CONNECT/Research in Focus Lecture: The lived experiences of Covid-19 by front line health workers (26 January 2021)

Introduction

The Covid-19 pandemic continues to have an enormous impact in all countries globally with health professionals at the forefront of the care for patients with the corona virus, themselves at risk or having contracted the virus.

The International Council of Nurses reported (13 January 2021 Update) that as of 31 December 2020, more than 1.6 million healthcare workers have been infected in 34 countries, with nurses being the biggest health worker group to have COVID-19 in many countries. Emerging evidence suggests that '*there is a global phenomenon of mass trauma experienced by nurses working in the COVID-19 response. It is complex and intertwined with various issues including persistently high workloads, increased patient dependency and mortality, occupational burnout, inadequate personal protective equipment, the fear of spreading the virus to families and relatives, an increase in violence and discrimination against nurses, COVID19 denial and the propagation of misinformation, and a lack of social and mental health support.*'

On 26th January 2021, The Global Health Network (TGHN) and Connect, hosted a Webinar to hear the voices of health workers as they shared their Covid experiences and strategies for supporting one another and managing the emotional impacts of their lived experiences.

Connect, a forum aimed at strengthening the capacity of health and research workers connecting with research and society, provides a space for discussion, information and training.

This was **Connect's** first **webinar** and focused on '***The Lived experiences of Covid-19 by front line health workers***' and was chaired by Dr Sassy Molyneux, Professor in Global Health, Oxford University, UK, previously based at the KEMRI-Wellcome Trust Research Programme in Kilifi, Kenya.

The panel of speakers were from a range of countries, health and training specialties, and experiences:

- Sarita Pyatha, Research Nurse, Oxford University Clinical Research Unit, Nepal
- Fasseneh Zeela Zaizay, Liberia Country Program Manager, REDRESS, Liberia
- Josefridah Nyavula Ngowa, Emergency & Critical Care Clinician, Kilifi County Hospital, Kenya
- Mwanamvua Boga, Nurse Manager and Trainer on Communication Skills, Kenya Medical Research Institute - Wellcome Trust Research Programme, Kenya
- Ane Haaland, Social Scientist and Trainer, University of Oslo; Atlantis Medical College, Norway

- Isra Hassan, Consultant Anaesthetist, Cardiff University and University College of London Hospital, UK

With over 90 attendees to the live stream of the Webinar joining from: Kenya, Tanzania, Canada, Vietnam, Nigeria, Zambia. Liberia, Norway, UK, Australia, South Africa, Philippines, Cameroon, Malawi, Zimbabwe, Lebanon, Nepal, Belgium, Burkina Faso,

1. Impacts on frontline workers:

Through the sharing of personal and professional experiences of the pandemic, the healthcare speakers (**Sarita Pyatha** -research nurse, **Dr Isra Hassan**- anesthetist, **Josefridah Nyayula Ngowa**-critical care clinician, **Mwanamvua Boga** -nurse manager) shared the following impacts for health workers:

a. Physical work context:

- Limited information about Covid and the absence of clear protocols developed in the early days, caused the health workers to be vulnerable to the virus and how to manage patients.
- Limited human resources and equipment, or technical knowledge to respond to cases appropriately and safely.
  - Staff inexperienced with pandemics (Ebola).
- PPE access and familiarity with long term wear a challenge.
- Facilities not well established to deal with the pandemic.
- Being called into work at short notice (even at night) – having to put things on hold and to make arrangements at home (care of children, household tasks) to be able to work for the required period.
- Redeployment to different professional roles – adjustment for those in new roles as well as those left to cover the gaps in previous work context.
- Long work hours and high workload
- Lack of Covid-19 testing for staff in the early days – had to self-isolate at home and return to work once better.

b. Emotional context:

- Providing quality care within high stress contexts and with large numbers of Covid cases.
- Fear and insecurity.
- Stigma due to working within covid centre/hospital as a healthcare worker
  - affecting family members and their social interactions,
  - affecting own interactions with colleagues working in other health care areas.
  - blaming and isolating individuals with covid – due to fear of spread and lack of understanding of the virus.
- Stigma of being covid positive and being blamed for ‘spread’ within community or workplace context.
- Isolating for 2 weeks (quarantine) after completing allocated work period before being able to return home – the uncertainty and anxiety of knowing whether you will test positive during this time and being able to return to family and have a period of respite.
- Long term isolation from family for the safety of family while working with covid patients. Some living away from family for months.
- Uncertainty of colleagues being positive and having to be hospitalized within their workplace (adds to the stigma they experience). Long term emotional impacts and trauma once returned to work of having been unwell with covid.

- Emotional exhaustion and burnout for staff who are working extra hours to meet the human resource needs – not giving all that is needed but know that with limited staff there are not others to step in to take over (particularly for specialists). Long working hours with increased number of infections and mortality and limited human resources (with no replacements), with limited/shortage of PPE.
- Lack of acknowledgement by colleagues that covid is real and affects everyone (denial) and can be serious – impacts morale of colleagues working with seriously ill covid patients, impacts precautions within workplace. By changing the mindset and people are then more willing to talk about covid.
- Support from management (with managers working alongside health staff on wards) had a positive impact on staff morale.
- Feelings of guilt when other family members test positive. Feeling responsible for family's (and the community's) safety and wellbeing.
- Insecurity and fear of covid by healthcare workers conveyed to patients – 'contagious' emotions.
- Mutual support with colleagues due to similar experiences of stigma and/or covid. What's app groups to check on one another.
- Emotional exhaustion – having something to look forward to provides a glimpse of hope.
- Impacting morale of healthcare workers – positive and negative. UK clap once a week for HCWs, donations of food for healthcare workers (recognition of what they are giving beyond their professional requirements).
- Personal awareness of own coping and emotions and how they impact on communication skills - needing to take time out/and 'breathe'.
- Celebrating small wins and gains, as well as support within the team made a difference to coping mechanisms.
- Worried about own safety and health status. Exacerbated by each new wave of cases.
- Sharing of experiences in isolation demystified the experience and provided mutual support. What's app group of HCWs with covid to provide psychosocial support.
- Unpredictable nature of covid.
- Patients feeling isolated and afraid – unable to touch and support them as would have previously.
- Frustrations of family of patients – of being unable to be close to patient, and feeling a lack of trust in what HCWs are doing (as not always able to consult family or meet with them to discuss condition in person).

c. Social and community context:

- Financial impacts and logistics – being able to care for family, feed and clothe them while working within an infectious context and for long hours.
- Social isolation within the family home – is this practical and possible? What increased risks are there for family if the space is not possible for adequate isolation?
- -financial context of family when some members have lost employment and income
- -Lockdowns caused tensions and conflicts (increase in domestic violence) within families as needing to spend time together for extended periods of time and not being able to go out. Adds to the stress within a family if a family member is tested covid positive and/or a family member has lost employment and thus the family's income is under strain.

- Surge in teenage pregnancies and limited access to schooling during lockdowns. (Kenya)
- Community involvement in educating people about Covid and required precautions to prevent further spread.
- Lack of trust by family of patients as can't consult at all times due to changed context.
- Friends in denial about covid, and fearful
- Appreciation by community impacts the morale of healthcare workers.
- Adapting how to communicate with family of patients – supports people to cope through pandemic. Communicating via telephone when in person is not possible.

2. Learnings from previous pandemics (Ebola):

Fasseneh Zeela Zaizay, currently the Liberian Country Program Manager of REDRESS, a research collaboration between the Liberian Ministry of Health, 6 partner institutions and individual researchers (Liverpool School of Tropical Medicine, Queen Margaret University, UK), shared his research involvement and experiences.

Having previously worked as a frontline health worker and first responder during the Ebola Virus Outbreak/Disease (EVD), he has brought his expertise to the qualitative research study "Optimising COVID-19 adaptations for ethical, equitable and quality delivery of essential health services and more resilient health systems", which has identified key learnings from Liberia's Ebola experiences that are informing his nation's response to the current COVID-19 pandemic.

Describing Covid as a 'tester' of human adaptability and health systems resilience, he shared the Learnings from Ebola (Liberia) which have been applied in response to the Covid pandemic in Liberia:

a. Develop flexible pathways for medical supplies
b. Prioritise a list of essential health services
c. Ensure continued provision of quality routine services
d. Build trust with local communities
e. Foster good communication at all system levels
f. Support, recognise and encourage staff
g. Facilitate rapid resource flow to the frontline providers and greater flexibility in its use
h. Ensure agile tracking of health information
i. Cultivate effective partnerships and networks
j. Create structures and mechanisms for advance preparedness

3. Managing emotions in Covid times (iCARE-Haaland model)

Ane Haaland (Social Scientist and Trainer), **Dr Isra Hassan** (Consultant Anaesthetist), and **Mwanamvua Boga** (Nurse Manager and a Lead Trainer) introduced the ICARE-Haaland model, a communication training model aimed at training health professionals to communicate with awareness and emotional competence, and how it can support health workers in managing their emotions within their professional and personal contexts. The model has been conceptualized and implemented in nine countries in collaboration with doctors and nurses.

iCARE-Haaland model training:

Key skills learnt:

- Becoming aware – of how you communicate and relate to your emotions

- Observe in action to discover – the effect of your communication on the other person(s).

Lessons learnt:
- Recognise and manage emotions, with awareness, empathy and compassion
- Use emotional competence

Learnings from iCARE-Haaland model within the Covid context:

1. Have personal awareness:
    - Ask am I looking after myself?
    - When am I vulnerable? How will it impact my communication? Do I need a break or cup of tea as I'm feeling vulnerable or overwhelmed?
2. Communicate with awareness:
    - Listen
    - Do I need to think before I speak?
3. Recognise and step back from automatic reactions
4. Recognise and understand the fear in myself and others:
    - Step back and don't let it affect me
    - Listen, empathise, comfort, create safety, show compassion
5. Be aware of others reactions on my own emotions
6. Make decisions based on knowledge not on fear
7. Find something to focus on or look forward to:
    - E.g. Go for a walk on a sunny day. Have a conversation with a friend on the phone.
8. Recognise the positives or when something goes well:
    - The appreciation of others such as national clapping (UK) or donation of food or other items
    - The recovery of extremely ill patients
9. Engage with patients/colleagues/family members:
    - Within our work context our normal way of coping when the situation is difficult is to hold the hand of a patient, relative, or colleague but covid doesn't allow for that touch so alternatives are to take time to listen to the patient or relatives. E.g. Daily family liaison updates with the nurse, medics and relatives – improves communication and increases trust by family.
10. Appreciate each other as colleagues

4. Sharing your experiences: further stories

Thank you for joining the webinar and engaging with this important topic.

If you have reflections or comments about the Webinar, any of the above topics or related to your own experiences within the sector, we'd value hearing from you.

Add your comment to the Webinar discussion group or contact use directly on: CONNECT_info@oucru.org.

There will be further webinars planned through the year based on areas of interest for Connect members and those health and research workers involved in the connect between research and community.

The CONNECT Team