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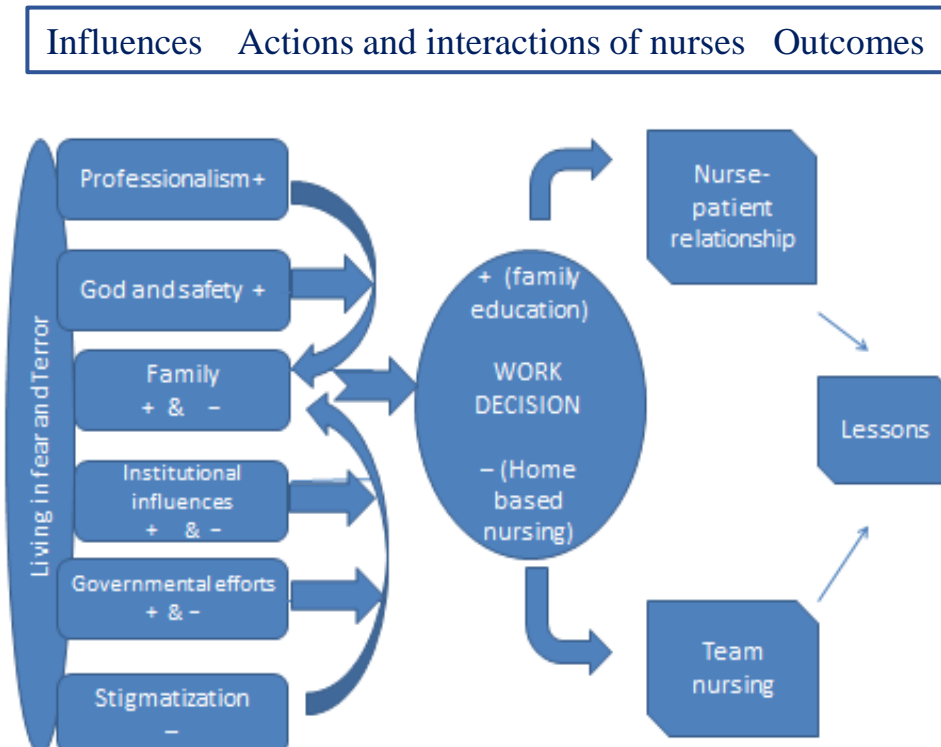
## BACKGROUND

- ❖ West African Ebola outbreak was devastating.
- ❖ Health care workers' (HCWs) willingness to care influenced their availability and response to containment of the disease.
- ❖ Ebola contracted by HCWs exacerbated pre-existing shortage of HCWs.
- ❖ 50% of health care workers infected were nurses (ICN, 2015).
- ❖ Need to explore experiences of nurses/midwives during Ebola outbreak.
  - To understand issues from nurse/midwife perspectives
  - To use holistic and comprehensive approach to understand nurses' /midwives' experiences during epidemic.
  - To explore the social process involved in nurses' /midwives' decision to render or not render care to patients during Ebola outbreak.

## PURPOSE AND SPECIFIC AIMS

- ❖ The purpose of this study was to explore the experiences of nurses and midwives, including the decision process involved in rendering care to patients during the Ebola outbreak in Liberia, West Africa.
- ❖ Specific aims
  - Describe, analyze, and interpret the experiences of nurses and midwives during the Liberian Ebola outbreak.
  - Explore the personal, institutional, and government influences for the work decision process used by nurses and midwives during the Ebola outbreak in Liberia.

Figure below: Work decision process used by nurses and midwives during the Ebola outbreak in Liberia



## METHODS

- ❖ Qualitative design using a combination of Charmaz and Corbin & Strauss grounded theory methods (GTM) to identify categories, develop conceptual model, and offer insights into the Ebola experiences of nurses and midwives.
- ❖ Ethics review board of a university in Liberia that had Federal Wide Assurance (FWA) status approved the study.
- ❖ Thirty registered nurses/midwives participated. Mean age = 38 yrs; females ( $n = 29$ ); mean yrs working experience = 9; worked in hospital during Ebola outbreak ( $n = 27$ )
- ❖ Recruited from three hospitals; 10 from each hospital
  - Private faith-based hospital
  - Private faith-based, government funded with Ebola treatment Unit (ETU)
  - Government managed and funded holding center for suspected and confirmed Ebola cases due to overcrowded ETUs.
- ❖ Data collected through face-to-face, tape-recorded interviews, using a semi-structured interview guide.

Categories	Subcategories
Living in fear and terror (core category)	Knowledge, skills, and protective equipment
	High risk nursing
	National defense
	Psycho-physical symptoms
Family	Family education Home based nursing
Professionalism	Professional gain Professional role strain
God and safety	
Stigmatization	
Institutional influences	Hospital access Ebola nursing care
Government efforts	
Work decision	Nurse-patient relationship
	Team nursing
	Lessons



## RESULTS

- ❖ **Core category: Living in Fear and terror** - nurses and midwives were afraid of contracting disease from patients and colleagues.
  - *It [Ebola outbreak] was a terrible experience for me. You are not so much particular about yourself but your children and family members at home. So the Ebola outbreak was a terrible, terrible experience.*
- ❖ **Category: Family** - identified as the central reason for nurse to either continue or stop working during the outbreak.
  - *I stopped working because of my parents were like on me oh don't work, don't work and also my former husband. Even at times, he use to make it out of confusion. He will say don't go to work and it used to be like problem between he and myself always.*
- ❖ **Category: Professionalism** - nurses/midwives felt obligated to work
  - *I was looking at serving humanity because that's what I took oath for.*
- ❖ **Category: God and safety** - nurses/midwives reported that the assurance of protection was only possible through dependence on God.
  - *We also use to pray before going in [Ebola treatment unit]. After dressing we hold hands together, we pray before entering. During the assembly we had to pray every morning; . . . it's like time of worship. It was so interesting .*
- ❖ **Category: Stigmatization** - People thought nurses were at risk of being infected and could in turn spread the virus to the public.
  - *Even in the community if they notice that you are working to this institution they then stigmatize you. ...When we go to help then people stigmatize us, it was so frustrating . . . yes.*
- ❖ **Category: Institutional influences** - hospital administration provided personal protective equipment (PPE), safety resources and measures; however did not motivate nurses financially nor showing appreciation for their efforts
  - *They [hospital administration] contributed by making the materials available, that [is] all. As I said the financial aspect was very, very low. No motivation from the hospital, administration.*
- ❖ **Category: Government efforts** - Nurses indicated that government efforts was perceived as neglecting the nurses and other health workers by not providing incentives and benefits.
  - *We were not treated fine from the government, let's be frank. They didn't even commend us for what we have done, it broke us down.*
- ❖ **Category: Work decision** - irrespective of whether nurses worked or not, they rendered care for people (at home or in the hospital). Those who worked experienced changes in the nurse-patient relationship and the nurse-nurse relationship.
  - *You see it is terrible, the experiences I had ,it is affecting my patients . . . the relationship we had with patients you find out now it is a gap. We were not nursing patient the way we used to.*

## STRENGTHS OF STUDY

- ❖ Description represented by conceptual model identified from data.
- ❖ Family identified as the central influence in the nurses' and midwives' experiences and work decisions.
- ❖ Spiritual resources shaped the experiences and work decisions.

## LIMITATIONS OF STUDY

- ❖ Participants were mostly female therefore; the findings may not reflect the male perspectives.
- ❖ Participants were recruited from hospitals in the capital city; representation of nurses and midwives in the rural areas may be lacking.

## APPLICATION OF FINDINGS

- ❖ Findings could apply to nurses, nurse administrators, and nurse educators in the area of Ebola nursing care and care in other epidemic situations.
- ❖ Policy development on Ebola nursing care in Liberia should include the emotional involvement, value commitments, family, and faith considerations of nurses and midwives.

## CONCLUSION

- ❖ The experiences of nurses and midwives during the Ebola outbreak in Liberia were characterized largely by living in fear and terror, centered on their family concerns, responsibilities, and demands.
- ❖ Decision whether to work or not was related primarily to family concerns.
- ❖ Other influences included the nurses' and midwives' spiritual resources among others.
- ❖ Those who worked used personal resources, followed by institutional and governmental influences.
- ❖ Those who worked dealt with changing dynamics of the nurse-patient, and team nursing relationships.



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