



## “Ebola kills generations”: Qualitative discussions with Liberian healthcare providers



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### ABSTRACT

**Objective:** the purpose of this study was to explore healthcare providers' perceptions and reactions to the Ebola Virus Disease (EVD) epidemic.

**Design:** a descriptive, qualitative study design was employed. Focus groups were conducted with Liberian healthcare providers who participated in care of patients with EVD.

**Setting:** the study was conducted in Bong County, Liberia (population: 333,000), which was severely affected, with over 650 reported cases and close to 200 deaths by the end of 2015.

**Participants:** the total sample of 58 participants, included 11 nurses, ten traditional birth attendants (TBAs), four midwives, 28 general community health volunteers, three physician assistants, one community member and one pharmacy dispenser.

**Measurements and findings:** five core themes related to changes in healthcare practices and interactions since the EVD outbreak were identified based on the results of the focus groups; fear, stigma, resource constraints, lack of knowledge and training, and shifting cultural practices.

**Key conclusions:** this work represents a preliminary understanding of Liberian healthcare workers reactions to the EVD epidemic, and highlights the significant issues they faced as they attempted to care for patients and protect themselves.

**Implications for practice:** while the EVD epidemic has been declared over, preparedness activities for future disease outbreaks must continue. This study can inform future healthcare policy initiatives as well as preparedness activities targeted towards healthcare workers in low resource settings.

### Introduction

The 2014 West African outbreak of the Ebola Virus Disease (EVD) was unprecedented in both its scope and impact, causing more cases and deaths than all previous outbreaks of EVD combined. In Liberia, after a devastating 14 year-long civil war which ended in 2003, the country was left with a shattered health care system along with devastated country-wide infrastructure. Healthcare providers and hospital facilities have remained in extremely short supply. As the EVD outbreak spread widely and rapidly through Liberia, Bong County

was severely affected (World Health Organization, 2015). Bong County shares a common border with Guinea, and reported its first suspected case of EVD in June 2014.

By early 2015, 712 total cases of EVD were reported in Bong County along with 176 deaths (Ministry of Health, 2015) (see Fig. 1), and 372 cases and 180 deaths were reported among healthcare providers throughout Liberia (UNICEF, 2015). As the outbreak progressed through West Africa, it was quickly recognized that the healthcare needs of affected countries were far beyond the capacity of local responders in terms of personnel, equipment and logistics (Grinnell

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Fig. 1. Map of EVD Impact in Liberia.

et al., 2015). Multiple reports in Liberia, Guinea and Sierra Leone cited the following problems in managing the growing EVD crisis: under-trained healthcare workers and understaffed and undersupplied facilities (Boozary et al., 2014; Fowler et al., 2014; Grinnell et al., 2015). In Liberia for example, visits to Ebola Treatment Units (ETUs) where two or more healthcare workers were reported to have probable, confirmed or suspected cases, found a variety of inadequate infection control precautions in place, ranging from shared gloves between providers or wearing of the same personal protective equipment (PPE) throughout a shift when caring for both patients with and without EVD (Matanock et al., 2014). The impact of EVD on healthcare in West Africa not only caused significant morbidity and mortality, but also influenced perceptions of healthcare among both patients and providers themselves (Pellecchia et al., 2015). This impact spread far beyond affected patients and providers. Efforts to curb deeply rooted traditional cultural practices that contributed to the spread of EVD were problematic in multiple ways (Abramowitz et al., 2015; Pellecchia et al., 2015). In post-conflict countries such as Liberia, where there are already too few healthcare workers including midwives, the fear and mistrust surrounding the outbreak presented serious and long-lasting hurdles, which must be overcome in order to provide effective care.

Much of the research thus far has focused on the epidemiology of the EVD (Pandey et al., 2014; Atkins et al., 2016; Lokuge et al., 2016). However, there has been very little investigation into how frontline healthcare providers addressed, reacted to and afterwards, perceived the EVD pandemic. Therefore, the purpose of the study described here is to explore healthcare providers' perceptions and reactions to the EVD epidemic.

## Methods

This research was undertaken as part of a larger study that was in process during the EVD outbreak in Liberia. The parent study titled, 'Innovation, Research, Operations, and Planned Evaluation for Mothers and Children' (I-ROPE) was in the final year of a four-year study examining the impact of maternity waiting homes on maternal and newborn outcomes in rural Liberia at the time this study was undertaken (Lori et al., 2013a, 2013b). During the course of the I-ROPE project, the data revealed a steady increase in facility births among a sample of 10 rural health facilities and two local hospitals in Bong County Liberia. However, as reports of EVD escalated, the study team noted a negative trend in the number of women seeking facility-based deliveries within Bong County (Lori et al., 2015).

In response, the study team decided to undertake a descriptive, qualitative study to explore healthcare providers' perceptions and reactions to the EVD epidemic. Institutional review board approval for the research was obtained from the investigating institution and the county health department where the focus groups were conducted.

### Setting and sample

According to the most recent census, Bong County is the third most populated county in Liberia, following Montserrado (which includes the capital city Monrovia) and Nimba counties, with an estimated population of 333,000 (Liberia Institute of Statistics and Geo-Information Services, 2013).

Qualitative data were obtained through focus group discussions

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