

## Qatar Nurses during the COVID-19 Pandemic: A Success Story

Badryia Al-lenjawi<sup>1</sup>, Anju Sebastian<sup>2</sup>, Islam S. Rammaha<sup>2</sup>, Laarni Suliman<sup>2</sup>, Prince Rajan<sup>2</sup>, Nusaiba Abdulmajed<sup>2</sup>, Muhammad A. Waheed<sup>3\*</sup>, Hashim Mohamed<sup>4</sup>

<sup>1</sup>Senior Executive Director of Nursing, Hamad Medical Corporation, Qatar

<sup>2</sup>Graduate Registered Nurse Hamad Medical Corporation, Qatar

<sup>3</sup>Consultant Family Medicine, Primary Healthcare Corporation, Qatar

<sup>4</sup>Senior Consultant Family Medicine, Primary Healthcare Corporation, Associate Professor Weill Cornell Medicine -Qatar

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\*Corresponding author: Dr. Muhammad A. Waheed

MBBS, MRCS (UK), MRCGP (UK), MBA (UK), Consultant Family Medicine, Primary Healthcare Corporation, Qatar

### Abstract

### Original Research Article

**Aim:** This article aimed to analyze nurse-led public health measures to meet the challenges of the COVID-19 pandemic in the state of Qatar as COVID-19 pandemic has caused many unprecedented challenges to the healthcare systems globally. **Design:** Illustrative case study. **Methods:** This article reviewed nurses' role in strategic planning, coordination of healthcare services, and continuity of care during the ongoing COVID-19 pandemic by using observations and reviewing and analyzing of available resources. **Results:** This article found that the nurse's role has been pivotal in planning and implementing healthcare strategies. Nurses have been involved in revising and upscaling infection control measures, swabbing and screening patients in healthcare facilities and at the ports of entry, reporting daily cases, and demographic data, which has helped in strategic planning for disease containment. Nurses have also been leading quarantine centers, providing nursing care, offering psychological support to patients in quarantine facilities, and providing support and care for antenatal and postnatal patients. The recovery rate of patients from COVID-19 has been 99.74% and mortality 0.26%, respectively, due to these steps and other measures taken by the government of Qatar. **Conclusion:** Nurses in Qatar has played a significant role in combating adversaries of COVID-19 pandemic in Qatar.

**Keywords:** Covid-19, nurse-managed centers, decision making.

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## INTRODUCTION

The COVID-19 pandemic, which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has imposed many economic and healthcare challenges globally. The Government's response to meeting healthcare challenges due to COVID-19 varies considerably. An excellent strategy that is needed must include local factors such as health care, epidemiology, community characteristics, and public health capacities ("Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission Technical Resources", 2021). According to Communicable disease center (CDC) and World health organization (WHO) guidelines, the nurses' response and management strategies in the COVID-19 pandemic include epidemic preparedness, case identification and surveillance, quarantine, healthcare facilities, and medical and allied health team preparation. In this paper, the success story of disease

containment and mitigation of the challenges of the COVID-19 pandemic through the vital and strategic role of nurses in Qatar has been discussed. The challenges faced by the nurses along with strategies are discussed below:

### 1-Nurse's burnout

Because of the severe shortage of nurses, we faced across the country, especially with so many nurses being expatriates and on vacation during the pandemic, the country faced a severe shortage of nurses. We had to ask and discuss the best way to solve this challenge with nurses in group sessions. We were able to reach an agreement to work extra shifts ranging from 12 to 18 hours per week with overtime payment. Things went well at first, but some nurses began to experience fatigue, irritability, lack of concentration, and, on occasion, absenteeism from duty. We had to call on nurses with counseling experience to come

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forward and help us manage the situation; this resulted in both group and individual counseling, depending on the circumstances. Those who displayed signs and symptoms of depression were prescribed medications by on-duty family physicians after undergoing a thorough assessment. Weekly private counseling sessions were held to help restore morale, boost confidence, reestablish resilience, and psychological equilibrium. Furthermore, social services were mobilized to assist nurses with children who were unable to find babysitters and those who had to teach their children. A 24-hour mental health hotline was established to address any psychological distress or other concerns that may arise. Rearranging duty rosters to be as flexible as possible, with the goal of giving priority to nurses who are used to hospital night duty, was quite successful in regaining momentum.

## 2- Unprecedented increase in numbers of patients & their families

Tensions were high, and the public was terrified and demanding, especially with unofficial media sources spreading rumors about death tolls and hospital bed occupancies. To cover the large increases in the number of inmates, we had to organize regular media appearances dispelling myths and rumors, as well as outsource nurses and patient care assistants (PCAs). Regular meetings were held with newly recruited nurses to familiarize them with the daily activities in the quarantines, as well as special training for the (PCA's). This included training in First Aid and CPR, as well as assigning them to take vital signs, provide emotional support to patients, and communicate any complaints inmates may have with the nursing central command.

Nurses who had been out of the workforce for many years were contacted to help fill the gap.

The challenge, however, was determining how to refresh their skills and knowledge. We devised a 6-week plan that included an appreciation of the impact of their contribution to the nation's health, an introduction to the daily activities of the quarantines, CPR, general nursing care, and management issues.

## 3-Face to face consultations

We had to rely on telehealth and phone consultations due to a severe shortage of nurses and the risk of cross infection, which can be demanding and challenging, especially in times of increased litigation. The central command office, led by a senior nurse consultant with critical care experience, held regular workshops for nurses in the quarantine on how to manage digital or phone consultations, the scope of services offered, red flags to look for, ethical issues involved, and the importance of confidentiality. Training included didactic lecturing as well as the use of role play as an effective training tool, with constructive feedback provided to those involved.

## 4-Quarantines being shared by nationals and expatriates

Qatari nationals account for 10% of the population, while expatriates account for the remaining 90%. Expatriates come from a variety of ethnic backgrounds, each with their own culture, beliefs, attitude, and customs. We faced the challenge of multicultural diversity in quarantine centers in terms of conflicting ethnic groups sharing same quarantine facilities. Rarely, this led to conflicts, quarrels and very occasionally to physical violence.

Nurses had to use their communication skills, persuasion, and counselling techniques to diffuse the situation, as well as re-allocating individuals of the same ethnicity if the situation reached a standstill.

## 4- Ethical challenges

The ethical framework for nurses is centered on the individual's well-being, considering the patient's values, preferences, and autonomy. However, as the pandemic worsened, and resources became scarce, triage protocols were required to be implemented to maximize the good for more people while minimizing the harm. The inability to provide appropriate individual care makes nurses feel as if they are abandoning their patients because of the shift. Therefore, moral distress and a sense of integrity compromise is the ultimate product because of what they can do and what they believe they should do. As a result, we must reevaluate our ethical standards and obligations, including what justice and fairness entail during a crisis (pandemic).

During the pandemic, we approached decision makers to ensure that nurses' perspectives and voices are included in decision - making to reduce structural, operational, and human injustices.

Finally, during the pandemic, we formed an unofficial integrated clinical ethical group that included a clinical psychiatrist, a family physician, and a senior nurse.

Consultations were conducted in strict confidentiality, with a no-blame approach, using the counseling technique known as the "problem solving model." This approach has assisted nurses in recognizing and resolving difficult ethical issues, reducing moral distress, and increasing confidence.

## RESULTS

### Large-scale Case Identification

The Ministry of Public Health established the System-Wide Incident Command Centre (SWICC) for planning and surveillance to guide and direct preventive and curative healthcare activities related to the pandemic.

Case identification criteria of WHO and the CDC were used to provide the identification criteria of clinical cases for COVID-19. Qatar's health authorities relied on various clinical experts, which included the nursing leaders, to plan and implement public healthcare strategies. The nursing workforce was prepared as a part of the strategy for contact tracing and case follow-ups.

### **Partial Lockdown and Changes in Healthcare Delivery**

The government of Qatar took many preventive measures, including a partial lockdown across the country. The proactive approach in their response to the outbreak included- closing activities, events and facilities involving gatherings, making it compulsory for everyone to wear a face mask., introducing a compulsory smartphone app (EHTEAZ) in April 2020. This application has four color-coded statuses: red (positive), yellow (quarantine), grey (suspected) and green (healthy status). The application has helped contact tracing, quarantine (Yang *et al.*, 2020) and thus disease containment. A 24-hour hotline was established with initial nursing triage for virtual consultations by physicians to the patients and online home delivery of the medications to prevent unnecessary exposure to the patients.

Logistical, medical, and nursing resources were mobilized across the country, including revising and upscaling infection control standards and procedures. One vital measure was the tightening of surveillance of COVID-19 among healthcare workers.

### **National Health Reporting System**

Nurses across the country took the lead in generating data for newly diagnosed, suspected contacts, and asymptomatic cases, including morbidities and mortalities. Frontline nurses would screen and swab patients at entry points (airports, seaports), educational facilities, government offices, health centers, and hospitals. Designated frontline nurses submitted their reports daily to produce a national epidemiological curve for the whole country. This, along with regional curves from across the country, has helped decision-makers to make strategic decisions based on the pandemic socio-demographic characteristics, transmission modes, and progression.

### **The Role of Nurses in Reducing Fears of Infection**

Confinement leading to social and physical isolation is associated with frustration, boredom, along with a sense of isolation from the outside world (Caleo *et al.*, 2018). Those in quarantine usually fear being infected or infecting others (Desclaux *et al.*, 2017). Quantitative studies surveying those in quarantine report a high prevalence of emotional disturbance, depression, stress, insomnia, and post-traumatic disorder (Hawryluck *et al.*, 2004; Yoon *et al.*, 2021),

along with long-term effects, including alcohol dependence or abuse (Wu *et al.*, 2008).

At times, nurses worked 12-hour shifts in highly stressful situations, yet they were always ready to offer support, empathy, and counselling sessions.

### **Direct Nursing Input During Quarantine**

Temporary contract staff and patient care assistants were recruited, who played an essential role in various quarantine situations under the leadership of experienced staff. Nurses set up a designated negative pressure room at each quarantine facility to coordinate swabbing of symptomatic staff and told them to report to the medical team if they developed specific Covid symptoms to prevent the spread of infection.

The patient assessment areas have appropriate equipment, so patients can be safely and adequately assessed. A customized area is allocated for minor procedures such as wound dressing and suture removal in the clinic, which can be done as needed, and nebulization and oxygen administration. As a main diagnostic routine procedure for Covid-19, swab collection is essential in Bu Sidra. Initially, it was done by specially trained professionals from CDC-Qatar. Later, training sessions for the staff were arranged for an oropharyngeal swab and N95 fit testing in collaboration with the CDC-Qatar infection control team.

### **Inadequate Supplies**

Studies assessing quarantine situations have shown that inadequate basic supplies and medical care (Blendon *et al.*, 2004) were a source of anger, frustration, and anxiety during quarantine and afterwards (Jeong *et al.*, 2016). In Qatar, nurses running quarantine facilities ensured an adequate supply of all necessities such as food, water, medications, etc. This was via well-coordinated efforts to establish a nursing station at each facility led by executive directors of nursing, offering services to patients such as dispensing drugs and wound care products for diabetes treatment. People in quarantine facilities are provided with 24/7 on-call medical and nursing staff providing the best care for the patients. Nursing leadership was pivotal in organizing significant and innovative additions to the quarantine, including a hemodialysis unit and comfort and convenience for those in quarantine.

### **Pregnancy, Neonatal, and Postnatal Care**

A vital step was taken by the healthcare authorities along with the nursing leadership to establish nurses led neonatal nursing care. This offers support for nursing mothers, educating them about breast milk, bonding and helping them in caring for their newborn, and conducting educational sessions for the staff to meet the mothers' demands.

A digital platform in support system has also been established, providing virtual consultations, booking follow-up appointments at the Cuban hospital situated in the west of the country, arranging for diagnostic procedures, and dispensing complementary medications in pregnancy such as vitamins and iron needed.

### Inadequate Information

During quarantine times, people may have wrong preconceived ideas about quarantine, especially vulnerable people such as the elderly, pregnant women, children, and those with special needs. Various data studying the effect of quarantine on people has found that the poor or inadequate information from public health authorities is a source of stress and confusion for the patients (Mihashi *et al.*, 2009), especially when coupled with insufficient and ambiguous guidelines and instructions related to quarantine (“Quarantine and Isolation Quarantine CDC”, 2020; Pellecchia *et al.*, 2015). These lead to psychological distress among the patients in quarantine facilities. Daily education by the nurses to the patients in quarantined facilities helped to dispel any myths or misconceptions patients might have about the pandemic. Moreover, as part of the team with the on-call psychiatrists, has been quite effective in relieving anxiety and uncertainty among the patients.

### The Establishment of Protocols

The COVID-19 pandemic led to sudden and unexpected changes in nursing care and practice across the country. However, nurses were quick to respond to this challenge and establish the protocols within each quarantine facility to standardize operational activities and procedures, avoid delays in patient care, and prioritize emergencies. These protocols have been aligned with the international guidelines, procedures, policies, and practices. Nurses have been proactive in educating, housekeeping, catering, security, and volunteering themselves for infection prevention and control measures like personal protective equipment, safe and effective hand hygiene, segregation, and proper disposal of clinical and non-clinical waste.

### Beyond the Boundaries – Expanding the Nursing Scope of Service

Various stakeholders, including the public, are under the impression that nursing roles in quarantine are limited and usually involve attending to, helping, and offering nursing care to those inhabitants during their stay in healthcare facilities. However, during the COVID-19 epidemic in Qatar, the nurses’ role was beyond these boundaries. They are not only coordinating quarantine health and well-being activities, but they are also engaged in dealing with the police, health officials, the media, the center for disease control, hospitals, and primary healthcare centers across the country. They solve day-to-day issues, including family, legal, financial, and psychological issues, and the public in general.

All above measures has led to the success of Qatar in disease containment with mortality of 0.26 % and recovery rate of 99.74% at the time of writing this article (“Qatar COVID: 224,948 Cases and 600 Deaths - Worldometer”, 2021).

## CONCLUSION

Nursing staff charged with combating the COVID-19 pandemic in Qatar have proven to be essential in managing quarantine facilities across the country and reducing the burden of the health care system. In times of crisis, the world has witnessed how critical and indispensable the nursing profession truly is. Reflecting on our local nursing experience, we need to enhance our critical thinking, decision-making, acquire more competencies to handle complexity, develop leadership skills, master effective communication with patients and healthcare professionals to be better equipped to handle new pandemics in the future.

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