience after handling traumatic cases.
</td></tr>
<tr><td>Second component Ego resources (strategies to self-awareness and interpersonal skills)</td><td>Theme 2; Explored the emotional challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

Subthemes;

irritation
sadness and frustration
</td></tr>
<tr><td colspan="2">Findings;

Social workers experience irritate and sad after hearing traumatic clients’ stories.
Social workers got frustrated by the traumatic cases they handle sometimes work environment also cause frustration
</td></tr>
</table>

<table>
<tr><td>Third component: ; Self-capacity (the ability to maintain a sense of self)</td><td>Theme 3; Explored the physical challenges experienced by social workers after handling traumatic cases in Maseru district hospitals, Lesotho

Subthemes;

tiredness,
difficulty in concentrating
</td></tr>
</table>

<table>
<tr><td></td><td>➢ back pains
➢ anger and insomnia</td></tr>
<tr><td colspan="2">Findings;
➢ Social workers experienced tiredness due to traumatic cases.
➢ Social workers experienced difficulty in concentrating after handling traumatic cases while few claimed not to experience loss of concentration.
➢ They experienced anger and insomnia due to traumatic cases and some added that work stress also contribute.
➢ Few expressed that they do not experience sleeping problems because of any job related issue.</td></tr>
<tr><td>Fourth component; Psychological needs and related cognitive schemas</td><td>Theme 4 explored the psychological challenges experienced by social workers after handling traumatic cases
Subthemes;
➢ low mood,
➢ re-experiencing clients traumatic material,
➢ self-esteem and anxiety
theme 5 explored the social challenges experienced by social workers after handling traumatic cases
subthemes;
➢ avoidance,
➢ interpersonal relationships
➢ service delivery</td></tr>
<tr><td colspan="2">Findings; theme 4
➢ respondents experience low mood because traumatic cases affect the way the perceive things,</td></tr>
</table>

<table>
<tr><td colspan="2">

- Majority expressed that they think a lot about the traumatic cases and end up re-experiencing them,
- only few claimed that they do not re-experience clients traumatic cases

Findings; theme 5;

- respondents experienced feelings of avoidance, few said they don’t
- Most social workers explained that their interpersonal relationships are affected as these cases change the way they see things and their believe system
- Social workers expressed that their service delivery gets affected due to the handled traumatic cases and lack of support

</td></tr>
<tr><td>

Fifth component

Memory and perception (physical and emotional responses to trauma.

</td><td>

Subthemes; Explored the coping strategies of social workers towards the overall challenges they experience after handling traumatic cases in Maseru district hospitals, Lesotho.

Subthemes;

- Support
- Self-care strategies
- Use of theories

</td></tr>
<tr><td colspan="2">

Findings;

- More social workers explained that they receive support from co-workers, family and friend, while few expressed that even their supervisors support them
- All social workers expressed that they use self-care strategies that include breaking from work, dedicating important time to family and friends and maintaining good relationships at work

</td></tr>
</table>

- All social workers expressed that they use combined theories while assisting clients and some added that learned approaches have also made success stories

5.4 Challenges encountered

Social workers were not willing to meet me on weekends, it was very challenging because I had recently gotten a job and it was not easy for me to make time in week days, hence it took longer than expected for me to end up meeting all of the social workers, they would also prefer the afternoon hours, and some of the facilities were far, and would cost me to travel late.

On arrival to some facilities, I would find familiar faces of some people I attended school with, it was a bit tricky to gain their trust, and for them to be able to openly talk to me about every aspect.

5.5 Conclusion

One of the main duties of helping professionals is to hear about or even witness the horrible and disturbing things that happen to other people on daily basis. The exposure to these traumatic cases result to some social workers experiencing emotional, psychological, social and physical challenges. These challenges impact on professional and personal life of social workers.

The study found that social workers have a conducive work environment in terms of relationships with colleagues, few confirmed receiving support from supervisors and, when asked about awareness, they spoke about work environment and supervision from supervisors, it is therefore clear that there is still lack of awareness of the challenges as the study established that hearing traumatic clients' stories irritate and make social workers sad.

The study also confirmed that they get frustrated by the traumatic cases they handle and that work environment also influence frustration social workers experience after handling traumatic cases. Also, most respondents experience tiredness due to traumatic cases, they expressed that they experience difficulty in concentrating after

handling traumatic cases while few claimed not to experience loss of concentration. Majority expressed that they experience anger and insomnia due to traumatic cases and some added that work stress also contribute, however, few expressed that they do not experience sleeping problems because of any job related issue.

Additionally, findings are that social experience low mood because traumatic cases affect the way the perceive things, majority expressed that they think a lot about the traumatic cases and end up re-experiencing them while only few claimed that they do not re-experience clients traumatic cases. Also, the study found that social workers experience feelings of avoidance, few said they do not experience them. Most social workers explained that their interpersonal relationships are affected as these cases change the way they see things and their believe system.

Social workers also expressed that their service delivery gets affected due to the handled traumatic cases and lack of support, more of them explained that they receive support from co-workers, family and friend, while few expressed that even their supervisors support them. All social workers expressed that they use self-care strategies that include breaking from work, dedicating important time to family and friends and maintaining good relationships at work, they also expressed that they use combined theories while assisting clients and some added that learned approaches have also made success stories

5.5 Recommendations

After reviewing literature, and with the help of the theoretical framework, and the findings of this study I would like to recommend the following;

5.5.1 Recommendations for social workers

Findings also revealed that social workers are exposed to clients' traumatic cases which affect them, implementation of the below recommendations may reduce the challenges that arise due to handling traumatic cases, and may also help the therapeutic relationship between clients and social workers which may lead to effective service delivery.

5.5.1.1 Acquire and refresh knowledge and awareness about the complications after handling traumatic cases.

Social workers need to be made aware of the seriousness of the challenges they experience due to the traumatic cases they handle, there is still lack of knowledge and awareness, in the beginning of the interviews regarding awareness, social workers were giving positive responses as though they were not experiencing any challenges, but as the interview went on and questions guided them, they revealed various challenges (physical, emotional, psychological, social) which they experienced. It is therefore important that they refresh knowledge and awareness about the complications after handling traumatic cases and help themselves as a helping professionals.

5.5.1.2 Regular practice of self-care strategies

Self-care is an important component of coping in helping professionals. Social workers who find ways to look after their own health and well-being may be less vulnerable to stress and burnout and better be able to provide care to clients.

Respondents mentioned that they experience physical challenges such as tiredness, difficulty in concentrating, back pains, anger and insomnia, they also experience emotional challenges which are irritation, sadness and frustration. The challenges also include social challenges which are avoidance, interpersonal relationships and service delivery, and psychological challenges which are low mood, re-experiencing client's traumatic material, self-esteem and anxiety.

Based on the study findings. Recommending social workers to practice self-care strategies in regular basis is important, and those strategies are;

Professional self-care strategies

- Differentiating work time from personal time
- Staying organized
- Taking breaks throughout the work day
- Evaluating work load

Physical self-care strategies

- Develop regular sleep

- Aim for a healthy diet
- Take lunch breaks
- Use sick leaves
- Get some exercise before/after work

Psychological self-care strategies

- Keeping a reflective journal
- Seeking and engaging in external supervision or regularly consulting with more experienced colleague
- Engage with a non-work hobby
- Make time for relaxation
- Time to engage with positive friends and family

Emotional self-care strategies

- Develop friendships that are supportive
- Play a spot and have coffee together after training
- Keep meeting with parents and social groups
- Going to movies or doing anything enjoyable

Social self-care strategies

- Hosting game times with friends
- Going on date with loved ones
- Scheduling phone touch-base with mom or loved one

Environmental self-care strategies

- cleaning up home or environment
- Monitoring technology time
- Cleaning up after meal
- Maintaining a clean and safe living environment

5.5.2 Recommendations for supervisors and agencies

It is important for agencies and supervisors to implement this recommendation as they will improve the work environment at agencies, equip workers with better knowledge

and skills on how to handle situations and cases, and to improve positive relationships amongst workers which may lead to effective service delivery and satisfied clients.

5.5.2.1 Organize Training Programs and workshops

To create awareness, teach self-care strategies, update professional skills as well as techniques to handle traumatic cases effectively.

Ongoing trainings should be provided to social workers on how they should take care of themselves to avoid experiencing client's traumatic materials, and also on how to cope through the challenges they experience while handling traumatic cases. Onsite trainings can help colleagues share skills and important information on how to handle traumatic cases.

5.5.2.2 Frame professional network forum

Respondents find difficulty in providing resources, to help their clients and these leads to stress and strain. Based on this, the recommendation to agencies and supervisors is to frame and develop professional network forum with different professionals and volunteers who can help each other.

5.5.2.3 Policy formation in agency/institutional level

Social workers lack of supervision increases chances of high job stress, and therefore hinder proper service delivery agencies can use these findings to formulate policies that guide proper supervision to helping professionals, by developing better relationships with employees and to change the way they run case consolations in their agencies, and policies and procedures that can support an appropriate level of and home life balance to reduce these challenges social workers experience.

5.5.2.3 Provide awareness and Clear Professional description about social work profession and service provided by them among other medical team members

Cadres like nurses and Doctors should be given information regarding services social workers provide, in facility that have social workers, so that they know which patients to refer to social workers, to avoid unwanted professional conflict.

5.5.3 Recommendations to the government

Social workers play a vital role in enhancing the wellbeing of the society, therefore the government is responsible for making ensuring the wellbeing of health professionals and providing safe and comfortable work environment.

5.5.3.1 Create an Organization/clinic that assist helping professionals

Since social workers are not immune to traumatic events, they also need to be taken care off and to be assisted through coping with trauma re-occurrence, as the study found that social workers cannot voice out the challenges they experience, and that only one respondent mentioned seeking professional help due to traumatic cases they handle and yet most of them explicated that they experience challenges. Suggestion is creation of organizations that can work on assisting social workers and other helping professionals in general to cope with their job stress. These organizations should provide services like counseling and therapy to helping professionals, and ongoing refresher trainings that can prevent re-experiencing of clients traumatic cases.

5.5.4 Recommendations towards an inclusive policy

There should be development of welfare policies and legislation that safeguard the disclosure and barring service, maintain safe premises and equipment and make sure that all staff are aware of their responsibilities. for instance they should be protected against handling too many traumatic cases, against bullying form supervisors as it scares them of from admitting when they have problems and as well as being protected against working overtime and compromising their leisure time for work as they increase the chances of social workers experiencing challenges due to traumatic cases.

5.5.5 Recommendation to educators and universities who offer social work degree

Based on the findings of this study recommending for include the topic 'challenges that social workers experience after handling traumatic cases and coping strategies' in the social work curriculum , and teach social workers to identify the physical, emotional, psychological, and social challenges occur and take necessary safeguards.

5.5.5. Recommendation for establishing Social work association

Recommending to establish active social work association that can assist in advocacy for social workers and recognition of social work in all levels where social work is practiced, as the study finding revealed that social work is not recognized, and other health care professionals are not aware of the services provided by social workers, hence they refer even irrelevant cases to social workers.

5.6 Suggestions for further research

Based on the reported challenges experienced by social workers after handling traumatic cases and the experienced shortages in literature, the following recommendations are made for further research and scientific inquiry:

An area of research that would be helpful in future is to explore challenges of social workers in different settings. This study only focused on social workers bases at facility level, therefore an additional study could be done to determine whether other social workers from private practices, community, hospices and so on, do experience challenges as well.

Another area of research that would be useful is a study that includes various health professional and this recommendation developed because this study focused more on social workers only, so it is important for a study that focuses on other helping professionals as well.

Another study that would be helpful would be the study that investigated the expectations and perceptions of multidisciplinary team in the health center, this recommendation emerged from the study findings that some cadres dominate others.

5.7 Chapter summary

Social workers need to be aware of the challenges they experience, they also need to be able to positively respond and cope with challenges that the study have revealed which include, physical, social, psychological, and emotional challenges. The chapter presented the findings of the study, the incorporation of literature review, theoretical framework and study objectives to the study. It further presented the challenges experienced during the data collection and recommendations.

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APPENDICES

Appendix 1: Interview guide for social workers handling traumatic cases

Geographical information

1. Names
2. Age
3. Sex
4. Marital status
5. Residence
6. Place of employment
7. Period of work experience
8. Educational attainment
9. Minimum number of cases attending per day
10. Maximum number of traumatic cases attending per week
11. Nature of traumatic cases normally attending

Self-awareness

1. Please tell me about the nature of your job
2. Can you describe your work environment?
3. Can you please share the difficulties and complications you experience in regard to your job (probe on how they recognize the difficulties).
4. Share about how you respond to the difficulties and complications.
5. Describe how attending traumatic cases frequently influences your life?

Psychological challenges

1. Share your experience about worrying or feeling uneasy?
2. Do you ever experience low mood and sadness due to the challenges you experience after handling traumatic cases? Explain

3. Share about the way you perceived life and your believe systems before this profession and after
4. Tell me about the common obstacles and limitations in the helping process
5. Explain how these challenges affect your self-confidence towards helping others?

Emotional challenges

1. Please share any experience of sadness, irritation and anger.
2. If yes, do you think is connected to your nature of job? Explain
3. Have you ever felt helpless and frustrated at work
4. If yes, is it due to frequently attending traumatic cases? Explain

Physical challenges

1. Have you any difficulty in sleeping?
2. Do you think it is due to listening to traumatic stories? explain
3. Have you any experience of losing concentration on things to do?
4. If yes, do you think it is related to your job? Explain
5. Please share your familiarities about re-experience your clients' stress. How often does it happen?
6. Please share with me the exhaustion caused by the challenges you experience.

Social challenges

1. Please share your experience about feeling like avoiding people and being alone. For how long does the feeling last?
2. Can you please tell me the influence of attending traumatic stories (domestic violence, intimate partner violence) to your interpersonal relationships?
3. Share about the difficulties you are experiencing in social relationships
4. Do you think it is due to the traumatic cases handled? Explain

Coping strategies

1. Can you tell me about your relationship with your supervisors?
2. Describe the support from the supervisor and the agency

3. Share your opinion and concern regarding the supervision and support you get from your supervisor and the agency?
4. Do you accept that there are challenges you experience as a social worker? If yes, please specify the challenges you experience
5. Do you think these challenges affect your normal behavioral patterns? If yes please specify.

6. Tell me about the self-care strategies and procedures you practice to overcome these challenges.

Appendix 2: Informed Consent Form

Consent form

My name is Tiisetso Ngatane, a master of clinical social work student from the National University of Lesotho, and I am conducting a study about challenges experienced by social workers after handling traumatic cases in Maseru District hospitals, Lesotho. With all due respect, I request your participation in this study, so that you share your challenges, ideas, perceptions, concerns and experiences in this field of social work.

The main determination of the study is to understand social workers awareness, to discover emotional, physical, social and psychological challenges faced by social workers after handling traumatic cases and to find out how they overcome these challenges. For collection of such data, I will use face to face interviews and thereby request to record our conversation.

The information gathered will be kept confidential and shall only be used for academic purposes. Please be aware that the participation is voluntary and you are allowed to terminate the interview should there be anything that makes you uncomfortable. Your identity will be protected therefore you will remain anonymous. Additionally, no reward shall be given should you decide to participate and lastly, you are permitted to ask questions regarding this study.

Signature of the participant…………………………..

Signature of the Researcher………………………...

Date………………………………………………….

Appendix 3: Request to conduct research

THE NATIONAL UNIVERSITY OF LESOTHO
Faculty of Social Sciences
Department of Sociology and Social Work
P.O. Roma 180
Lesotho.

Telephone: (+266)22340601/22213668
Fax: (+266)22340000
Website: http//www.nul.ls

29/05/2021

To

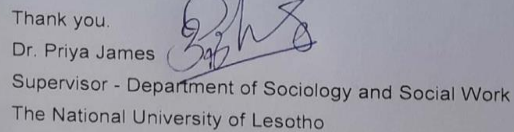
The Social worker,
District Hospitals,
Maseru, Lesotho.

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

This letter is concerning the research study that student Ms.Tiisetso Ngatane, ID Number: 200901604. She is a Master of Social Work student at the National University of Lesotho. She is currently working on a thesis entitled "Challenges experienced by Social Workers after handling Traumatic Cases in Maseru District Hospitals Lesotho", in partial fulfilment towards obtaining a master's degree in Social Work. In light with this, I humbly ask you to allow the student to collect data from you. I assure you that the information respondents will share, will be kept confidential and that it will only be used strictly for educational purposes. I have also included with the necessary information about the study below. Please kindly do the needful.

1. Method of data collection: face-to-face interviews, Take down notes during the conversation and recordconversation.
2. Timeframe for data collection: MAY 2021.
3. Protocol to be observed by the researcher: when she collects the data: Letter of informed consent requesting social workers participation in thestudy.
4. Supervisor: Dr.Priya James

Thank you.



Dr. Priya James
Supervisor - Department of Sociology and Social Work
The National University of Lesotho