



MINISTRY OF HEALTH

Contribution ID: 40

Type: Oral Presentation

Impacts of Societal Disruptions on Mental Health and Quality of Life of Health Workers: Qualitative Findings from the REACH Study (REsilience Amid Challenges in Healthcare)

Introduction and Aim

Health system disruptions such as the COVID-19 pandemic, health workers' strikes, political unrest, floods, disruptions in funding, and limited resources may significantly impact the mental health of health workers (HWs). In these situations, HWs may experience uncertainty regarding their roles and the safety of their work environments. The stigma surrounding mental health issues may also be a barrier to seeking support. Understanding these challenges is critical for developing effective support programs and building HW resilience. This study explores the impact of societal disruptions on the mental health, personal life, relationships, and work-life balance of HWs who provide HIV and MCH services in Kenya, as well as their preferences regarding future interventions.

Methods and Materials

We conducted four focus group discussions [FGDs; two with clinical HW and two with lay HW (LHW), n=29] at two public clinics and 10 key informant interviews (KII) with a purposively selected sample of stakeholders in Kisumu County, Kenya, in October/November 2023. The eligibility criteria for FGDs were: ≥18 years, employed as a HW at an HIV/antenatal clinic, and ≥3 years of experience. KIIs included stakeholders and policymakers in the health/governance sectors in Kisumu County. FGDs and KIIs were conducted in English, transcribed verbatim, and four trained study staff conducted rapid analysis, using a thematic approach and Dedoose software.

Results

Participants described significant mental health challenges faced by HWs during societal disruptions, including difficulty concentrating, restlessness, and feelings of inadequacy and self-doubt. These were described as disrupting their mental health and affecting the quality of care they provide. Societal disruptions also strained personal relationships for HW, adversely impacting couple dynamics and family interactions, often exacerbated by financial stress and difficulties accessing basic needs. Participants expressed a pressing need for programs to support the mental health and resilience of HWs, and envisioned a program with emphasis on coping mechanisms, time-stress management, work-life balance, and emergency preparedness. Suggested techniques included training in mindfulness, cognitive restructuring, and relaxation; talk therapy and positive thinking to enhance emotional resilience, and teaching protocols for handling emergency situations, as well as mental illness stigma-reduction strategies. The preferred delivery mode was one-on-one sessions delivered via in-person sessions or video calls, due to potential stigma and privacy concerns. Participants preferred that sessions be conducted at their workplace due to financial and time constraints.

Discussion

Societal disruptions were described as having profound impact on HWs' mental health that ultimately affected their both work and their quality of life. Our results indicate that programs focusing on building resilience among HWs could have a positive effect in the event of future societal crises, as well as in the context of everyday professional burnout or stress. Such programs are potentially feasible and acceptable in this setting and aligned with Kenyan and global health priorities.

Conclusions

Health programs should prioritize accessible mental health interventions to enhance the well-being of health workers to build resilience for navigating ongoing challenges in their roles and support their ability to thrive and provide quality care.

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Track Classification: Securing the Future: Holistic Approach to Mental Health for Generations: Promoting Workplace Mental Well-being: Creating Supportive Environments Across All Sectors