ORIGINAL ARTICLE

Healthcare workers' perceptions of communication skills in addressing concerns of patients suspected of COVID-19 in Namibia

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ABSTRACT

Background: Effective communication between healthcare workers and their patients is vital. This study aimed to explore the perceptions of Namibian healthcare workers about the effectiveness of their communication skills when interacting with patients suspected of having COVID-19 in Namibian hospital settings.

Methods: An exploratory qualitative research design with semi-structured interviews employing purposive sampling was conducted at Katutura Intermediate Public Hospital in Windhoek, Namibia. . Data were analysed thematically.
Results: Analysis of the 20 semi-structured interviews revealed three main interconnected themes namely (1) communication challenges when interacting with patients, (2) facilitating factors for effective communication, and (3) suggestions for improving communication patterns. From these themes several sub-themes emerged.

Conclusion: This qualitative inquiry provides useful information on how healthcare facilities can support effective communication between clinical staff and their patients when managing novel conditions in resource-constrained settings such as Namibia.

INTRODUCTION

Communication between patients and healthcare providers serves three main goals, which are: facilitating the exchange of information, establishing a relationship and providing the patient with a chance of being involved in decision making[1]. In healthcare systems, communication is regarded as essential to health providers and patients, particularly the ones with serious conditions such as cancer, HIV/AIDS and COVID-19. The novel coronavirus (COVID-19) outbreak presents serious public health challenges on communities and healthcare practitioners especially those in resource-constrained settings where there is less likelihood that they will have adequate personal protective

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equipment and access to health and psychological interventions. Such epidemics present a growing threat to public health and the psychological and socio-economic impacts are far reaching as the whole world is affected[2-5]. Health workers in particular, during epidemic periods may be more susceptible to anxiety, depression and even suicidal tendencies[6,7] which may impact on their ability to effectively communicate with their clients who might be suspected of having COVID-19. These effects may be worse in settings where healthcare providers may not have previously been involved in similar responses.

Effective communication between healthcare workers and their patients is of paramount importance since patients expect to be given accurate and reliable information by health care workers each time that they are seeking health care services to help them in decision making and to enhance adherence[8]. Some studies indicate that patients trust information that is provided by health care workers more than from any other sources of information[9-10]. There is therefore, need for healthcare workers to possess effective communication skills that enable provision of accurate and reliable information to patients regarding their health needs. For patients suspected of having COVID-19, there is further need for healthcare workers to provide information which incorporates strategies for prevention of COVID, the psychological impacts of the disease and stigmatisation challenges among others. Challenges may however emerge when health information is not being communicated effectively. Insufficient communication by healthcare workers poses serious consequences for patients and can be costly to the public health system[11]. Given that many of the critically ill COVID-19 patients are sedated, intubated, or in danger of dying, communication with them is more challenging, therefore it is important to understand health care workers perceptions of their communication skills when addressing concerns of patients suspected of having COVID-19 in Namibia, for future and current pandemic management strategies.

In Namibia, the nature of interaction of healthcare workers with patients suspected of having COVID-19 is largely unknown and no studies have been conducted to explore this field. It is therefore important to explore the perceptions of Namibian healthcare workers regarding the effectiveness of their communication skills when interacting with suspected COVID-19 patients. Such studies would yield information on how healthcare workers interact with patients which is important in the treatment and care of patients in this context.

METHODS

Study design: A qualitative study design was adopted as the study explored perceptions of health workers. Such a design was used to understand the meanings that healthcare workers attach to their communication patterns with patients who would have been suspected of having COVID-19 infection. Qualitative designs are thus imperative when certain experiences cannot be meaningfully expressed using numbers[12]. Thus, an interpretive phenomenological approach was employed. Reporting of the results of this study was based on the 32-item Consolidated Criteria for Reporting Qualitative Studies guidelines[13]. Study population consisted of healthcare workers who interacted with COVID-19 patients at a purposively Katutura intermediate public hospital, Windhoek, Namibia.

Between December 2021 and August 2022, semi structured interviews were conducted with 20 interviewees. Once saturation was reached, data collection was halted; saturation refers to the point in the research process when no new information is discovered through data collection[14]. Because of the small number of interviews, we were able to delve into the specifics of each questionnaire to better understand healthcare workers' unique perspectives and experiences with COVID-19. The study team approached all 20 study participants and all agreed to participate.

Data collection methods and Participants

Key informant semi-structured interviews were used to collect data. Key informants were purposively identified from health care workers who were involved with the management of COVID-19 patients. . Participants included nurses, social workers, and doctors.

Data collection procedures

The semi structured interview guide included questions of healthcare professionals' perceptions of the COVID-19 outbreak with particular reference to their communication skills as well as the barriers and facilitators they encountered while caring for COVID-19 patients. Trained data collectors explained to each participant regarding the study objectives and procedures before the participant was asked to respond to the interview. In addition, the research assistants obtained written informed consent from all the respondent prior to data collection. The interview guides were written in English and all participants preferred to answer the questions in this language. Participants in the study were assured that their anonymity would be protected.

Data Analysis

Data analysis followed an eclectic process that is based on the theory of Tesch (1968) as described in Krueger and Casey[15]. Thus data analysis was iterative and occurred simultaneously with data collection, data interpretation, and report writing[16]. Furthermore, data analysis was based on phenomenological data reduction by means of interpretation, de-contextualisation and re-contextualisation. The analysis thus followed the eight stages as described by Krueger and Casey which are based on bracketing and phenomenological reduction procedures.

Step 1: Data reduction was done where the mass of qualitative data obtained from the focus discussions was reduced and organised. This was achieved through coding by two independent coders, writing summaries, and discarding irrelevant data. Healthcare workers' responses were audio-recorded, transcribed into text, and then reviewed to filter out irrelevant data, with the remaining information prepared for further analysis.

Step 2: Health care workers' responses were reduced into small segments and divided into themes and sub-themes.

Step 3: The research team used bracketing and phenomenological reduction procedures to group units according to a general meaning.

Step 4: Data segments were categorised based on participants' experiences and responses, with key points of interest highlighted through memo-ing and notes on data relevance to the phenomenon under investigation.

Step 5: The researchers reviewed the relevant units listed to eliminate the redundancies from the units with relevant meaning, renewing the efforts of bracketing the phenomenon under investigation. These units were clustered according to the emerging relevant themes.

Step 6: The research team then categorised and reduced the themes by grouping similar themes and drawing inferences and relationships among them. At this stage, themes listed were coded and categorised according to variables of the phenomenon under investigation.

Step 7: Coding and categorisation continued until data saturation was achieved, ensuring data integrity. Through iterative bracketing and phenomenological reduction, researchers refined their analysis, yielding a comprehensive preliminary understanding of the data.

Step 8: At this stage, clustered units of meaning were then examined to identify central themes that captured their essence. To ensure accuracy and validity, transcripts were also returned to select respondents for review, allowing them to correct any misconceptions and provide additional feedback.

Strategies to ensure trustworthiness of findings

The aim of trustworthiness or validity in a qualitative inquiry is to support the argument that the findings of the inquiry are worth paying attention to. In this study, trustworthiness was achieved by paying attention to four criteria: (i) credibility: strategies of ensuring true value, (ii) transferability: strategies to ensure applicability, (iii) dependability: strategies to ensure consistency, and (iv) confirmability: strategies to ensure neutrality[17]. These concepts are further illustrated in the table below:

Strategy	Criteria	Application
Credibility	? Prolonged engagement with respondents during data collection and analysis	Almost two months were spent scrutinising the respondents' engagement with clients and their interpersonal communication and counselling skills when dealing with COVID-19 patients
	? Reflectivity	Field notes were incorporated into the data recorded and these were merged together
	? Triangulation	There was use of more than one method during data collection (key informant interviews plus field notes, and literature review
	? Peer scrutiny debriefing	Two health research experts checked the data quality
	? Member validation ? Act of returning to participants to check if they recognise the findings	Recurrent evaluation conducted by way of checking research findings with respondents.
	? Frequent debriefing	On-going debriefing sessions with the health facility supervisors were done to check on progress and challenges anticipated
	? Reflective commentary	The researchers checked the study progress through continuously monitoring activities and getting feedback from colleagues

Transferability fittingness	? Sample ? In depth description of demographics of participants and rich description of findings supported by quotations from participants	Purposive sampling of health care workers
Dependability	? Dependability audit ? dense description of research methodology, stepwise replication of interviews and code-recode procedure	The research protocol was fully described and adhered to without deviations

Ethical considerations

Permission to conduct the study was sought from the Ministry of Health and Social Services. Written permission to hold interviews at the hospitals was requested from the directors of the health facilities and all respondents were mandated to give written informed consent. Approval was granted by the National Commission for Research Science and Technology (Authorization No: An202101075).

RESULTS

A total of 20 participants took part in this study. The communication challenges faced by health workers working with COVID related patients, enablers that help them deal with the pandemic, and recommendations for supporting the healthcare workforce communication during the COVID-19 crisis were all identified based on the data collection and thematic analysis. The themes and results are given in the next section.

Theme 1: Communication challenges when interacting with COVID related patients

Almost all respondents stated that they faced numerous challenges when communicating with suspected COVID-19 patients with the main concern raised being the fear of getting infected if they got in close proximity with them. Respondents stated that this was mainly profound during the first days when they were unsure of effectively protecting themselves. One nurse observed:

> *"For me handling patients with COVID-19 worried me a lot in the first days…now, well ummmh…I think am used and it's not as scary anymore (giggles…)*

Generally the respondents were happy with the provision by the hospital authorities of personal protective equipment (PPE) which they said help ease their anxiety. However, some felt that the PPE to some extent also worked as a barrier to effective communication as exemplified by the following excerpt:

> *"Some of our patients are used to lip-reading, the masks make it impossible to communicate with such patients"*

> *"The patients themselves I think would be struggling to hear us…I think it is this N95 facial mask that impedes communication…How can I then assure them that all will be well? Hand gestures?"*

Within this themes several subthemes also emerged.

Subtheme 1: Uncertainty about how to communicate

Responses from health care workers revealed their uncertainty on how to communicate with patients especially when they were critically ill. Some

reported feeling hopeless about the situation and felt they could not do much to help. One respondent emphasised this point by saying:

> *"As you know I wouldn't know what to say…especially when resources were not there and we didn't know what to do…It is a stressful situation"*

Another respondent reiterated:

> *"As someone in the emergency room, I worry constantly about someone needed immediate care, and when they are groaning and moaning, what do I say?"*

Subtheme 2: Need for counselling skills and resources

Communicating with helpless clients according to majority of the respondents was a daunting task and they lamented the lack of counselling skills.

> *"We needed the counsellors to be there…not only for the patients…I tell you it was also very traumatic for the nursing staff here. It took me a while to adjust"*

In addition, a different respondent emphasised how she might have handled issues better had she been psychologically prepared for the pandemic:

> *"To safeguard front-line employees, we needed to be prepared before going to the war-front. They provided mostly the PPE but it was the psychological trauma that affected us the most. The feeling that you can get COVID-19 and die…it was tough"*

Subtheme 3: Perceived discrimination of healthcare workers working in COVID-19 wards

Some respondents noted that they sometimes felt like they were stigmatised and discriminated against for working in these wards.

> *"I could not communicate with other colleagues in other sections, (perhaps) they felt I could potentially contaminate them. Communication was really difficult for us, we felt alone in a world of confusion"*

Theme 2: Factors facilitating communication

Most of the interviewees had the perception that the health facility leadership was supportive to clinical staff which in a way facilitated effective communication between clinical staff and patients. Among some of the positive things noted were provision of safe environments and measures taken to safeguard and protect healthcare workers against possible infections with COVID-19. Other areas cited as positive included training in effective communication and disaster management. One respondent said:

> *"…the hospital's management ensured adequate training and effective communication among all hospital staff members"*

Additionally another respondent noted,

> *"In order to discuss each of the issues, the hospital has now formed smaller groups that meet on a regular basis to decide what needs to be done".*

Another area where most respondents applauded the hospital administration pertained to the issue of regular conduct of drills whereby staff were required to role play handling of COVID-19 cases and show how they would potentially communicate within the whole health system spectrum.

One health employee added:

> *"We have attended 2-day training workshops and we receive ongoing training as new technologies and regulations are introduced".*

Additionally, the respondents noted that the hospital had put in place robust information-sharing systems which eased communication lines from patients to clinical staff to the administrators and vice versa.

Theme 3: Recommendations to improve communication

One of the most frequently mentioned recommendation to enhance communication was scaling up training for healthcare staff. Other methods mentioned were increasing motivation for health workers such as increasing risk allowances, and providing extra days off for the workers to unwind, with some suggesting regular counselling/psychotherapy sessions with psychologists.

> *"Monetary incentives always do the trick most times…You see, it is quite risky to be in this situation, I could die and leave nothing for my children, money, money does it…(chuckles)*

DISCUSSION

The study identified challenges, enablers and recommendations on health workers perceptions of their communication skills when addressing concerns of patients suspected or having COVID-19 in Namibia. Respondents noted a plethora of concerns ranging from their readiness and ability to effectively communicate with COVID-19 patients to feelings of inadequacy in facing this pandemic. It is worthy to note that most healthcare workers felt that they were doing their best under difficult circumstances and that they felt they had a duty towards their patients first and foremost despite the fear of contracting the deadly COVID-19 virus. These findings resonate previous work where healthcare workers who were caring for COVID-19 patients reported feeling more stressed and anxious, which was consistent with their previous experiences with outbreaks and emergencies[18].

Despite the obvious challenges that health facilities faced in the wake of COVID-19, results from our study showed that the management was supportive and tried their best to offer safe environments for healthcare workers and also went to the extent of providing training and refresher courses to tackle safety issues as well as communication. Thus, the health facility did its best to facilitate communication between patients and healthcare providers which is key in that it facilitates the exchange of information, establishes sound relationships and provides for involvement of patients in decision making[1].

Our results also showed that there is need for continual support of healthcare workers as some felt stigmatised for working in COVID-19 wards which made them more susceptible to stress and potentially exposed them to psychological disorders. According to several studies, stigma may impact both healthcare workers and patients' outcomes through a number of different mechanisms[19-21]. In the same vein, some workers suggested that it would be good to increase incentives for those working on the frontline. While this may be a welcome move, in some cases it may not be possible especially in resource-limited settings such as ours.

According to the results of our study, the fear of contracting an infection and spreading it to their loved ones may explain the increased exhaustion among healthcare professionals which supports earlier findings[22-23]. This may negatively impact on their communication with patients and may be detrimental to the way they provide care and treatment.

One key recommendation that emerged from the results was the need to scale up training for healthcare staff to enhance communication. Such findings reflect the growing awareness that effective communication remains a pivotal skill in clinical settings as it impacts patient safety[24], care quality[25], and team efficiency[24]. Given this, there is need to improve training programmes for healthcare workers during serious pandemics such as COVID.

STRENGTHS AND LIMITATIONS

The fact that the hospital used in the study was located only one region limit the generalisability of findings to other Namibian regions which might have different COVID-19 communication management resources. Additionally, the qualitative nature of the study brought about rich experiences of workers who had been at the forefront during the pandemic and provides valuable lessons from which we can learn from when faced with future pandemics of this nature.

CONCLUSIONS

This study offers a thorough understanding of the communication perceptions of healthcare professionals during the COVID-19 outbreak through emphasising the need for adequate training and drills, secure and safe hospital environments and the continual need to increase staff motivation during serious pandemics. This study shed light on how a major pandemic affects the health workforce communication skills, a crucial component of health systems.

What is already known on this topic?

- Communication between patients and healthcare providers is vital for effective health services delivery
- The COVID-19 pandemic posed threats to effective communication between healthcare providers and patients

What this study adds

- This study is one of the first to identify challenges, enablers and recommendations on health workers perceptions of their communication skills when addressing concerns of patients suspected or having COVID-19 in Namibia
- The study adds to the growing body of literature on developing healthcare workers communication skills during pandemics such as COVID-19.

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CONFLICT OF INTEREST

The authors state that no financial or commercial ties were present during the research's conduct that could possibly be interpreted as a conflict of interest.

AUTHORS' CONTRIBUTIONS

MAC, DC and JJ were involved in the conceptualisation of the study, MRC and MAC were involved in the data collection, JJ, MRC, and MAC were involved in data analysis and all authors drafted and revised the manuscript.

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