

HEALTH WORKERS' MENTAL HEALTH CONCERNS DURING COVID-19 PANDEMIC : STRATEGIES FOR RESILIENCE.

**Experiences at The COVID-19 Isolation and Treatment
Centre; Nakuru Level 5 Hospital March 2020 – March 2021**

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Situation Report of COVID-19 in Nakuru as at 13th April 2021

CATEGORY	NO.
Total COVID-19 cases reported	7472
Males	4544
Females	2928
Covid-19 related Deaths	212
Case fatality Rate	2.8%
Cumulative home –based Care	6196
Current on home –based Care	334
Total nurses (public facilities)	1300

Health workers by category

March – July 2020

CATEGORY	NO.
Nurses	12
Clinical Officers	4
Public health officers	2
Doctors	2
Others	6
Total	26

Mental health concerns

- The Isolation center is a former ophthalmology unit with inadequate facilities to function as an isolation centre for a highly infectious disease such as COVID-19 pandemic
- Deployment of staff was impromptu with no consideration of skills, IPC training, etc
- Shortage of nurses
 - 12 nurses covering in 5 nurse shifts (morning, afternoon, night, night offs, and days off)
 - Ratio of 2-3 nurses /28 patients

Mental health concerns-2

- Risk of exposure-inadequate knowledge & skills on donning and doffing
- Shortage of PPEs.
- Deployment to non-Nursing duties e.g laboratory ,records management, officers
- Balancing quality of care with the duty to care .e.g failing to admit patients who need close monitoring due to shortage of beds, sub-standard care due to shortages.
- Political interference with professional decisions
- Handling Violence from highly irritable patients

Mental health concerns-3

DAILY NATION SATURDAY JULY 18 2020

How to bury someone who died of Covid-19



A Covid-19 victim is buried in Western Kenya. FILE PHOTO | NATION MEDIA GROUP

- **Fear of Infection , transmission and Death :** What if I become infected? Would I survive? So many others had just passed on here
- **Stigmatization:** Being labelled as 'watu wa corona' people of corona.
- **Discrimination:** why us and not them? Why are we being punished? Why pick on us?



Mental health concerns-4

- **Self Guilt:** I must have done something to deserve this deployment.
- **Betrayal:** the people at the county government don't know me. It must have been the public health nurse who gave out my name.
- **Psychological Trauma:** witnessing patient suffering and death
- **Psychological distress and burnout due to fatigue:** work overload and long shifts of up to 12-hrs

Mental health concerns-5

- **Irritability:** this came about as a product of combination of various factors. It was common to see some the nurses burst out of nothing
- **Anger:** some nurses tested +ve for COVID-19, and felt anger towards self, system, or anything
- **Feeling of desperation:** when no one addressed issues/concerns raised, sense of frustration set in

Strategies For Resilience

Administrators & supervisors support

- Regular visits by senior administrators – facilitated feeling of trust and confidence in self and work
- Consultative & participatory decisions on types and processes of supplies & equipment promoted ownership
- Motivational incentives (tea & food for nurses, stipends of monthly KES 10,000 improved work output

STRATEGIES FOR RESILIENCE

- Provision of psychological support
 - Deployment of clinical psychologists ,Nurse psychologists and counselors for psychosocial support and coping strategies
- Debriefing and recreation sessions
 - team building retreats and counseling
- Peer support promotes feeling stronger together
 - Pooling of supportive resources or making home visits to nurses whenever anyone of them fell ill or lost a loved family member



STRATEGIES FOR RESILIENCE

- Regular staff meeting at the COVID-19 centre to deliberate and share issues affecting nurses and other staff, as well as work evaluation
- Holding of a prayer meetings. One of which the hospital medical superintendent attended and the County Department represented by a nurse
- When caseloads subsided at end of 1st and 2nd COVID-19 wave, fortnightly break offs were accorded to nurses and others staff for rest



Thank You

