

Impact during the First Outbreak of Covid-19 on Frontline Healthcare workers in Zimbabwe

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Abstract

The frontline healthcare workers face mental stress, physical exhaustion, separation from families, stigma, and the pain of losing relatives and colleagues as a result of Covid-19. Some of them have acquired Covid-19 and have eventually died. This study used a qualitative approach, in which the data was collected using an interview guide. Fifty participants were randomly selected from different medical health institutions across the country. The research study finds that in Zimbabwe, where the pandemic is escalating, there are major gaps in response capacity, especially in human resources and protective equipment. We examine these challenges and propose interventions to protect healthcare workers in the country. Even low-cost interventions such as facemasks for patients with a cough and water supplies for handwashing may be challenging, as is 'physical distancing' in overcrowded primary health care clinics. Without adequate protection, Covid-19 mortality may be high among healthcare workers and their family in Zimbabwe given limited critical care beds and difficulties in transporting ill healthcare workers from rural to urban care centres. Much can be done to protect healthcare workers, however. The study recommends that incentivising health workers whether in private or public sectors should be prioritised, government can offer anything to this sector which can include duty-free certificates for cars, medical equipment, there should be a mutual trust between government and health workers for better health service delivery, the arrogance shown by some medical aid societies should be nipped in the bud and provide a lot of psychological support to the victims of Covid-19. Healthcare workers, using their authoritative voice, can promote effective Covid-19 policies and prioritization of their safety. To this end, prioritizing healthcare workers for Covid-19 testing, hospital beds as well as ensuring that the population acknowledge the commitment of healthcare workers may help to maintain morale.

Keywords: Covid-19, Health Institutions, Frontline Healthcare Workers, Infection Control.

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I. Introduction

The year 2020 was miserable for the entire world with some of the most developed countries being hit heavily by the deadly Coronavirus. It is so devastating to learn that as of today, at least 207 541 683 people have been infected with the virus and with deaths of more than 4.4 million people. Those who lost their lives never thought that one day, there would be Covid-19 that would threaten anyone. The political, economic and social environments were grossly affected, which all brought misery to many. Special mention should be given to all front-liners who stood tall when the virus was threatening to tear the world apart. According to Worldmeter, by 1 December 2020, about 9.000 health workers had died of Covid-19 in the world with more than 290.000 workers being infected by the virus. Health workers played a critical role worldwide to the extent that in countries like Italy, statues were erected in honour of them. The security officers played their duties as they enforced regulations, which to a greater extent protected us to this day.

Background to the Study

Filipe et al. (2021) indicate that governments in different countries have introduced a lot of measures to curb the spread of the Coronavirus and these included quarantine, lockdowns, social distancing and wearing of masks. South Africa has reported a variant strain of the coronavirus, 501.V2, which carries a higher viral load and is more aggressive and prevalent among the young (Anderson and Boois, 2021). While many countries in Africa are stepping up their preparedness for COVID-19 (Mathew et al., 2021), assessments by WHO point to substantial limitations in response capacity (Anderson and Boois, 2021). In particular, there are major shortages of human resources, critical care beds and laboratory capacity. For example, in 2018 the numbers of nurses or midwives to 10,000 population was about 6.0 in Côte d'Ivoire and Mozambique, around 11 in the Democratic

Republic of the Congo and Kenya (Mathew et al., 2021). Corresponding figures for the United Kingdom were 81.7 and 132.4 in Germany (Filipe et al., 2021). Many countries in Africa have fewer than 30 critical care beds to cover the entire population (Mathew et al., 2021). Notwithstanding these gaps, COVID-19 control efforts can draw on valuable lessons learnt during the recent Ebola outbreaks and from HIV prevention and treatment successes on the continent. In a similar way, countries such as Singapore and South Korea had learnt valuable lessons from their experiences of the SARS and MERS outbreaks, which they then applied to control of SARS-CoV-2 (Anderson and Boois, 2021). Indeed, the world is in trouble. Due to the escalation of Covid-19 across the country, the Government of Zimbabwe has also introduced lockdown measures in March 2020 after the death of its first case. Some segments of the population seem to be more exposed to the risk of anxious, depressive and post-traumatic symptoms because they are more sensitive to stress (WHO, 2020).

Quarantine is usually hated by many who see it as an impediment against uniting with the loved ones. There is for sure loss of freedom, uncertainty about the advancement of the Covid-19 and the general feeling of helplessness (Haines et al., 2020). Lockdowns came and saw a lot of businesses being closed except for critical services which were allowed to function. Zimbabwe has many people in the informal sector with many people doing vending. According to O'Neill (2021), the unemployment rate in Zimbabwe is over 70% hence sources of income dwindled for many people who struggled to raise money for rentals, school fees, bus fares, food etcetera. This was characterised by stresses of life, anxiety, depression and fear as the coronavirus continued to ravage the entire world.

II. Literature Review

Sustaining safe and quality care in the Covid-19 pandemic hinges on the health and mental wellbeing of frontline healthcare workers. Medical staff face exhaustion, difficult triage decisions, separation from families, stigma and the pain of losing patients and colleagues, in addition to their own risks of infection. It is currently difficult to predict the long-term impact of the pandemic on healthcare facilities and personnel. Healthcare workers, being in the frontline of an ongoing war against the pandemic, should be perceived as a discrete population in terms of both physical and mental health impact. During a crisis, similar to the COVID-19 pandemic, shortages of drug and lifesaving equipment may occur (Bambra et al., 2020). Belingheri et al. (2020) note that COVID-19 has overwhelmed the capacity of healthcare resources and has significantly changed the workplace rules of healthcare workers. It has been recognised that healthcare workers should take appropriate precautions to avoid contracting the disease and prevent spread within the hospital. However, during the early stages of the pandemic, the lack of knowledge resulted in high rates of transmission of COVID-19 to healthcare workers, due to inadequate protection (Zhang et al., 2020; Haines et al., 2020 and Chen and Huang, 2020). The current unprecedented overwhelming demand of protective equipment, which includes masks, medical gowns, gloves and eye-face protective devices, poses a significant health risk. According to CDC (2020), contracting the infection results in missing workdays, due to placement on quarantine, and increases the risk of disease transmission to family members. If the healthcare worker becomes severely affected, the need for hospitalisation and/ or ICU admission emerges. Anderson and Boois (2021) indicate that the combination of increased workload, personnel shortage, and risk of transmission and lack of resources severely affects the physical and mental health of healthcare workers and places healthcare systems under extreme burden.

This stressful situation and accumulated fatigue severely affect many aspects of work and personal life. Higher workload results in limited time for self-care, relaxation and even fulfilment of basic needs, including nutrition and self-hygiene (Moynihan et al., 2020). Social interaction is limited, while the application of social distancing in the healthcare workers' population is difficult. Clinic rounds, interactive cases' discussion, work-breaks for lunch occur within closed spaces and distancing is not always feasible (Haines, et al. 2020). Isolation and self-neglect may eventually result in anger, irritability and mood instability (Chen and Huang, 2020). Further, the daily contact with patients and the scarcity of resources are factors that contribute to the overall stress that healthcare workers undergo during this time.

One of the most important issues is that healthcare practitioners may occasionally be confronted with ethical dilemmas of prioritising patients, based on risk factors, disease severity and resources availability (Filipe et al., 2021). Anderson and Boois (2021) note that ethical dilemmas and constant exposure may result in detrimental effects, both short- and long-term, in the mental health and well-being of this population. Muchena and Madungure (2021) estimated the impact of the COVID-19 pandemic in the mental health of physicians and nurses in Harare, soon after the onset of the pandemic. It could have been good if the healthcare population had received psychological support, in order for them to develop the zeal and interest to work for the health institutions. The psychological stress imposed on healthcare practitioners varies and depends on physician expertise and practice site (WHO, 2020). As the pandemic continues to rapidly spread throughout the USA, Italy, France, etc. one of the most severely affected physician groups are primary care doctors (Zhang et al., 2020). Significant changes have occurred over a short period. Lack of official guidance and absence of a unified healthcare system that currently consists of small private practices and parts of community, university, federal or

private hospital systems significantly hinder the rapid and effective application of proposed changes and regulations (Anderson and Boois, 2021). Constantly changing recommendations on testing and patients' triage mostly affect small private practices, which suffer from lack of protective resources and are financially dependent on patients' visits, without any guarantee of reimbursement for telemedicine appointments (Filipe et al., 2021).

III. Summary of Research Method

This study utilised a qualitative approach to collect data from the participants because it was more robust in discoveries, descriptions, understanding shared interpretation, which provided rich narrative for individuals and the basic element of the analysis in words or ideas on the impact of Covid-19 on frontline workers in health institutions. This was done in form of interview guide, which was prepared to ensure that all the research objectives were achieved. The approach was the best means to come up with motivations, perceptions, feelings and behaviours of the subjects (Coton and Convert, 2009) and considers the subjective meanings that people bring to their situation. Borg, Gall and Gall (1997) cited in Cull (2007) describe the qualitative approach as a research method that is rich in getting information from the participants through the researcher getting much involved in the process. This study also included articles that covered the COVID-19 pandemic globally.

IV. Findings from the Interviews

This research study finds that stress, anxiety and depression have been some of the most notable characteristics amongst people in 2020. Stress is a physical, mental or emotional factor that causes bodily or mental tension. Many have developed post-traumatic stress disorder after witnessing the departure of their loved ones, the trauma of suffering from Covid-19 including going through ventilators and hospital admission. Many health professionals overworked themselves as initially between March and July 2020, and there was marked fear about Covid-19 and in Zimbabwe. The nurses went on strike for 6 months claiming that they had inadequate Personal Protective Equipment (PPE) and poor working conditions. Health professionals especially in low resource countries are at risk of secondary traumatic stress disorder, which can arise when treatments are not available for all patients and the professional must select who should receive them or not. Ventilators are still very scarce in the country and many hospitals cannot take care of very critical patients. However, evidence has shown that the country has performed better than the western world in terms of containing the Covid-19. The research study also found that depression has been a serious effect of Covid-19 among frontline healthcare workers in most health institutions across the country. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest and has potential to interfere with our daily function. Symptoms of depression include angry outbursts, sleep disturbances, tiredness and lack of energy, reduced appetite, trouble concentrating, suicidal thoughts and restlessness among many other symptoms. Depression can thus cause suicide amongst people as anger has been associated with a burdened mind. A depressed healthcare worker who loses concentration on his/her work risks getting needle-stick injuries at workplaces. There may also be wrong drug administration to patients, bad attitudes to patients so sometimes it is imperative to investigate whether a staff member is not depressed when some unfortunate things happen. Covid-19 has thus becoming a thorn in the flesh for many. However, healthcare workers stood firm to contain the spread of the virus despite a myriad of both material and psychological challenges.

V. Conclusion and Recommendations

While healthcare workers may accept an increased risk of infection as part of their chosen profession, they may have considerable anxiety about spreading the virus to their children, families and friends, especially those who are elderly or have chronic medical conditions, and perhaps even their pets, despite the evidence for this being limited. To this end, strengthening primary health care, often considered as the frontline of health care systems, is essential to reduce the indirect negative health impact of COVID-19, as well as alleviating the burden on hospitals. This is also necessary because of the ageing of populations and the growing burden of chronic conditions, which require stronger investment in prevention and stronger primary and community care services. As we are in 2021 and with Covid-19 threatening harder than before, the study recommend the following:

- Incentivising health workers whether in private or public sectors. Government can offer anything to this sector, which can include duty-free certificates for cars, medical equipment. Housing stands can be availed as there is a lot of state land, which has been grabbed by land barons yet health workers are languishing in poverty.
- There should be mutual trust between government and health workers for better health service delivery. For private health practitioners, it is good to complement government efforts to resuscitate the health sector, which has been comatose for long.

- The arrogance shown by some medical aid societies should be nipped in the bud. For long, some medical aid societies have willy-nilly refused to honour claims yet the health practitioners on the ground are forced to stand for hours while defending the country from Covid-19.
- A lot of psychological support should be rendered to the victims of Covid-19.
- Healthcare workers, using their authoritative voice, can promote effective COVID-19 policies and prioritization of their safety. To this end, prioritizing healthcare workers for Covid-19 testing, hospital beds as well as ensuring that the population acknowledge the commitment of healthcare workers may help to maintain morale.

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