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INTERNATIONAL RESCUE COMMITTEE

"Sadness, we are full of sadness"

Ebola's psychosocial toll on frontline health workers

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Executive summary

Health care workers were at high risk of infection during the Ebola epidemic. They suffered physically, but also socially and emotionally. For many, these consequences remain unaddressed.

Between 2014 and 2016, primary health facilities across West Africa became flashpoints for the Ebola epidemic. Many more Ebola patients presented initially in these clinics, rather than in the Ebola treatment centers. Initially, the clinics were not prepared for this onslaught, either in terms of training or supplies. As a result, they served to amplify rather than curb transmission. Practitioners working in those facilities, including nurses, aides, laboratory staff, and clerks paid the highest price. They were 21 to 32 times more likely to get infected with Ebola than the general adult population. More than 400 primary health care workers died across Guinea, Liberia, and Sierra Leone.

Most practitioners continued to provide routine health care despite the risk. They experienced the anguish of being firsthand witnesses to relentless, extreme human suffering. In many instances, their reward included stigmatization, discrimination and even physical and verbal assault.

Researchers from the International Rescue Committee, Charité - Universitätsmedizin Berlin, Durham University, Liverpool School of Tropical Medicine, Njala University, Mercy Hospital Research Laboratory, and University of Sierra Leone visited health facilities in Sierra Leone at the height of the outbreak to understand what health workers were experiencing and how they could be supported. The team sought to understand the challenges they faced in using personal protective equipment. They quickly learned that health workers also needed to share their experiences. The team spent one month conducting 54 interviews with 35 health workers.

One main finding was **a widespread, acute feeling of stigmatization and isolation among primary health care workers.** They were stigmatized and ostracized at work and at home, by friends, family members, fellow health professionals, and the broader community. As a result, **health care workers described experiencing a profound sense of loss, loneliness, anxiety, isolation, and sadness,** along with the disruption of their lives at work, in communities and at home. The workers we spoke with expressed continued commitment to their work in spite of these challenges.

These findings warrant action. Our research shows that the psychosocial health of health workers, which encompasses their mental, emotional, and social well-being, was gravely disrupted during the outbreak. The voices in this report also teach us important lessons for future outbreaks. Emotional and social support — as well as psychological care — should be integrated into responses, rather than remain afterthoughts. This should be particularly true for diseases such as Ebola that trigger fear and stigma. More generally, addressing the mental health and psychosocial needs of frontline health workers should be part of ongoing efforts to improve health systems and address human resource gaps in the Ebola-affected countries.

"HEALTHCARE PROVIDERS ON THE FRONTLINES"

At the height of the Ebola outbreak, the IRC conducted research in the hardest-hit areas of Sierra Leone, interviewing providers about impacts to their professional and personal lives.

"Healthcare providers on the frontlines: a qualitative investigation of the social and emotional impact of delivering health services during Sierra Leone's Ebola epidemic" draws on 54 qualitative interviews with 35 providers working in eight peripheral health units of Sierra Leone's Bo and Kenema Districts. Data collection started near the height of the outbreak in December 2014, lasted 1 month, and was part of larger efforts to improve infection prevention and control in the health system. Providers recounted changes in their professional, personal and social lives as they became de facto first responders in the outbreak.

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For the full publication in *Health Policy and Planning*, visit http://heapol.oxfordjournals.org/content/early/2016/06/07/heapol.czw055.full.

Recommendations

During recovery from this epidemic and in future epidemics, we urge **responders and donors** to:

- **Recognize and address the mental health and psychosocial needs of frontline primary health care workers** subjected to intense and protracted fear and stigmatization by the communities in which they live and work
- **Devise community engagement strategies** that address not only knowledge on disease transmission, but also mental health and psychosocial needs
- **Explicitly promote non-discrimination and non-stigmatization toward all health workers**
- **Give health workers guidance on psychological first aid**, which includes how to access it for themselves and provide it to their patients
- **Support Ministries of Health in the development and implementation of national plans** to integrate mental health services into primary health care systems

During the recovery from this epidemic and in future epidemics, we urge **researchers** to:

- **Engage with health workers to identify and pilot interventions** that can feasibly and acceptably mitigate distress
- **Disseminate more widely what is known from the existing mental health literature about the value of providing counseling for providers,** particularly those who are placed under quarantine; mandatory rest periods for health workers coupled with supportive supervision; and the designation of a mental health professional who can work with providers in the months after an acute or critical incident to assist in healing
- **Expand research into how personal protective equipment could be altered** to promote compassion and bonding between health workers and patients

In honor of health care workers who served on the frontlines of the Ebola epidemic

We dedicate this brief to the health workers across West Africa who served during the 2014-2016 Ebola epidemic, including those who died and and those who continue to serve in its wake today.

Research findings

Providers described changes in their professional, personal and social lives as they became de facto first responders in the outbreak.

Estimates suggest that at least 65% of healthcare worker infections in Sierra Leone occurred among health workers in primary health care facilities. While protecting workers in Ebola care facilities was immediately prioritized, this did not address the reality that many patients first visited primary health facilities. As a result, primary health workers were particularly vulnerable to contracting Ebola. Despite the disproportionate risks faced by these health workers, only 4% of health facilities closed throughout the outbreak. Many continued to serve. One health worker described the decision to continue working despite lacking personal protective equipment:

> We thought that if there was no protective gear, we would not work, but our Boss told us to put that at the back of our mind, that we are soldiers, we should be ready to be at war front.

During interviews, health workers who had become de facto first responders recounted changes in their professional, personal and social lives. They described the destruction of social connectedness and trust within and across health facilities, communities and families. They also described feeling lonely, ostracized, unloved, afraid, saddened and no longer respected. We have shared some of their voices, and stories, here. For the full findings, please visit *Health Policy and Planning*.

"Sadness, we are full of sadness"
Suffering in private

> Sadness we are full of sadness. Both the wives of our nurse have died, the porter who worked with one died, his son in Freetown died. You could have heard a pin drop at this facility around that time.

The changes described in their professional lives, communities and households affected how health workers felt about themselves and their social surroundings. They described suffering, loneliness, isolation and feeling "full of sadness." Many said they were grieving the deaths of wives, husbands, sisters, children, colleagues and friends. One person said she was "bleeding in my heart for all of my colleagues" who had died.

Many yearned for the way things were before Ebola. They felt that they were "not trusted," "not loved," and "not respected by the community." Some added that they had fewer friends, and

> "Well the risk is too much but I have no choice because if we the health worker are also afraid and we relax saying that this sickness is dangerous . . . it will still continue. That is why we are still fighting to it to end. "

that people kept a distance from them. Suspicion and whispers from neighbors followed them throughout the community.

One health worker said that the community perception of her was killing her spirit. She tried to improve the situation by reminding them of why she was continuing to provide health services in the midst of Ebola:

> If you are scared of me, it makes me feel bad. And what if I feel bad and get angry and decide not to go to the center again? What if all the health workers sit down and refrain from treating Ebola patients? Who will do that job? People have come from other countries to help us fight Ebola. If we sit in our own country and say we will not take part in that fight how will the disease go?

They often suffered for their sacrifices and contributions, even from those closest to them. Many noted that families stopped coming near them or talking to them due to fear. One person said that his family blamed him and other health workers for the outbreak. "You, the health workers, currently we are afraid of you because you possess the disease." He said that he felt as if he "owns the Ebola."

A woman expressed experiencing loneliness after the workday ended, since she went home and had to sit alone and isolate herself from her family.

Finally, health workers described fearing their own mortality. "I have begun to imagine my own death," one person said. "How sad my family would be without me."

"Nobody comes to…say hello anymore"
Experiences at work

Some of the most painful adjustments described by interviewees related to their relationships with patients. Providers felt bad that infection prevention equipment "dehumanized" them in the face of patients, and that

> “If you are scared of me, it makes me feel bad. And what if I feel bad and get angry and decide not to go to the center again? What if all the health workers sit down and refrain from treating Ebola patients? Who will do that job? ”

“thermometer guns” used to take temperatures at screening booths initially terrified many community members. One provider said that she felt as though she was “turning [her] shoulder” when she interacted with patients:

> I feel bad because I am a medical person, and this disease is preventing us from touching patients. . .. I am an MCH [maternal child health] Aide and I always carry out deliveries and immunization . . . I must touch my patients.

This stood in contrast to previous facility practices where health workers “were open, welcoming”, “would check patients with our bare hands,” and would “suffer alongside” patients. One woman felt she was no longer connected to her patients:

> It used to be that patients would just come to the center without being screened, and we would allow that patient to enter. Whether the patient came with a contagious disease or not all of us will just suffer through it.

In extreme instances, respondents described how patients cursed, slapped and attacked providers because they heard rumors of providers “injecting Ebola” and “selling bodies” as a means for personal financial gain.

Providers also reported that many individuals experiencing an illness in the post-Ebola period delayed seeking care until their cases were severe because they viewed facilities as Ebola transmission points. They described how they missed casual interactions with the community. ”People used to be happy to come here, to meet us, to say thanks. The place was open . . . Now the hospital is fenced off.”

Another person summed it up, saying, “Nobody comes to . . . say hello anymore.”

Conclusion

Ebola tore at the fabric of communities across West Africa, destroying social connectedness and trust in health facilities, communities and families. This experience was intensely and intimately felt by primary health care workers, who became firstline responders to the deadly outbreak. This research highlights the need to examine and respond to the social landscape of Ebola and other stigmatizing diseases, and their impact on mental health. It also demonstrates that the mental health needs of frontline health workers require immediate attention. Many workers described their commitment to their work, and a recognition of their role in the fight against the deadliest epidemic of Ebola ever recorded. As recovery efforts continue, the consequences of their critical service and sacrifice should not go unrecognized or unaddressed.

Provider experiences of social, emotional and physical distancing in the “Time of Ebola”

In health facilities

- Changes in facility routines and practices
- Facility quarantines; restriction of movement within facilities (including infection prevention screening)
- Changes in provider-provider relations
- No communal eating; loss of trust among providers
- Changes in patient-provider relations
- No touching, holding or hugging a grieving patient, maintaining distance from and among patients, isolating ill patients, “turning one’s shoulder” to patients, denying emergency care until a patient has been screened

In communities

Restrictions or bans against

- Communal or public gatherings (for school, burials, meetings, soccer matches and construction projects)
- Travel
- Entering/exiting communities
- Burning of houses or possessions of Ebola patients

At home

Restrictions or bans against

- Sitting close to others
- Handshaking or hugging
- Checking in on neighbors or accepting visitors
- Checking on sick family or friends
- Children’s movements
- Intimate relationships

As individuals

Providers report

- Grief, loneliness, suffering and sadness
- Feeling stigmatized by family and community
- Fearing death

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