

Tackling pandemics: quality of care, health workers' well-being and COVID-19



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Introduction

Nurses are central players in the provision of quality health care globally. In the COVID-19 pandemic, factors such as a shortage of medical resources, long busy shifts, restrictions on socialization, and the pain of losing infected colleagues, as well as the fear getting infected and infecting family members, have contributed to high levels of stress among nurses. Although neonatal units have not been at the epicentre of the current pandemic, similar challenges have also been raised for neonatal nurses.

The Kenya Medical Research Institute-Wellcome Trust Programme in collaboration with 16 County hospitals has been working on strategies aimed at strengthening neonatal care (English M. et al. 2020) (English, M. et al. 2021). Before the COVID-19 pandemic, we had initiated a communication skills and emotional competence course for nurse managers, which came to a halt with travel restrictions. In a series of follow-up informal calls with these nurse managers they reported being emotionally exhausted and struggling with burnout. In response, we organized three online peer psychosocial support sessions to share experiences; support each other and identify strategies to manage the challenges. 12 neonatal nurse managers from seven counties participated.

In this brief, we share their covid-19 related experiences and challenges, highlight strategies they used to manage the challenges and show how elements of the communication skills and emotional competence course helped them cope.

Key messages

- The COVID -19 pandemic has strained health systems across the globe with significant constraints on health professional safety and wellbeing. The pandemic has placed substantial demands on already overstretched, understaffed, and under-resourced health systems.
- In Kenya, neonatal nurse managers have reported high levels of stress linked to changes in working hours, increased workloads, variable access to Personal Protective Equipment and COVID-19 tests, fear and stigma. A two-month nursing strike in some counties exacerbated challenges.
- Neonatal care nurse managers reported drawing on their past communication and emotional management training in order to cope; in particular through proactively acknowledging their challenges and looking for opportunities to positively influence their work environment. Other reported coping strategies included: strengthening teamwork across staff cadres, prioritizing care, celebrating small wins and gains, making time for self-care, learning new skills, spending time with family and trusting in God.
- Nurses and other health professionals in Kenya as elsewhere are inadequately trained in communication and emotional competence skills and lack psycho-social support systems. Training and support in these areas has the potential to build health professionals' self-awareness, help them to recognize and manage emotionally challenging work situations, and ultimately enhance teamwork, job satisfaction and improve wellbeing.

Findings

Challenges related to COVID- 19 pandemic

At the beginning of the psychosocial sessions all the nurses we talked to reported feeling highly emotionally exhausted. The main challenges reported to contributing to this exhaustion were related to supplies, covid-19 testing and workloads:

Inadequate supplies and poor quality Personal Protective Equipment's (PPE's) were a major challenge in many facilities, linked to frustration, anxiety and demotivation. PPEs were controlled centrally in some counties, with staff being given one surgical mask every three days, and sometimes being told there were none. In some instances, staff had to buy PPE's for themselves.

"When you think about your safety, and the safety of your family, you have no option but to buy the mask for yourself"

(Senior Nurse Hospital 6)

Staff testing positive and delayed COVID-19 test results. There was a reported increase in fear and anxiety among staff, even 'panic' when some started testing positive for COVID-19 and had to go into isolation and quarantine. Many staff feared infecting their family members, and staff in one hospital reported stigma from colleagues in other less affected departments. As one senior manager described, 'there was too much psychological breakdown'. There were no early contingency plans for staff cover when health workers tested positive for COVID-19 or were in isolation, beyond some hospital staff having to give up their annual leave to cover the shortage. These frustrating work conditions triggered health workers strikes across the country, compounding the COVID-19 crisis.

Working for longer hours and increased workload:

Due the COVID-19 lockdowns and curfew restrictions, many hospitals changed their regular three work shifts to two much longer shifts (12 hours day and 14 hours night shift). At the same time, some nurses were

also moved from new-born units to work in COVID 19 isolation centres without being replaced, and lockdowns and health worker strikes were leading to patients seeking services in non-local facilities. Some hospitals were therefore recording higher patient numbers than their regular case load, in one case doubling it, with some very sick patient. In busy facilities, nurses were worried about their own safety given the difficulties of practicing social distancing in congested facilities where mothers were often not adhering to COVID -19 protocols.

What strategies did the nurse managers use to handle the challenges?

Few formal support processes were in place in hospitals during the initial months of the COVID-19 pandemic, although some were introduced over time. The nurses reported several strategies that helped them manage the challenges and support one another, as follows.

1. Drawing on skills learned during the communication course

Self- Awareness reportedly empowered nurses to see what they could influence and take constructive actions, instead of reacting out automatically and unhelpfully to situations.

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(Senior Nurse Hospital 7).

"Being aware of the situation, seeing what I can do and what I cannot – has really helped in dealing with the current situation"

(Nurse Manager Hospital 6)

The nurse managers also reported how they used their communication skills to communicate with and support their team members (eg Box 1).

Box 1: A nurse manager uses her communication skills to support team members

"Immediately when COVID started to bite, the management opened an isolation ward and we were supposed to pick nurses to go and work in that isolation ward. This brought about a lot of emotions, a lot of stress and most nurses felt like they have been victimised. It is like you are sending them to die. It is like you do not care and I had to pick one from my department and after that I was called because they were all crying, it was like it was a death sentence for them.... When I was called to talk to them I used the skill empathy. You know really putting yourself in their shoes; I was able to understand without judging them, what they were feeling. I was able to be part of a team that was counselling them and making them understand that it is not that they are not valued or they are hated or they are, you know, they are being put in the frontline to die. This brought a positive change... I used that skill (empathy) in a good way. We allowed them to cry, we allowed them to ask questions, we allowed them to really empty themselves and we gave them time, after we talked with them and we were able to ask them, would you take the challenge and all of them agreed....I learnt that when you put yourself in someone's shoes and really understand and communicate the same to this person, they open up their mind, you are able to communicate, you are able to have a conducive dialogue and an important dialogue without force" **(Nurse Manager Hospital 4)**

Prioritizing, teamwork, celebrating and getting positive energy from small wins, and appreciating each other was also reported as a key strategy that helped the nurse managers manage workload in the new-born units.

"I am telling you it is a nightmare....what I do myself is that I prioritise, I settle the category As, settle those who are on treatment and ...make a very good rapport with the intern doctors and intern COs and then you make them help you. Otherwise you can't work."

(Nurse Manager Hospital 4)

"[in] caring for these small ones (preterm) at least you get positive results and then there is the other bit of parents appreciating our work. It really makes us happy and of course it will make you feel we are doing something good."

(Nurse Manager Hospital 4)

2. Hospital Initiatives

Support from management was also central to the nurses coping well with the challenges, with strategies that began to be introduced over time that were appreciated including individual and group counselling for staff who were feeling overwhelmed, and training on covid-19 infection prevention to reduce fears.

"At the start of COVID_19, we were not trained on how to handle any patient with COVID_19, so we were really anxious. With time at least we are getting trainings on how to deal with the patients, so our fears are reducing, we are getting empowered to handle these patients... At first, what we used to do, if a patient comes coughing with fever, everybody used to run away from them in casualty"

(Nurse Manager Hospital 8)

Further initiatives that were appreciated included:

- Management **providing tea, snacks and lunch** for staff working in special units (New-born Unit,

Intensive Care Unit, Renal Unit and Theatre) and **lobbying for support** for PPE donations from well-wishers and for additional staff to cover shortages.

- Nurse managers working out opportunities across departments for staff to take **short leaves and additional days off** to ease stress and exhaustion across the teams.
- In one hospital the hospital matron **assigning a specific nurse to regularly check on nurses** in quarantine, to deliver drugs and other essential supplies home, and organise for family members to be tested. The affected nurses reported feeling reassured, supported and valued.

3. Individual Initiatives

Other important strategies that helped the nurse managers cope were engaging in self-care activities and hobbies, learning new skills, spending time with family and trusting in God to protect them because of the good work they are doing to help humanity. Some also commented that if they were decreed by God to die from COVID -19, then that was going to happen no matter what.

Nurse managers' reflections about the online peer support sessions

Overall, the nurse managers found the peer support sessions very useful, through sharing their experiences they recognized they were not alone in these challenges, they learnt how others were coping with the situations and borrowed a leaf from them to apply in their units.

"Sharing with you guys it shows that whatever you are going through is what we are also going through. So, our issues cuts across which makes us, we are feeling the same issues ...It shows that we are the same and the strategies that they are using... it can also help us to deal with our issues."

(Nurse Manager Hospital 3)

Conclusion

Neonatal care nurse managers work under very difficult situations facing many emotional challenges. The main challenge during the pandemic has been increased emotional exhaustion and burnout due to escalation of day-to-day stressors and additional stressors related to COVID-19. Nurse managers' strategies to cope with the challenges included self-awareness, improved communication skills contributing to better prioritization and teamwork, managerial support (and in some cases negotiating for that support), trusting in God, engaging in self-care activities and spending time with family members. From our discussions with the nurse managers, we suggest the following to support health professionals in their daily work and in times of crisis:

1. Support training of frontline health worker on communication skills and emotional competencies to build self-awareness as an essential skill in managing daily work challenges. These skills have been shown elsewhere to strengthen health professionals' relationships with patients and improve job satisfaction and wellbeing(Raeissi et al., 2019). Strategies such as debriefing together and supporting flexibility in nurse leadership can help nurses deal with difficulties, carry out their work more effectively and provide moral comfort (Montes et al. 2020), in turn contributing to system strengthening.
2. Hospital administrators and senior managers must acknowledge the intrinsic motivation that health professionals have and engage with them in a manner that is responsive, appreciative and supportive. In this case, frontline health workers' safety and wellbeing needed protection and support through access to supplies, training and psychosocial support services.
3. County and National governments need to rebuild relationships with healthcare workers unions and include them in the development and implementation of policies that affect health workers to avert situations where health workers push for their grievances through industrial actions during crises.

Authors and contact Information

This brief was developed as part of ongoing work on **“Testing ways to improve hospital care for sick babies in Kenya”** with input from Mwanamvua Boga¹, Peris Musitia¹, Sassy Molyneux^{1,2}, Jacinta Nzinga¹ and Dorothy Oluoch¹,

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