

## **COVID-19: Experiences of patients and healthcare workers in isolation centers in Nigeria**

**Nkemdilim P. Anazonwu<sup>1</sup> & Emmanuel O. Okike<sup>2</sup>**

<sup>1</sup>Department of Social Work, University of Nigeria, Nsukka

<sup>2</sup>Emergency Unit, Federal NeuroPsychiatric Hospital, Enugu

### **Abstract**

The first COVID-19 case in Sub-Saharan Africa was reported in Nigeria on 27th February 2020, and within weeks the disease spread to all African countries. In Nigeria, as a result of the stigma attached to the disease, some individuals suspected to have the disease do not want to be tested, while some infected patients abscond from isolation centers. Frontline workers are being infected while on duty to save infected patients due to the lack of personal protective equipment (PPE). Based on these, the study examined the experiences and testimonies of COVID-19 patients and frontline workers in Nigerian isolation centers. Data were collected using secondary sources from online Nigerian Newspapers, organizations, and television networks. Narratives collected were arranged in themes and presented using verbatim quotes. Findings show that patients in the isolation centres felt lonely, and suffered from psychological trauma, while frontline workers reported that they were emotionally and physically drained due to work pressure, distance from families, and lack of PPE needed in treating patients. The paper recommends the need for social workers to draw government and NGO's attention in providing facilities, medications, and PPE in all isolation centers across the country.

**Keywords:** COVID-19, experiences of patients, frontline workers, isolation centers

### **Introduction**

The coronavirus disease 2019 (COVID-19) pandemic has triggered unprecedented global health, humanitarian, socio-economic, and human rights crisis, exacerbating the vulnerabilities of affected individuals. This disease was first identified in Wuhan City, China in December 2019 and it is believed to be caused by a novel coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (UNICEF, 2020). As of 29<sup>th</sup> June 2020, the number of cases of confirmed COVID-19 globally is over 10 million affecting many countries, while the number of deaths exceeded 499,000 (WHO, 2020). The spread of COVID-19 in Nigeria is continually increasing, accounting for 25,133 confirmed cases and 573 deaths as of 29<sup>th</sup> June 2020 (Nigeria Centre for Disease Control [NCDC], 2020), despite government intervention measures. Since most infected persons are asymptomatic the government closed down schools, workplaces, markets, religious and cultural activities for months for fear of infecting a lot of persons.

However, there are fears and worries about contracting the virus because of its incurable nature, death rate, stigmas attached to carriers, ill-equipped health facilities, poor treatment in isolation centers, and lack of PPE for frontline workers. In addition to these

fears, the stigma attached to the disease, worsened the situation, thereby making people hide and resist being tested when infected. For example, some who tested positive fled their residence and abstained from treatment (Adediran, 2020). This however is not peculiar to Nigeria. In India, fear of being isolated and stigma made patients flee from isolation centers (Daniyal, 2020).

There is also the issue of frontline workers who are under emotional strain and physical exhaustion from working with little or no materials such as PPE and ventilators. Also, anxiety about assuming new clinical roles and limited access to mental health services for psychological distress, uncertainty around COVID-19 progression and treatments, limited resources, and moral dilemmas during the pandemic have been recorded as some of the mitigating factors for frontline workers (Mason & Friese, 2020; Keohane, 2020; Blake, Bermingham, Johnson & Tabner, 2020). Massive demand for PPE required for treating patients has affected its availability, thereby increasing frontline worker's vulnerability of being infected with the virus including their families (Glenza, 2020). These are indications that Nigeria is not fully prepared to protect health care personnel, infected patients, and the general public

Studies have been done in Nigeria on COVID-19 by Ohia et al., (2020), Agusi et al., (2020), Ozili, (2020), but there is a dearth of knowledge on experiences and testimonies of COVID-19 patients and frontline workers in Nigerian isolation centers. Based on these, this paper examined the experiences and testimonies of admitted COVID-19 patients and the challenges of frontline workers in the isolation centers in Nigeria. To achieve this, the study asked the following question (1) What are the views of COVID-19 patients on resistance to test and stay in isolation centers (2) What is the quality of treatment given to COVID-19 patients in isolation centers (3) What are the challenges frontline workers face in isolation centers (4) What are the implications of the study findings for social work practice in Nigeria.

### **Methodology**

Data was collected using secondary sources such as online reports, Nigerian newspapers, organizations, and television networks. Purposive sampling technique was used in collecting data from recorded interviews of admitted COVID-19 patients, discharged patients, frontline workers in the isolation centers, and other COVID-19 reports published in online newspapers and blogs.

Narratives collected online were arranged in themes in line with the research questions. The final themes became (a) COVID-19 infected patients' resistance to test and stay in isolation centers (b) treatment given to COVID-19 patients in testing and isolation centers (c) Frontline worker's challenges in managing COVID-19 patients in testing and isolation centers. Verbatim quotes were used where necessary in presenting the data.

## Findings

### *COVID-19 infected patients resistance to test and stay in isolation centers*

From the documentaries, it was evident that many suspected COVID-19 patients resisted being taken to testing and isolation centers by NCDC due to fear of ill-treatment. Infected patients fled from isolation centers, thereby jeopardizing NCDC efforts. To buttress this point, a newspaper report revealed;

Two COVID-19 patients absconded from Oyo state's isolation centre on May 6, 2020. In Borno State, two patients absconded from the isolation center on 27<sup>th</sup> April 2020. Also, three persons who tested positive for the virus in Kano state ran away, while others fled from Bauchi, Taraba, Gombe, and Delta states respectively (Onwuoo, 12<sup>th</sup> May, 2020, Healthwise Punch Newspaper).

Giving reasons for absconding, a male medical officer and general practitioner noted that;

Stigmatization and fear of the unknown are reasons for people's refusal to be admitted into isolation centres. Also, knowledge of the incurable nature of COVID-19, false news about treatment in the isolation centers, and the fatality of the disease make people to refuse been admitted to isolation centers. Some believe only in traditional medicine, thereby refuse hospital treatment when manifesting the symptoms (Adediran, 11<sup>th</sup> May, 2020, Premium Time).

In another report by Premium Times, a male medical officer affirmed;

A lot of people have the feeling that clinical frontline workers are treating malaria and typhoid and called it COVID-19. They do not believe COVID-19 is real, therefore, not willing to submit themselves for treatment. Also, the failure of the government in having a solid database for Nigerians makes tracking people extremely difficult (Adediran, 11<sup>th</sup> May, 2020, Premium Time).

### *The treatment being given to COVID-19 patients in testing and isolation centers*

COVID-19 patients were not given equal treatment in different state isolation centers. A 35-year-old male returnee from London discharged from Gwagwalada isolation center Abuja stated, "Upon arrival, I was examined by a doctor and placed on some medications because I was asymptomatic. The doctors counseled and assured me of their commitment to making sure we make it out of the isolation centre healthy" (WHO, 3<sup>rd</sup> May, 2020, WHO). A 29-year-old female discharged from Infectious Disease Centre at Mainland Hospital in Yaba, also noted that she received quality treatment in Lagos;

The workers tried their best to provide top-notch service to everyone at the centre, including myself. Also, the treatment was good because I was given a couple of medications to handle COVID-19 and the side effects of the medications. Some of the nurses always encourage me and say a word of prayer with me. Infact, nurses at the isolation center deserve accolades for their hard work (Mbah, 7<sup>th</sup> April, 2020, Al Jazeera; Salaudeen, 31<sup>st</sup> March, 2020, CNN).

However there are some negative views as to the treatment COVID-19 patients received in the isolation centers. A female patient in Kwadon community in Yamaltu Deba LGA of Gombe isolation centre reported;

They are just using us for business. Nothing like drugs have been given to us. Even if we have a headache, we give them money from our pockets for them to buy drugs for us. They do not have any drugs here. No doctors, only the security guard and us (Toromade, 5<sup>th</sup> May, 2020, Pulse News; Ani, 6<sup>th</sup> May, 2020, Business Day)

Findings have shown that being quarantined in some of the COVID-19 isolation centers is traumatizing. Patients had different experiences and psychological trauma in the isolation centers. For instance, a 29-year-old female discharged from Infectious Disease Centre at Mainland Hospital in Yaba, a suburb of Lagos concurred, "I felt lonely, bored and disconnected from the outside world. I experienced much pain that made me think I was going to die. My vomiting and stooling were unbearable. Despite that, I had a loss of appetite and nausea (Salaudeen, 31<sup>st</sup> March, 2020, CNN). Again, A 35-year-old male returnee from London who was discharged from Gwagwalada isolation center Abuja said;

I had mixed feelings, especially knowing that the disease has no cure and the number of people the virus kills every day. It was quite depressing, being confined in a facility away from family and friends. It was the first time I was in that kind of situation (WHO, 3<sup>rd</sup> May, 2020, WHO).

#### *Frontline worker's challenges in managing COVID-19 patients in testing and isolation centers*

Findings revealed that the Nigerian government was not fully prepared to protect health care personnel from the COVID-19 virus. Due to this, frontline workers face challenges in treating infected patients, thereby exposing themselves and their families to the virus. A doctor from Aminu Kano Teaching Hospital in Kano State reported;

Sometimes, it took 24 hours for the government response team to return calls. Doctors and Nurses work without PPE except for surgical masks. They begged the hospital management for N-95 masks, face shields, gloves, aprons, and for the facilities to be fumigated, but none was done. As a result, doctors began to get sick because of exposure to infected patients. 42 doctors and 28 nurses have tested positive and one doctor died (Maclean, 17<sup>th</sup> May, 2020, The New York Times).

Another male medical personnel at the Lagos University Teaching Hospital (LUTH) isolation center stated;

The task of treating COVID-19 patients is emotionally draining and physically demanding because we rarely sleep due to work pressure of monitoring the patients. Also, we are constrained by the lack of equipment for intensive care. It affects my morale when we lose patients knowing how hard you strive to ensure your patients do not become another number in the casualty of COVID-19. Due to the contagious situation of the virus, I have been away from home for over seven weeks now, communicating with my three lovely children and wife through phone calls (Igomu, 27<sup>th</sup> May, 2020, Healthwise Punch).

**Discussion**

COVID-19 is increasing and many infected persons resist being taken to testing and isolation centers by the NCDC team (Adediran, 2020). Reasons were attributed to stigmatization attached to the carriers, fear of the unknown, false news about isolation centers, the fatality of the disease, belief in alternative and traditional medicine, assumption that COVID-19 is labeled malaria and typhoid, failure of a solid database tracking infected patients by government. Also, the findings revealed that COVID-19 patients fled from isolation centres in different parts of the country.

Also, equal treatments were not given to COVID-19 patient's different isolation centers. Those in Lagos, FCT, and Ogun state isolation centers appear to enjoyed comfort close to normal life, while the reverse was the case for patients in other parts of the country. This could be as a result of invested resources in Lagos, FCT, and Ogun states by the government in those isolation centers which have been established as disease control centers initially. Findings revealed that patients felt lonely, pain, disconnected from the outside world, and other psychological trauma. In addition, frontline workers are emotionally and physically drained due to work pressure, distance from families, and lack of PPE needed in treating patients. This makes frontline workers in states to be vulnerable to the virus including their families. This finding is in line with what is happening in other parts of the world (Hadaya et al., 2020; Mason & Friese, 2020; Keohane, 2020; Blake et al., Tabner, 2020; Glenza, 2020).

Frontline health workers are the foot soldiers in the fight against the pandemic. They include doctors, nurses, medical laboratory scientists, hygienists, drivers, nutritionists, cleaners, social workers among others. We also noted that social workers were not included as part of the team in the testing and isolation centers in Nigeria. Counselors like social workers should be there sensitizing patients before testing and admission. They can also help clear the wrong assumptions people have about COVID-19 not being real. As advocates, they are charged with the responsibility of ensuring a conducive environment, management of both patient and worker's safety and well-being, provision of PPE, drugs, and equipment necessary for treating the patients and protecting the workers. This can go a long way in helping to eliminate the issue of test resistance by suspected patients and absconding of infected patients from isolation centres. There is a need for psychotherapy and support systems in every isolation centers for patients as well as frontline workers as findings revealed that both patients and workers face different psychological trauma. Awareness creation and enlightenment campaign is very vital in addressing issues concerning people's fears and stigmatization attached to the carriers.

**Conclusion**

Experiences of the patients and workers in different parts of the country are quite different. Whereas some had comfort and were well taken care of others were not as lucky. Social workers should call the attention of both federal and state governments as well as NGOs on the need to provide necessary facilities, medications, and PPE in all the isolation centers across the country.

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