

# Understanding Global Pandemic Response Implementation from the Nursing & Midwifery Perspectives



**Allison Squires, PhD, RN, FAAN (US);** Patrick Engel, BSN, RN (US); Raymond Aborigo, MD (Ghana); Maria Anyorikeya, MSN, RN (Ghana); Larissa Burka, BSN, RN (US); Guadalupe Casales, MSN, RN (Mexico); Ho Yu Cheng, PhD, RN (Hong Kong/China); Dulamsuren Damiran, PhD, RN (Mongolia); Lauren Gerchow, MSN, RN (US/Costa Rica); Juanita Jimenez, MSN, RN (Mexico); Shanzida Katun, PhD, RN (Bangladesh); SangA Lee, MSN, RN (S. Korea); Taewha Lee, PhD, RN (S. Korea); Jakub Lickiewicz, PhD (Poland); Iwona Malinowska Lipien, PhD, RN (Poland); Amal Mobarki, MSN, RN (Saudi Arabia/Arabic); Derby Munoz Rojas, PhD, RN (Costa Rica); Laura Ridge, PhD, RN (US/Liberia); Javier Rodriguez, MSN, RN (Colombia); Juliana Smichenko, MSN, RN (Israel); Roy Thompson, PhD, RN (US/Jamaica); Enkhjargal Yannjmaa, PhD, RN (Mongolia); Anna Zisberg, PhD, RN (Israel); Philip Resnik, PhD (US); Simon Jones, PhD (US/UK); Health Right International (Ukraine)

## Background

- The COVID-19 pandemic was declared by the World Health Organization in January, 2020.
- The rapid global transmission of the virus strained societies, and their respective healthcare systems, to a degree that has not been seen before.
- Providing the majority of direct bedside care, nurses and midwives have been vital to maintaining a sustained COVID-19 response and the effectiveness of healthcare operations.
- Few studies about nurses and midwives in low- and/or middle-income countries.

## Purpose

- To capture the perspective of nurses and midwives from low and middle— income countries who were working on the frontlines of COVID-19 pandemic between January 2021 and February 2022 in order to advance our understanding of pandemic response implementation.

## Methods

- Online, qualitative, descriptive study which recruited participants via social media and professional networks (13 country teams).
- Two question types:
  - Long-form text based qualitative responses
  - Multiple-choice quantitative responses.
- Analysis of the qualitative data was performed using a combination of topic modeling approaches and summative content analysis.
- Descriptive and inferential statistics using R programming software analyzed for relationships with individual and contextual variables.
- All findings were categorized based of countries level of economic development.

World Bank Classification	Count (%)
Low / Lower Middle Income	308 (20.6)
High / Upper Middle Income	1182 (79.3)

## Results

Responses by Differences by Country Classification	P-Value
Have you experienced symptoms of coronavirus infection? <b>- High/Upper Middle more likely</b>	< .001
Are you regularly tested for a coronavirus infection? <b>- Low/Lower middle less likely</b>	< .001
Did you receive adequate training and education about the use of personal protective equipment? <b>- High/Upper Middle more likely</b>	< .001
Were you redeployed to a different ward or patient care unit? <b>- High/Upper Middle more likely</b>	0.03
Did your employer provide appropriate mental health support for employees? <b>- Low/Lower middle less likely</b>	< .001
Have you had any benefit reductions due to the pandemic?	0.443
At any point during the pandemic, were you furloughed or laid off from your job?	0.953
As a nurse or midwife, have you experienced any anger or aggression from the public when traveling to or from work? <b>- Low/Lower middle less likely</b>	< .001
Do you have to take more time to prepare for work or to finish your work when caring for people infected with COVID-19? <b>Low/Lower Middle less likely</b>	.01

### Total Sample

- n = 2,375 nurses and midwives from 38 countries participated in the study, with n = 1,520 completing 95% of all questions.
- The majority of the respondents were from middle income countries.
- Years of experience, geographic location, and perceptions of resource adequacy were significant predictors of self-reported stressors.

### Qualitative Findings

- n = 1,264 provided responses which were adequate for analysis.
- Consistent Themes
  - Role Changes
  - Organizational management and the quality of a pandemic response
  - Economic impact
  - Dimensions of stress
- Context specific findings were most often tied to resource availability.

## Implications

- National and international pandemic response in the future.
- Country-led teams more effective for recruitment than social media
- Multiple policy signals about the global vulnerability of the nursing & midwifery workforces

## Conclusions

- This study highlights the common experiences of nurses and midwives thrust into the frontline of the COVID-19 pandemic.
- The noted differences are related to the World Bank Classification of the respondent's country.
- Variations in clinical scope of practice are reflected in differing experiences.

## Future Research

- Round 2 of the survey launches Summer 2022
- 38 confirmed country teams, mostly low and middle-income ones
- New data: Labor market volatility, mental health, occupational risks, burnout