“Healthcare workers ability and willingness to work in response to Ebola pandemic: What does Nigeria need to do?”

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Research Brief

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Background

Ebola is a severe acute and highly contagious viral disease capable of spreading rapidly through the world. Ebola is a viral illness of which the initial symptoms can include a sudden fever, intense weakness, muscle pain and a sore throat while subsequent stages are vomiting, diarrhoea and - in some cases - both internal and external bleeding (World Health Organization 2014). The current outbreak is the deadliest since Ebola was discovered in 1976. The disease infects humans through close contact with infected animals, including chimpanzees, fruit bats and forest antelope. It then spreads between humans by direct contact with infected blood, bodily fluids or organs, or indirectly through contact with contaminated environments. Even funerals of Ebola victims can be a risk, if mourners have direct contact with the body of the deceased. Healthcare workers are at risk if they treat patients without taking the right precautions to avoid infection. People are infectious as long as their blood and secretions contain the virus - in some cases, up to seven weeks after they recover. If this virus is able to replicate in humans, and be efficiently transmitted from one human to another, a pandemic already exist, with the potential to cause widespread morbidity and mortality across the globe. The Ebola outbreak in West Africa is the world's deadliest to date and the World Health Organization has declared an international health emergency as more than 2,100 people have died of the virus in Guinea, Liberia, Sierra Leone and Nigeria this year.

The current Ebola outbreak has become a public health threat due to its associated morbidity and mortality. Among those at high risk for being infected with EVD, healthcare workers have been identified as the priority group whose preparedness is a critical element in the response to the pandemic. In addition to patient care, healthcare workers (HCWs) are involved in public health education, epidemiological surveillance, quarantine management, primary care clinics and more. Although the role of HCWs is important during Ebola emergencies, not all healthcare workers are ready or prepared to work with infectious patients that will expose them to death.

Willingness of healthcare workers to risk their lives

The willingness of healthcare workers to risk their lives for a patient with a potentially fatal, communicable disease is a major concern, especially during a pandemic where the need for adequate staffing is crucial and where the public atmosphere might enhance anxiety and fear of exposure. Health-care workers have frequently been infected while treating patients with suspected or confirmed Ebola Virus Disease (EVD). This has occurred through close contact with patients when infection control precautions are not strictly practiced. A man who flew from Liberia to Lagos in July was quarantined on his arrival and later died of Ebola - the first case in Nigeria. One of the nurses who treated him and an official who came into direct contact with him has since died. In West Africa, high proportion of doctors, nurses, and other health
care workers who have been infected by the deadly disease. The current outbreak is of worrisome pandemic potential as the virus is already affecting capital cities as well as remote rural areas are affected, vastly increasing opportunities for undiagnosed cases to have contact with hospital staff. To date, more than 240 health care workers – including prominent doctors in Sierra Leone and Liberia - have developed the disease in Guinea, Liberia, Nigeria, and Sierra Leone, and more than 120 have died thereby depriving these countries of experienced and dedicated medical care.

Factors already identified to explain the high proportion of infected medical staff include shortages of personal protective equipment or its improper use, far too few medical staff for such a large outbreak, and the compassion that causes medical staff to work in isolation wards far beyond the number of hours recommended as safe. For now, neither doctors nor the public are familiar with the disease raising intense fear across health facilities, villages and cities in the affected countries. In Nigeria, there are serious rumors and unnecessary alarm of the existence of the EVD in some University tertiary health care institutions in Ibadan, Benin, Sokoto and Asaba increasing the tension and fear among the health facility health workers to attend to their patients. These fears are real in that several infectious diseases endemic in the region, like malaria, typhoid fever, and Lassa fever, mimic the initial symptoms of Ebola virus disease. At the health facility level, patients infected with these diseases often require the services of the health workers in the outpatient and emergency care who may - doctors and nurses - see no reason to suspect Ebola and see no need to take protective measures. In some reported cases health workers hazard, infections have occurred when unprotected doctors rushed to aid a waiting patient who was visibly very ill putting medical staff at risk because no protective equipment is available – not even gloves and face masks.

The magnitude of the effect of the EVD infection on health care workers has a number of consequences that may further impede control efforts in Nigeria, Sierra Leone and Liberia. The fact that so many medical staff have developed the disease increases the level of anxiety within the general public. If the loss of so many doctors and nurses continues, it can lead to the closing of health facilities, especially when staff refuse to come to work, fearing for their lives. In some areas, hospitals have been regarded as incubators of infection and are shunned by patients with any kind of ailment, again reducing access to general health care. When hospitals close, other common and urgent medical needs, such as safe childbirth and treatment for malaria, are neglected.

While numerous investigators have tried to understand the barriers to willingness to report to work (WTR) in an influenza pandemic, the estimates from such studies are
not only subject to considerable scientific and predictive uncertainty but has limited domestic applicability to examine health workers’ willingness to respond to Ebola disaster (Balicer 2006; Qureshi 2005). In the absence of any published study to date, there is a need for informed research which helps establish an evidence base about Nigeria HCWs’ willingness to work if EVD spreads out of control. Regardless of where and how EVD will spread, it is obvious that health workers – Nurses and Community Health Extension Workers - at the primary health care level will be at the front line of the response because Ebola symptoms are commonly managed within these basic facilities in the communities. By virtue of their normal role in health care, these HCWs will be vulnerable to Ebola infection. Therefore, an informed evidence base is needed in planning for Ebola response to protect the primary care workforce, maximize primary care capability and address the issues of HCW’s fear and absenteeism.

**Agenda for the Research**

Despite considerable progress on public awareness of the threat of Ebola, the efforts in preparing the Nigeria health care workforce for such pandemic is inadequate. Health care workers are at the forefront of managing both the Ebola response and also are at increased risk of exposure to infection. But currently, it is unclear how these health workers feel working in the health facilities under the Ebola situation. We have no evidence to inform policy response on the following questions: what is the likelihood that HCWs will work if the spread is out of control? What factors are likely to be associated with willingness to work? Can their absenteeism during these periods be mitigated by interventions? To the Nigerian health policy makers, health workers anxiety and concerns have not been given proper attention as policy and planning issues for the public health emergency preparedness system - for Ebola prevention and control.

Therefore, the aim of the proposed research will be to assess health workers - clinical and non-clinical staff - preparedness to respond to current state of Ebola pandemic and to identify issues that need to be addressed to enhance preparedness, trust and confidence if it spreads out of control. It is an attempt to generate evidence on the relationships between the willingness of healthcare workers to risk their lives for a patient with a full blown Ebola, and knowledge of personal protection against infection, workplace preparedness and the effectiveness of safety measures. Specifically, the study needs to assess the responses of health workers with regard to their: (1) personal needs, (2) willingness to report to work in the event of a major outbreak of EVD, and (3) level of confidence in the ability of their health facilities to provide protective equipment and take precautions to protect the their safety in the

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1 This could represent the Ability - refer to as the capability to report for work
event such outbreak (4) identify broad policy interventions for addressing health workers concerns generalizable to the three countries and suggest specific, realistic and culturally appropriate options to possible challenges of Nigerian health workers apathy during this crisis.

Except for the ongoing Boko Haram insurgency, Ebola is considered to be the most extreme risk to national security in the Nigeria and it is essential that in the event of a catastrophic explosion, health services should be able to manage the severe demands that might be placed upon them. The current situation is that the Nigerian health workers are worried about working in the health facilities as the Ebola continues to spread. The mortuary health officers are already worried about stigmatization in the communities where they live and are now threatening to abandon the job. Volunteers working in the Ebola quarantine and isolation sites are demanding more payment to remain at work. In the face of these threats, public sector employees' unwillingness to continue with their profession is likely pose a threat to the nation's emergency response infrastructure.

Addressing the specific factors associated with this unwillingness through the proposed research is necessary to strengthen evidence-based decision making of health policy makers and improve public health outcomes. It will provide the opportunities for a comprehensive evaluation of the willingness of healthcare workers to risk their lives for a patient with EVD. If Nigeria Ebola prevention and control efforts is to succeed, the planning, distribution, management, welfare, safety and sustainability of health workers should be of paramount and immediate concerns of all policy makers at the federal, state and local government levels. In conclusion, priority protection for health care workers is necessary if the collapse of the health care system is to be avoided.

References

