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The Covid-19 nurse aide programme in southern Africa: improving provision of basic patient care on Covid-19 wards

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Introduction

During the second wave of Covid-19 in January 2021 in Lesotho, MSF carried out an exploratory assessment at hospitals providing care for Covid-19 patients. We observed healthcare teams were understaffed and overworked, with an absence of nurse aides or patient care assistants to provide basic care (helping patients to eat and drink, dress, toilet, changing bedlinen). Hence nurses and medical doctors would prioritise skilled tasks, such as medication administration, over more basic care, normally performed by nurse aides. Such basic care is essential to patient experience. quality of care, and dignity. As part of Covid-19 care, training nurse aides on proning or repositioning oxygen masks of hypoxic patients could potentially reduce morbidity and mortality. To date, MSF has never implemented formal training for nurse aides, relying instead on on-the-job training, with significant variations in the delivery of training and what tasks are fulfilled.

Methods

A pilot programme was implemented in Lesotho during February and March 2021. 16 nurse aides were trained and supervised by MSF. Further programmes were initiated during the third wave of Covid-19 in Zimbabwe (two hospitals) and South Africa (three hospitals) in 2021. Specific training materials and implementation tools were developed to support deployment of this innovative strategy. As part of programme monitoring, nurse aide and staff surveys covering satisfaction with the programme impact, the experience of staff and patients, and training received were carried out at the end of the interventions. At two sites, nurse aides and their supervisor recorded data for a sample of their daily tasks and the time spent performing each task.

Ethics

This innovation project does involve human participants and their data. Permission was granted by the Medical Director of MSF Operational Centre Brussels.

Results

100% of medical staff surveyed (nurses, doctors, and nurse aides) from all six hospitals reported satisfaction with this programme for improving the provision of basic patient care during the waves of Covid-19. Qualitative data highlighted the programme helped support basic patient care, to reduce workloads of nurses and doctors for these tasks, and to improve patient dignity. Nurse aides reported overall satisfaction with their training, especially for bedside and practical sessions. A hands-on nursing supervisor was reported as crucial for success. Showing potential for handover, the Ministry of Health continued employing nurse aides at one hospital in South Africa, and a partner non-governmental organisation took over the group trained in Lesotho.

Conclusion

These short programmes supported the surge workload of Covid-19 waves. While the role of nurse aides exists within MSF projects, scope exists to develop formal training packages covering essential patient care. Training can be adapted to extend such roles in the context of other outbreak scenarios, such as cholera or Ebola virus disease, and to support provision of holistic patient care. There is interest in repeating the programme in the southern Africa region, and to share the model as a strategy to support medical human resources.

Conflicts of interest

None declared.