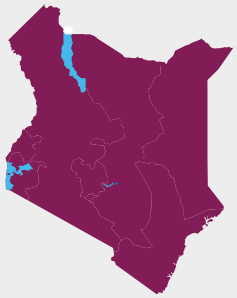
Experiences of healthcare workers in Kenya during the COVID-19 pandemic



Summary

- **2 out of 3 healthcare workers (HCWs) surveyed did not feel prepared to respond to COVID-19**. Lack of training, COVID-19 response protocols, personal protective equipment (PPE) and communication from management were associated with low perceived preparedness.
- **4 out of 5 HCWs surveyed were experiencing moderate to high stress levels and some degree of burnout**. Low perceived preparedness and fear of infection were associated with increased stress and burnout, while appreciation from management was associated with lower stress and burnout.
- **1 out of 3 HCWs surveyed were dissatisfied with their jobs**. Low perceived preparedness, stress, burnout, low perceived appreciation and communication from management, fear of infection, and low family support all contributed to job dissatisfaction.
- Interventions are urgently needed to improve HCWs' preparedness to respond to the ongoing and future pandemics, as well as to reduce stress and burnout and increase job satisfaction.

Introduction

Kenya had reported a total of 323,000 cases of COVID-19, spanning all 16 regions of the country at the time of this report (March 1, 2022). HCWs have been affected with stress and burnout from the extended period of managing COVID-19. This has been well-documented in our team's and others' research. In order to better understand the drivers of these issues – which have the potential to affect patient care – our team documented HCWs' experiences during the pandemic, surveying from November 9, 2020, to March 8, 2021.

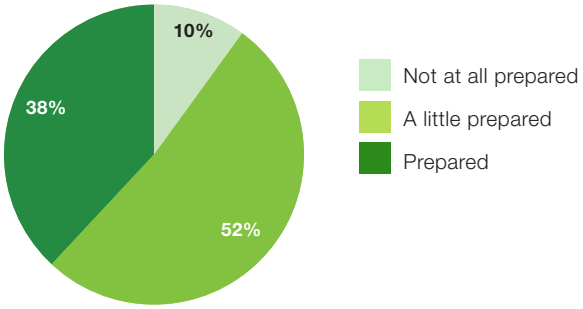
Aim: We examined healthcare workers' perceived preparedness to respond to COVID-19 in Kenya and their levels of stress, burnout, and job satisfaction. We also assessed factors associated with each outcome.

Approach

We implemented an online self-administered survey via Qualtrics that included questions about perceived preparedness to respond to COVID-19,[1-3] perceived stress[4] and burnout,[5] and about various factors associated with perceived preparedness, stress, and burnout. Below, we present highlights from our study. These findings are particularly important as we continue to manage COVID-19 as an endemic disease in most regions of the world. The recommendations of this brief underscore the need to address and help manage provider stress and burnout as we enter the third year of the pandemic.

Results

PERCEIVED PREPAREDNESS

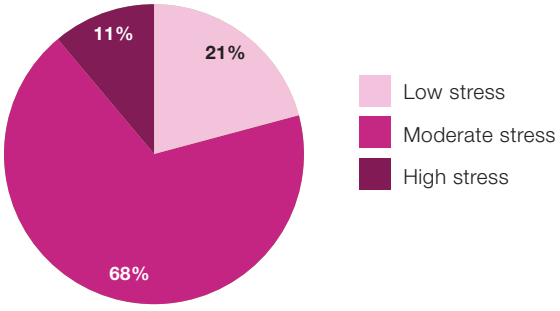


Ten percent (10%) of respondents did not feel at all prepared to manage COVID-19 and 52% felt a little prepared. Just 38% felt prepared to respond to COVID-19. Previous training, clear protocols, PPE availability, having an isolation ward, and good communication from management were associated with increased perceived preparedness.

Other notable findings

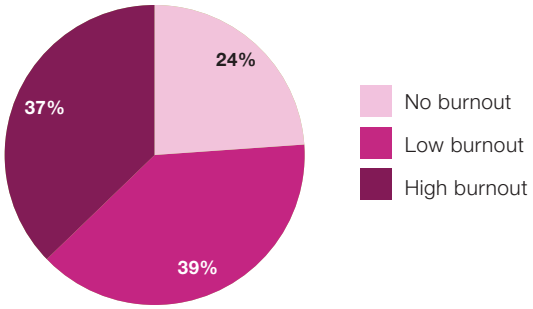
1. About two-thirds of respondents (63%) reported they had received some training on COVID-19; 61% reported having a protocol for managing COVID-19.
2. Only 21% reported their facilities had enough PPE, though 55% reported having isolation wards.
3. Lack of PPE was the number one source of frustration for most HCWs. Other sources of frustration included inadequate staffing, patient attitudes, lack of training, and national government response.

PERCEIVED STRESS



Twenty-one percent (21%) of HCWs reported low perceived stress. Sixty-eight percent (68%) reported moderate stress, and 11% reported high stress.

PERCEIVED BURNOUT



While no burnout was reported among 24% of respondents, 39% and 37% reported low and high burnout, respectively.

Key study measures

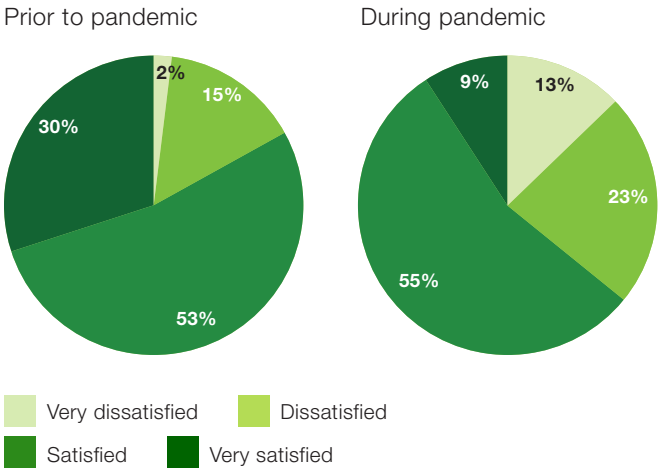
Perceived preparedness was assessed using 15 questions addressing various aspects of preparedness (including personal, institutional, and psychological preparedness for prevention, diagnoses, management, and education regarding COVID-19) measured on a scale of 0 (not prepared at all) to 3 (very prepared). We created summative scores for preparedness, with scores ranging from 0–45. Higher scores mean more preparedness. We categorized scores <15 as not at all prepared, 15–29 as a little prepared, and ≥ 30 as prepared.

Perceived stress was assessed using the 10-item Cohen perceived stress scale. We created summative scores ranging from 0–40 for perceived stress. Higher scores signify higher stress. Scores of 0–13 are considered low stress, 14–26 moderate stress, and 27–40 high stress.

Burnout was assessed using the Shirom-Melamed Burnout measure (SMBM)—a 14-item validated psychosocial measure. We created summative scores ranging from 14–98 or from 1 to 7 when divided by the number of items (14). Higher scores signify higher burnout. The cut-off considered as healthy or no burnout in prior studies is ≤2.0, with 2 to 3.75 considered low or non-clinical burnout, ≥3.75 for high burnout.

Job satisfaction was assessed with a single question: "In general, how satisfied are you with your job now?" With response options "very dissatisfied," "dissatisfied," "satisfied," and "very satisfied."

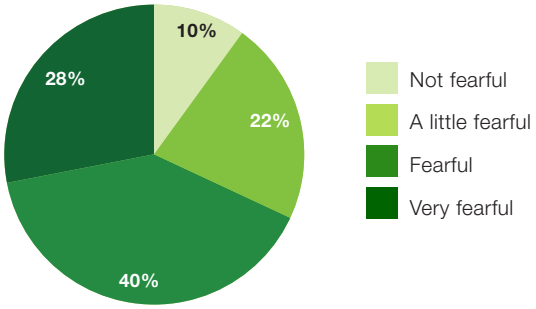
OVERALL JOB SATISFACTION



HCWs in Kenya were more likely to be dissatisfied with their jobs during the pandemic, as compared to before the pandemic: only about 65 % reported they were satisfied or very satisfied during the pandemic, compared to 83% prior to the pandemic.

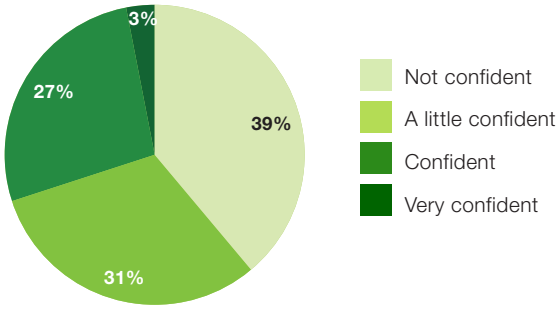
We explored factors that may affect job satisfaction and preparation, including fear of contracting COVID-19, confidence in COVID-19 care available for infected HCWs, communication and appreciation from management.

Fear of contracting COVID-19



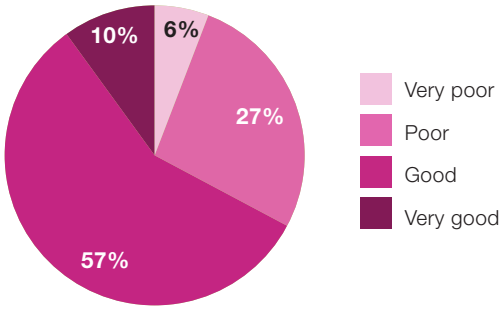
Nearly 70% of HCW were fearful or very fearful of contracting COVID-19; only 10% were not fearful of contracting COVID-19.

Confidence in care if infected with COVID-19



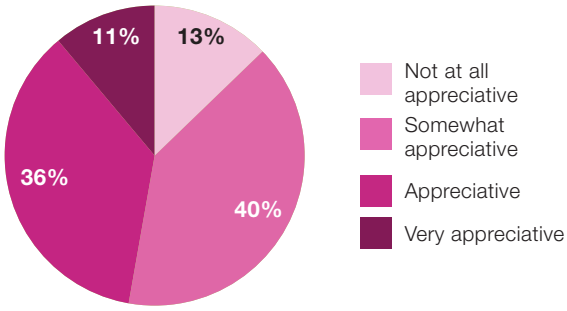
HCW confidence in the available COVID-19 care was mixed. 3% were very confident, and 27% were confident; 31% were a little confident. A plurality (39%) lacked confidence in care if infected with Covid-19.

EXPERIENCES WITH COMMUNICATION



HCWs' experiences with communication from management were fair: 57% felt it was good and 10% very good, while perceptions of poor and very poor communication were 27% and 6%, respectively.

Perception of appreciation from management



HCW perceptions of appreciation from management were mixed. 13% felt management was not at all appreciative, and 40% felt management was just "somewhat appreciative." 11% felt management was "very appreciative" and 36% felt management was "appreciative."

Conclusions

HCWs did not feel prepared to respond to the COVID-19 pandemic, yet they were key to the containment of the pandemic.

These feelings of inadequate preparedness were precipitated by lack of training, lack of PPE, lack of clear protocols for COVID-19 management, and poor communication from management.

Low perceived preparedness led to increased stress and burnout levels, which are known to lead to poor health among HCWs, and workforce turnover, and poor quality of care. High stress and burnout were also associated with lower job satisfaction.

Recommendations

- There is an urgent need to build and enhance the capacity of HCWs to screen and manage COVID-19 and other pandemics.
- Health facilities need adequate PPE; clear, detailed guidelines and in-service training on how to manage and treat COVID-19; and improved communication from management. Crisis response standards at facility levels can reduce uncertainties, speed decision-making, and improve facility and HCW preparedness.
- Wellness programs that integrate mindfulness training, stress management, and peer support have been found to mitigate the effects of stress and burnout. These could support HCWs as they continue to manage COVID-19 as an endemic disease.

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STUDY TEAM

The Aga Khan University Hospital

- Joseph Musana: Deptartment of Obstetrics and Gynecology

The University of Nairobi

- Moses M Obimbo: Deptartment of Human Anatomy, Obstetrics and Gynecology,

Kenya Medical Research Institute (KEMRI)

- Linnet Ongeri:Centre for Clinical Research

University of California, San Francisco

- Patience Afulani: Department of Epidemiology and Biostatistics, School of Medicine, IGHS
- Jerry John Nutor: Department of Family Health Care Nursing, School of Nursing
- Akua Gyamerah: Department of Family Health Care Nursing, School of Nursing
- Osamuedeme Odiase: Institute for Global Health Sciences (IGHS)
- Monica Getahun: Institute for Global Health Sciences (IGHS)

QUESTIONS?

Email: Wangira.Musana@aku.edu or patience.afulani@ucsf.edu.

UNIVERSITY OF NAIROBI

KENYA MEDICAL RESEARCH INSTITUTE KEMRI

The Aga Khan University Hospital

UCSF Institute for Global Health Sciences