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Research Article

Stigmatization of Ebola Volunteer Healthcare Workers by the Populace during the Ebola Virus Disease Outbreak in Lagos, Nigeria in 2014

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SUMMARY

Objective: Stigmatization of the volunteer health care workers involved in the management of Ebola Virus Disease is an emerging issue and is a threat to efforts in combating the outbreak. The objective of this study was to identify the presence and the scope of stigmatization experienced by the Ebola Virus Disease Volunteer Health Workers at the Ebola Treatment Center (ETC) in Mainland Hospital Yaba and the Quarantine Facility in Lagos State University Teaching Hospital, Ikeja, Lagos State.

Methods: The survey was carried out using structured questionnaire on consenting volunteer health care workers. The questionnaires focused on the role of the health care worker, assessment of incidence, the type and the scope of stigmatization experienced by the respondent. The perceived impacts of the stigma on the volunteer's life, quality of service and on the control of the Ebola Virus Disease were also explored as well as the availability of psychosocial support. The data analysis was done by using SPSS version 24.

Results: 81 consenting volunteers were interviewed comprising of Physicians (29.4%), Nurses (47.1%), Hygienists (7.8%) and Cleaners (15.7%). Of the 81, 75% experienced stigmatization of varying degrees which included avoidance 15%, Verbal harassment/inappropriate languages while addressing the volunteers 28%, Inappropriate restriction of activities/social exclusion 23%, denial of opportunities 12%, spreading of false information/rumours 8% and eviction from place of residence 14%. The impact of the stigmatization included low morale and concealment of role. The source of the stigmatization included family members 28%, friends 18%, neighbors 10 % and colleagues 44%. The awareness of the availability of psychosocial counseling and support did not translate to its use with more than 65% having the wrong impression that it was for the patients' use only. The impact on EVD control include concealment of role of volunteers in the outbreak control, relocation, self-isolation and withdrawal. However only one of the volunteers withdrew service as a result of the stigmatization while none of the volunteers sought for counseling.

Conclusion: There was a significant stigmatization of volunteer workers during the outbreak. Targeted public education is needed in reducing if not eradicating this challenge.

INTRODUCTION

Ebola Virus Disease (EVD) is a Zoonotic Haemorrhagic fever illness caused by a filovirus. Since its discovery in Zaire in 1976, human EVD infections have been rare but repeated among people living in forest communities of Central and East African countries. The endemic countries are the Democratic Republic of Congo, Uganda, Sudan, and Gabon. Between 1976 and 2013, only two countries outside the endemic region recorded Ebola cases.[1-3]

The 2013–2016 Ebola Virus Disease Epidemic was the largest ever recorded with over 28,000 cases and 11,000 deaths[4] with Guinea, Liberia and Sierra Leone experiencing the most widespread transmission.

Even though Lassa Fever, Yellow fever and dengue Fever Viruses are endemic in Nigeria and other West African countries, the 2014 Ebola virus outbreak was the first Ebola Virus Disease outbreak in Nigeria. The Nigeria outbreak began on July 20, 2014 when an infected Liberian-American diplomat (the index case) imported it to Lagos marking the first case of Ebola virus within a large urban setting. [4]

The Nigeria EVD outbreak differs from the other sister West African countries with the clinical syndromes ranging from moderate-to-severe and a relatively low case-fatality rate of 40%. [4] Ebola is a traumatic illness both in terms of

symptom severity and mortality rates. Those affected are likely to experience psychological effects due to the traumatic course of the infection, fear of death and experience of witnessing others dying.[2-4] Survivors also experience psychosocial consequences due to feelings of shame or guilt (e.g. from transmitting infection to others) and stigmatization or blame from their communities.[7,8] Some survivors were threatened, attacked, evicted, left behind by, or excluded from, their families and communities because they were seen as tainted and dangerous.[2]

The issue of stigma is very important in the battle against Ebola Virus Disease outbreaks in Africa since it may affect patient attendance at treatment centers for adequate and prompt medical care. Stigmatization creates an unnecessary culture of secrecy and silence based on ignorance and fear of victimization. Those treating the sick (e.g. Community or Family carers, Traditional Healers and Health Workers) are not free from this issue of stigmatization and psychological trauma having witnessed the traumatic course of the infection and patients' death.[2] Given the high fatality rate and lack of treatment for Ebola, carers can feel burdened by guilt for being unable to adequately look after or save the patients. Working long hours, overwhelming patient numbers, limited safety equipment and a feeling of inability to provide adequate care for, or heal, those infected can also result in frustration, anger or feelings of helplessness for health workers.[2, 5]

Carers can also experience isolation from their families or Community because of the infection transmission risk (e.g. through elective or mandatory quarantine) and stigmatization due to fear or mistrust.[8,9] For instance, there were myths or rumours that Ebola is administered by Health Workers or that it is a plot by foreign governments. In some cases, health-care workers and even their families have been evicted, threatened or attacked, including eight health-care workers who were killed in Guinea while raising awareness about Ebola.[8,9]

Psychosocial support and counselling are always available for patients experiencing stigmatization but that of Health Care Workers has never occupied the front burner until the killing of Health Care Workers in Guinea.[8]

METHODOLOGY

The objective of this study was to identify the presence and the scope of stigmatization experienced by the Ebola Virus Disease Volunteer Health Workers at the Ebola Treatment Center (ETC) in Mainland Hospital Yaba and the Quarantine facility in Lagos State University Teaching Hospital, Ikeja Lagos State.

The participants were Healthcare Workers who worked in the various units at the Emergency Treatment center at the Infectious Disease Hospital, Yaba and the Quarantine facility in Lagos State University Teaching Hospital, Ikeja Lagos State.

The survey was carried out via the use of structured questionnaire on consenting Volunteer Healthcare Workers. The questionnaires focused on the role of the Healthcare Worker, assessment of incidence, the type and the scope of stigmatization experienced by the respondent. The perceived impacts of the stigma on the volunteer life and psychological wellbeing, quality of care and service rendered at the Ebola Treatment Center and on the control of the Ebola Virus Disease were also explored. The availability of psychosocial support was also looked into.

The key socio-demographic, role and outcome data was analyzed using SPSS and were expressed as counts, percentages were displayed in tables, and frequency charts as appropriate.

Ethical approval

This study was part of the studies on the outbreak response approved by the National Ebola Emergency Operations Centre Strategy Committee and Publications Team.

RESULTS

Eighty-one (81) consenting volunteers EVD health workers were interviewed comprising of Physicians 29.6%, Nurses 47.0%, Hygienists 7.4%, Pharmacists 3.7%, Health Information Officers 4.9 % and Cleaners 7.4 %. The age range of the participants was 20-59 years with a female preponderance (Male: Female 58:42%)

Sixty-eight (84%) of the respondents reported that they experienced stigmatization of varying degree as shown in Table 1.

The impact of the stigmatization included low morale, concealment of role, loss of appetite, however only one of the volunteers withdrew from the unit as a result of the stigmatization. The source of the stigmatization includes family members 28%, friends 18%, neighbours 10% and colleagues 44%. Respondents who were aware of the availability of psychosocial counselling and support did not utilize the service as more than 65% had the wrong impression that it was for the patients' use only.

The impact of this stigmatization on the role of the healthcare workers in the management of patients with EVD included concealment of role played by the volunteers from the populace in the EVD outbreak control, relocation, self-isolation and withdrawal of service (Table 2). However, no one among the volunteer Heath Care Worker sought psychosocial counselling.

Table 1: Types of stigmatization experienced by EVD health workers

Type of stigmatization	%
Avoidance	84%
Verbal harassment	58.8%
Intimidation by coworkers not involved in the care of EVD patients	47.1%
Inappropriate and abusive languages while addressing the volunteers	36.8%
Inappropriate restriction of activities/social exclusion	36.8%
Denial of opportunities	22.1%
Spreading of false information/ rumors	35.3%
Eviction from place of residence or temporary relocation	14.7%.

Table 2: Impact of stigmatization on the Volunteer Healthcare Workers

Impact of stigmatization	No (%)
Concealment of role	23 (28.4)
Relocation	6 (7.4)
Withdrawal of service	1 (1.2)
Self-Isolation	14 (17.3)

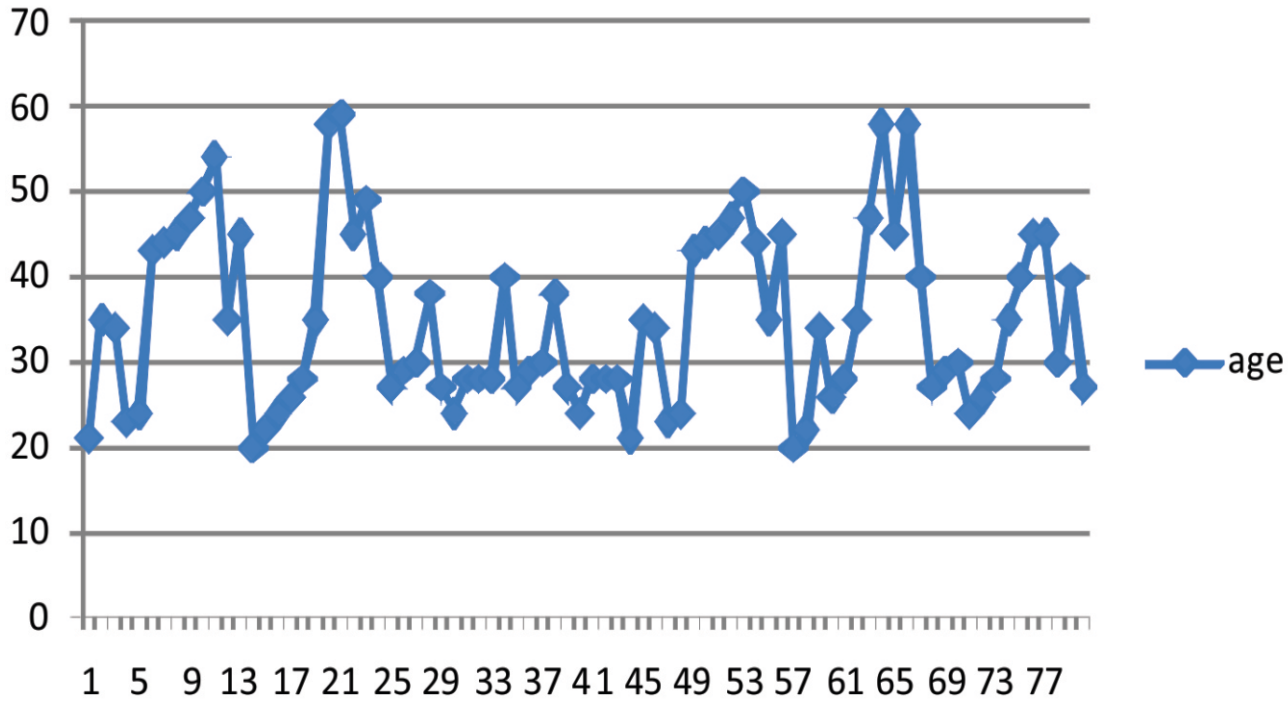

Figure 1: Age distribution of Ebola Virus Disease Healthcare Workers in the survey

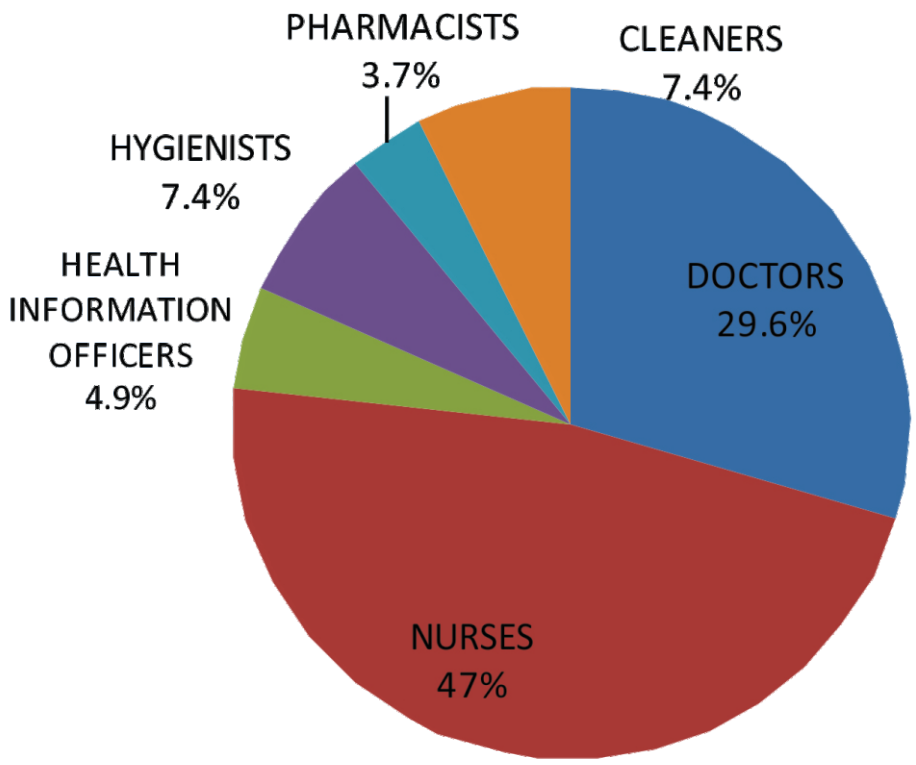

Figure 2: Job description of Ebola Virus Disease Healthcare Workers in the survey

DISCUSSION

Filovirus outbreaks can have a significant emotional impact, further complicating an already serious medical situation. In addition to issues that normally emerged when managing this set of patients such as the fear of contamination and contracting the disease as well as coping with patients dying while healthcare givers watch powerless and helpless due to non-availability of definitive therapy, health workers also have to cope with stigmatization by others especially colleagues.

This definitely impacts on the role, morale and involvement of the health workers and may prevent them from giving their best especially in the face of their efforts not been appreciated. Also, stigmatization tends to reduce the rate of enrolment by other healthcare workers who could have contributed significantly to the control of the outbreak. Even though the healthcare workers in Nigeria fared better than their Guinean counterparts, it is still worrisome judging from the issue of ostracization and eviction from places of residence as observed in this study.

The non-utilization of psychosocial support by volunteers should also be looked into Coping-strategies that include communication, education and community engagement to facilitate understanding of the disease, encourage acceptance of outbreak control measures, and reduce the social isolation of patients, their families, and healthcare workers should be started from the outset of the intervention and tailored to the social and cultural context. Mental health and psychosocial activities should be integrated with those of the epidemiology, water and sanitation (WATSAN), Medical and Health Promotion Teams.[8-10]

Peer support, resource mobilization and prevention activities (e.g. risk assessment, psychosocial support) as well as mental health care should be integrated into the employees' health scheme to assist EVD health workers cope with the stress brought on by caring for EVD patients and the isolation from their community that providing this care may cause.

CONCLUSION

Stigmatization of volunteer health workers was significant during the EVD outbreak in Nigeria in 2014. This impacted negatively on the delivery of appropriate and quality care to the patients suffering from Ebola virus disease. There is a genuine need for psychosocial support and counselling during and after the Ebola outbreak which must not be limited to the survivors but also include the health workers. Targeted public education is also needed in reducing if not eradicating these challenges of stigmatization.

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Conflict of interest

The authors have no conflict of interest to declare.

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