American Journal of Nursing and Health Sciences
2022; 3(4): 101-106
http://www.sciencepublishinggroup.com/j/ajnhs
doi: 10.11648/j.ajnhs.20220304.13

Experiences of Family Members of Healthcare Workers Caring for COVID-19 Patients in Lesotho: A Qualitative Study

Bokang Mahlelehlele[1, *], Maselobe Lebona[1], Moses Murandu[2]

[1]Faculty of Health Sciences, Department of Nursing, National University of Lesotho, Maseru, Lesotho

[2]Faculty of Education, Health and Wellbeing, School of Nursing, University of Wolverhampton, Wolverhampton, United Kingdom

Email address:

bmahlelehlele@yahoo.com (Bokang Mahlelehlele)

[*]Corresponding author

To cite this article:

Bokang Mahlelehlele, Maselobe Lebona, Moses Murandu. Experiences of Family Members of Healthcare Workers Caring for COVID-19 Patients in Lesotho: A Qualitative Study. *American Journal of Nursing and Health Sciences*. Vol. 3, No. 4, 2022, pp. 101-106.
doi: 10.11648/j.ajnhs.20220304.13

Received: November 17, 2022; **Accepted**: December 2, 2022; **Published**: December 27, 2022

Abstract: Background: In the wake of 2020, the world saw the beginning of a modern-day armageddon as a deadly and highly infectious disease emerged. The emergence of COVID-19 changed the world as we knew it. Amidst the resultant mayhem, several researchers engaged in studies about this disease, its impact on the global economy and on the healthcare system at large. Many studies focused on the impact it had on the well-being of healthcare workers but there is limited research on experiences of the family members of this vulnerable group. Material and Methods: The study employed a descriptive phenomenological research design and data was collected in the form of unstructured interviews. Analysis: Data analysis was done using Colaizzi's seven-step method of qualitative data analysis. Results: Findings revealed a significant amount of negative emotions such as fear and frustration among family members, some positive emotions that among others included the opportunity of employment for their loved ones and gaining more knowledge about the disease. Conclusions: The well-being of family members of healthcare workers who were involved in the care of COVID-19 patients has an impact on the well-being of such healthcare workers. For the front-liners to function optimally, they need support from their loved ones, and this became difficult because of the fears that resulted from the pandemic. Many family members of front liners had to endure the continued possible exposure to the disease but they were overlooked as a vulnerable group during this pandemic.

Keywords: COVID-19, Experiences, Family Members, COVID-19 Front-Liners

1. Introduction

1.1. Background

On 31 December 2019, the World Health Organization (WHO) first reported an outbreak of a deadly viral pneumonia. In January 2020, it was discovered that the outbreak was caused by a novel coronavirus. The disease was declared a pandemic on 11 March 2020 [22]. The pandemic has had a severe toll on humanity in relation to deaths [24] social distancing and lockdowns affecting daily function [28].

Confirmed cases began to spread to Italy and within no time, every country was affected and governments had to quickly put up some strategies to fight this disease [24]. Lesotho recorded its first case on 13 January 2020 and immediately the government of Lesotho (GoL) established the National COVID-19 Secretariat (NACOSEC) as a body that oversees all issues pertaining to this pandemic. As infections escalated, the GoL declared a state of emergency in March 2020 and instituted a national lockdown as in other countries in an attempt to minimize spread of this virus [10].

The COVID-19 pandemic is still ongoing and as reported by the WHO [25], the numbers of confirmed cases continue to rise as new variants are being exposed. The WHO COVID-19 statistical data continues to show and increase, as of 11th November 2022, there were over 630, 832, 131 confirmed cases of COVID-19 and over 6 million deaths globally. Africa has to date 9, 372, 324 confirmed cases and the recorded cases in Lesotho as reported in November 2022 are 34, 490 (confirmed) and 706 (deaths).

The pandemic placed an overwhelming demand on health care systems and healthcare workers globally, presenting various unpredictable health care challenges [2, 3]. Challenges brought to light included among others increased workloads and limited resources [20]. This limitations increases HWs exposure to COVID-19 [18], thus increasing the likelihood of exposing others to infection, particularly their family members. As reported by Shah, Wood, Gribben, et al. [21], there were significant (17.2%) hospital admissions of HWs and their family members in Scotland, UK. Like most respiratory infectious diseases, the mode of transmission of COVID-19 makes it easy for HWs to transmit the virus to their family members [12, 13]. As indicated by Moyo, Mgolozeli, Risenga, et al [14], family members of HWs are at an increased risk of contracting this disease by default of living with these frontline health care workers. [9] further discussed that the mental health effects of COVID-19 on HWs have an impact on the family members [12].

The family is an integral social environment which is significant for HWs and when one family member is undergoing stress, the whole family is affected [8]. In a study conducted in Uganda, Nakandi, Kiconco, Musiimenta, et al. [15] discovered that family support is vital and significantly (95% Cl) related to viral suppression. They also indicated that family support forms and marks its members' experiences as they socialize either at school or work. Several researchers have published about experiences of HWs during this pandemic and Kackin, Ciydem, Aci, et al. [4, 9] added that healthcare workers experience amongst other stressors, stigmatization and attitudes and they need support, particularly from their families.

1.2. Problem Statement

Some healthcare workers in Lesotho stay in health facility housing with their family members, while others commute to work from their homes [17] posing a challenge to those family members who are exposed to COVID-19 from such health care workers. As indicated by Shah, Wood, Gribben, et al. [21] infection of healthcare workers may lead to infection of their households. The family being an interactional system implies that a stressor to one member will affect others. It is evident that these COVID-19 front-liners met their family members daily after work therefore, it is significant to also explore these family members' experiences of living with front-liners.

1.3. Objective

To explore the experiences of family members living with healthcare workers caring for COVID-19 patients.

2. Methodology

2.1. Study Design and Study Area

The study employed a descriptive phenomenological research design to explore experiences of family members of health care workers caring for COVID-19 patients in Lesotho. As described by Moyo, Mgolozeli, Risenga, et al. [14] and Polit and Beck [19] a descriptive phenomenological design describes the experience of participants and the manner in which they experience it. The study was carried out at Motebang hospital; a district and a referral hospital located in the urban part of Leribe district, this hospital has an isolation facility for COVID-19 patients, with a 12 bed capacity equally distributed for both males and females [16].

2.2. Study Population

The population for the study consisted of adult (aged 18 and above) family members of healthcare workers caring for COVID-19 patients at Motebang hospital.

2.3. Sampling Method and Sample Size

The study utilized purposive sampling technique supplemented by snowballing to recruit participants. The sample size was determined by data saturation.

2.4. Selection Criteria

The table 1 below outlines the inclusion and exclusion criteria.

Table 1. *Inclusion and Exclusion criteria.*

Inclusion	Exclusion
Family members of Healthcare workers caring for COVID-19 patients	Family members of Healthcare workers who are not caring for COVID-19 patients
Family members aged 18 years and above	Family members below 18 years of age
Family members who willingly consent to participate in the study	Family members who decline to participate in the study

2.5. Pilot Study

A Pilot study was not conducted due to the limited number of family members who were purposely selected to participate in the study.

2.6. Data Collection Tools and Techniques

Prior to collecting data, ethical clearance and permission was obtained from the appropriate authorities, these include National University of Lesotho Faculty of Health Sciences Institutional Review Board (NUL FoHS IRB), Ministry of Health research committee (MoH RC), District Medical Officer and Motebang hospital among others. The researchers contacted the healthcare workers caring for COVID-19 patients to inform them about the study through the participation information sheet. Those willing were then

requested to provide details of family members within their households. These family members were then contacted and informed about the study through a participation information sheet and a consent form was issued for consent to participate in the study and to be audio recorded during the interview schedules. Upon receipt of participants' consent, details of the interview session (date, time and nature of questions) were arranged with participants.

Interviews were conducted telephonically with individual family members from July to August 2022. Due to the COVID-19 restrictions and geographical diversity of the study population, individual interviews were conducted telephonically using in depth unstructured interview questions to allow participants to narrate their lived experiences of living with Front-liners. The grand tour question to all family was "*What are your experiences living in the same house with a healthcare worker caring for COVID-19 patients?*" Each interview lasted for 30 – 60 minutes and participants had enough time to express themselves. Transcription of the recordings was done within 48 hours so that the researchers could identify saturation of data immediately or any need for re-interviewing. The interviews were conducted in both English and Sesotho based on the individual's understanding of either of the two languages. All the interviews were audio recorded and the records were placed under lock and key and later transcribed. All names of participants were kept confidential only identified by allocated study numbers.

2.7. Data Analysis

Colaizzi's seven steps method of qualitative data analysis was used in this study. This method helps to authenticate findings of the research problem as shared experiences or feelings are clustered together to set up a scientific standard [23]. The seven steps were applied as follows:

In the first step, transcriptions from the interview were read several times in order to make sense of the content. During this step, the researchers did not impute personal feelings, beliefs or values on the transcriptions. In the second step significant statements were extracted from each participant's transcriptions. For instance, statements or phrases related to anxiety experienced by family members living with HCWs caring for COVID-19 patients were extracted. In the third step, meanings of these extracted significant statements were formulated. During the fourth step, meanings formulated were condensed into a cluster of themes. These themes were then defined in step five, in a comprehensive description of the study phenomenon in order to give sense of the overall structure. At this point, the researchers sought expertise from an experienced qualitative researcher to confirm the comprehensive descriptions of themes and fullness and richness of the findings. In the sixth step, preceding the last, the researchers reviewed the comprehensive descriptions that contained key elements that described the phenomenon of the study (experiences of family members of healthcare workers caring for COVID-19 patients). The last step was validation of the findings which is a unique feature of Colaizzi's method [19]. In this seventh step, the researchers conducted a follow-up interview with participants where findings of the study were shared telephonically with each participant where they confirmed that indeed the results reflected their experiences.

2.8. Ethical Consideration

Ethical issues are crucial components of modern research related to the subject as well as the researcher [27]. The participants' main role in research is to serve as sources of data, it is therefore the researcher's responsibility to protect; participants' life, health, dignity, integrity, right to self-determination, privacy and confidentiality of personal information. It is also the responsibility of a research institution to protect the ethical rights of participants from the risks that might be imposed by the study [11].

To maintain confidentiality, the names of the participants were not disclosed and study numbers and date of birth were used to identify individual participants' interviews and their responses. Researchers sat in a private room to conduct the telephonic interviews and the recordings were saved in a computer where only the researchers had access through a password.

3. Results

Table 2. *Demographic data.*

Data	N	Percentage (%)
Age in years	18 – 20: (n=0)	0
	21 – 25: (n= 2)	20
	26 – 30: (n=0)	0
	31 – 35: (n=2)	20
	36 – 40: (n= 2)	20
	40 – 45: (n=0)	0
	> 46 (n=4)	40
Gender	Male: (n= 3)	30
	Female: (n= 7)	70
Relationship with Healthcare worker	Spouse: (n=2)	20
	Parent: (n=4)	40
	Domestic worker: (n=0)	0
	Relative (siblings): (n=4)	40
Employment status	Yes: (n=8)	80
	No: (n=0)	20
	Self-employed (n=2)	20
Duration of stay with the healthcare worker	<6 months: (n=0)	0
	7months - 1year: (n=0)	0
	>1year: (n=10)	100

There were a total of ten (n=10; 100%) participants in this study. Majority of them (n=4; 40%) were aged above 46years and majority (70%) were female. All participants had been staying with health care workers for more than one year.

Each participant was asked the grand tour question: *What have been your experiences in living with a healthcare worker who is caring for COVID-19 patients?* Follow up questions asked included: 1. Tell us your experiences when your healthcare worker relative was assigned to COVID-19 patients. 2. Tell us about your experiences each time the health care worker was leaving home to work with COVID-19 patients. 3. Tell us about your feelings each time when the

health care worker came back home from working with COVID-19 patients. 4. Are there any other experiences that you would like to highlight concerning your living with a healthcare worker caring for COVID-19 patients?

The following themes emerged from the interviews with family members:

Theme 1: Significant amount of negative emotions

All family members reported to have been scared and frustrated when their loved one was assigned at the COVID-19 isolation ward. Some of their quotations are indicated below:

One parent said "*Every time when I heard from the media that one nurse died due to COVID-19, I would cry so hard and call my daughter to check on her. Sometimes she would not pick the phone call and I would get more frustrated*." She added: "*I was also anxious because she had just completed her studies and I did not trust that she was competent to care for such critical patients*."

A spouse expressed himself: "*I would be sacred if she delayed to arrive at home after her shift, thinking that maybe she did not make it (she died)*."

A sister said: "*I was always scared to meet my sister after every shift. I literally avoided sitting with her even when she was off duty. I was scared that she would infect us especially our mother who is hypertensive.*"

Theme 2: Positive emotions in the early stages

The participants (n=4) aged above 46 were parents of the healthcare workers with less experience of caring for patients in the clinical area. These parents expressed that initially they were happy that their children had found a job and they would be having salaries.

One father said: "*I was so happy when my daughter told me that she has found a job. I was happy that at least she will not be like other graduates here in the village who have been jobless for many years*."

Another parent expressed herself: "*I was happy at least my daughter is starting her clinical experience on a critical level of care she will be better than those nurses who have been caring for common conditions such as Diabetes*."

One spouse also said: "*I knew that since this was a special role in my husband's career, maybe there will incentives and indeed there was risk allowances for them even though it came late but we were comforted with that risk allowance*."

Theme 3: Increased knowledge about the disease

Six participants (60%) expressed that they gained a lot of knowledge about COVID-19 and a lot of true information about this pandemic as shared by front-liners whom they lived with. Some quotations were as follows:

Parent: "*I never knew that masks can be worn by anyone to prevent transmission of an infectious disease until COVID-19 came in place. We were also taught about signs and symptoms of COVID-19 and for once, I felt like I am a medical person*."

A sister said: "*In as much as I was scared of sitting in one room with my sister, she taught me a lot of stuff such PPE and its uses which I never knew before COVID-19 and somehow I was relaxed in the later stages of this pandemic to sit and chat with my sister even after work*."

A spouse expressed himself: "*There were a lot of theories surrounding this pandemic and sometimes one would believe all of them since we are not medical people but my wife would rectify all the myths and since she is a healthcare worker, all her explanations made more sense to me…it was said that vaccine is just a way of reducing population in Africa but she explained to me that vaccine reduces chances of me succumbing to COVID-19*."

4. Discussion

Family members were interviewed and analysis of those experiences yielded 3 themes, namely; a significant amount of negative emotions, positive emotions in the early stages and increased knowledge about the disease.

Fear and frustration were among the most experienced emotional problems by the family members of healthcare workers. This is in line with findings obtained in a study carried out in China by Ying, Ruan, Kong, et al. [26]; where their study indicated that the symptoms of anxiety and depression were dependent on time spend thinking about COVID-19. While in another study by Shah, Wood, Gribben, et al. [21], partners of healthcare workers feared that their partners would get infected at work. In addition, other family members were scared of being infected by their healthcare worker relatives to an extent that they avoided sitting around them. Akkuş, Karacan, Güney, et al. [1]; Halcomb, McInnes, Williams, et al. [6]; Moyo, Mgolozeli, Risenga, et al. [14]; Sun, Wei, Shi, et al. [23], also indicated that due to the contagious nature of the disease, most healthcare workers opted to live apart from their family members because they were anxious that they would infect them. These findings were consistent with results of similar studies by Sun, Wei, Shi, et al. [23] who indicated that relationships within homes have been impacted since people avoided social gatherings in an attempt to reduce spread of the virus.

Despite the fears and frustrations that came with the pandemic, some family members had a positive outlook and identified some positives within the pandemic. These included getting satisfaction that their loved ones especially those who recently graduated were finally working and earning money. Others reported to have gained a lot of knowledge about COVID-19 and also reported that a lot of myths about the disease were debunked. In support of this a study by Sun, Wei, Shi, et al. [23] revealed that, during the COVID-19 pandemic the general population, family members of healthcare workers not being an exception, were quarantined at their homes where they had more time to gather a lot of information about COVID-19 from government campaigns through the internet and media.

5. Conclusion

The COVID-19 pandemic brought with it a lot of confusion, uncertainty and fear. People's lives were completely turned upside down, the world experienced

alarming rates of morbidity and mortality as well as an economic decline. Healthcare workers, as front-liners in the fight against the pandemic, faced the highest risk of infection, and this also placed their loved ones at risk of exposure. By virtue of their "live-in" status, relatives of these front-liners became a vulnerable group as they faced an increased risk of exposure compared to the general population. As the world became engrossed in fighting the pandemic, very little attention was paid to this group. As main supporters of front-liners in the fight against the pandemic, they are truly the "unsung heroes" of this era.

6. Recommendation

Consideration of family members as vulnerable group in pandemics as they are at higher risk of contracting infections from the healthcare workers within their households.

7. Limitation of the Study

This study was conducted in one district hospital and therefore results cannot be generalized to the entire population. Due to the COVID-19 restrictions, data collection was not face-to-face and this was a limitation because researchers were unable to observe non-verbal cues from the participants, which would have been vital in this particular study design. This study was also the first to be conducted in the country, therefore there was dearth in the local literature to identify knowledge gaps.

Abbreviations

WHO: World Health Organization.

Funding

This study was funded by the National University of Lesotho.

Competing Interests

The authors declare that they have no competing interests.

Authors' Contributions

All authors participated in all phases of the study including topic selection, design, data collection, data analysis, American Journal of Nursing and Health Sciences 2022; 3 (2): 29-38 37.

Interpretation and presentation: Mahlelehlele & Lebona contribute to write this manuscript. All authors have read and approved the final manuscript.

Availability of Data and Materials

The complete data set supporting the conclusions of this article is available from the corresponding author and can be accessed up on reasonable request.

Consent for Publication

This manuscript has not been published elsewhere and is not under consideration by another journal. All authors have approved the final manuscript and agreed for its publication.

Acknowledgements

We would love to convey our deep gratitude and appreciation for COVID-19 Front-liners at Motebang for their agreement to give us details of their family members, the family members of front-liners for the consent to participate in this study, their cooperation and sacrificing their precious time to participate at this study.

References

[1] Akkuş, Y., Karacan, Y., Güney, R. and Kurt, B., 2021. Experiences of nurses working with COVID-19 patients: A qualitative study. *Journal of Clinical Nursing*.

[2] Al Thobaity, A. and Alshammari, F., 2020. Nurses on the frontline against the COVID-19 pandemic: an integrative review. *Dubai Medical Journal*, *3* (3), pp. 87-92.

[3] Chamsi-Pasha, H., Chamsi-Pasha, M. and Albar, M. A., 2020. Ethical dilemmas in the era of COVID-19. *Avicenna Journal of Medicine*, *10* (03), pp. 102-105.

[4] Chersich, M. F., Gray, G., Fairlie, L., Eichbaum, Q., Mayhew, S., Allwood, B., English, R., Scorgie, F., Luchters, S., Simpson, G. and Haghighi, M. M., 2020. COVID-19 in Africa: care and protection for frontline healthcare workers. *Globalization and health*, *16*, pp. 1-6.

[5] Galehdar, N., Kamran, A., Toulabi, T. and Heydari, H., 2020. Exploring nurses' experiences of psychological distress during care of patients with COVID-19: A qualitative study. *BMC psychiatry*, *20* (1), pp. 1-9.

[6] Halcomb, E., McInnes, S., Williams, A., Ashley, C., James, S., Fernandez, R., Stephen, C. and Calma, K., 2020. The experiences of primary healthcare nurses during the COVID-19 pandemic in Australia. *Journal of Nursing Scholarship*, *52* (5), pp. 553-563.

[7] Hall, H., 2020. The effect of the COVID-19 pandemic on healthcare workers' mental health. Journal of the American Academy of PAs, 33 (7), pp. 45-48.

[8] Hunt. R., 2009. Introduction to Community-Based Nursing: 4th ed. Lippincott William & Wilkins.

[9] Kackin, O., Ciydem, E., Aci, O. S. and Kutlu, F. Y., 2021. Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. International Journal of Social Psychiatry, 67 (2), pp. 158-167.

[10] Kali, M., 2020. The Responsiveness and Accountability of the Government of Lesotho during COVID-19.

[11] Liberale, A. P. and Kovach, J. V., 2017. Reducing the Time for IRB Reviews: A Case Study. *Journal of Research Administration*, *48* (2), pp. 37-50.

[12] Lorenzo, D. and Carrisi, C., 2020. COVID-19 exposure risk for family members of healthcare workers: An observational study. *International Journal of Infectious Diseases*, *98*, pp. 287-289.

[13] Lotfi, M., Hamblin, M. R. and Rezaei, N., 2020. COVID-19: Transmission, prevention, and potential therapeutic opportunities. *Clinica chimica acta*, *508*, pp. 254-266.

[14] Moyo, I., Mgolozeli, S. E., Risenga, P. R., Mboweni, S. H., Tshivhase, L., Mudau, T. S., Ndou, N. D. and Mavhandu-Mudzusi, A. H., 2022, January. Experiences of Nurse Managers during the COVID-19 Outbreak in a Selected District Hospital in Limpopo Province, South Africa. In Healthcare (Vol. 10, No. 1, p. 76). Multidisciplinary Digital Publishing Institute.

[15] Nakandi, R. M., Kiconco, P., Musiimenta, A., Bwengye, J. J., Nalugya, S., Kyomugisa, R., Obua, C. and Atukunda, E. C., 2022. Understanding patterns of family support and its role on viral load suppression among youth living with HIV aged 15 to 24 years in southwestern Uganda. *Health Science Reports*, *5* (1), p. e467.

[16] Namane, T., Chitja, M., Goldman, A., Malope, S., Bryden, B. and Greenberg, M. S., 2020. Stroke treatment in a low resource setting: The Motebang hospital protocol. *African Journal of Neurological Sciences*, *39* (2), pp. 89-100.

[17] Nyangu, I. and Ramathebane, M., 2021. Perceptions of Healthcare Professionals on COVID-19 in Lesotho: a Cross-sectional Survey.

[18] Nyashanu M., Pfende F. and Ekpenyong M., 2020. Exploring the challenges faced by frontline workers in health and social care amidst COVID-19 pandemic: experiences of frontline workers in the English Midland region, UK. Journal of interprofessional care 34 (5) pp. 655-661.

[19] Polit, D. F & Beck, C. T. 2018. *Essentials of nursing research: appraising evidence for nursing practice.* 9th edition. China: Lippincott Williams.

[20] Poortaghi, S., Shahmari, M. and Ghobadi, A., 2021. Exploring nursing managers' perceptions of nursing workforce management during the outbreak of COVID-19: a content analysis study. *BMC nursing*, *20* (1), pp. 1-10.

[21] Shah A S V, Wood, R, Gribben, C, Caldwell, D, Bishop, J, Weir A et al. 2020. Risk of hospital admission with coronavirus disease 2019 in health workers and their households: nation linkage cohort. Study BMJ 2020; 371: m3582 doi: 10.1136/bmj.m3582.

[22] Sohrabi, C., Alsafi, Z., O'neill, N., Khan, M., Kerwan, A., Al-Jabir, A., Iosifidis, C. and Agha, R., 2020. World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). International journal of surgery, 76, pp. 71-76.

[23] Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., Wang, C., Wang, Z., You, Y. and Liu, S., 2020. A qualitative study on the psychological experience of caregivers of COVID-19 patients. American journal of infection control, 48 (6), pp. 592-598.

[24] World Health Organization, 2020. Novel Coronavirus (2019-nCoV): situation report, 11.

[25] World Health Organization, 2022. Novel Coronavirus (2019-nCoV): situation report.

[26] Ying, Y., Ruan, L., Kong, F., Zhu, B., Ji, Y. and Lou, Z., 2020. Mental health status among family members of health care workers in Ningbo, China, during the coronavirus disease 2019 (COVID-19) outbreak: a cross-sectional study. *BMC psychiatry*, *20* (1), pp. 1-10.

[27] Yip, C., Han, N. L. R. and Sng, B. L., 2016. Legal and ethical issues in research. *Indian journal of anaethesia*, 60 (9), p. 684.

[28] Zaidi, A. and Ali, A. (2020) 'Living under the shadow of a pandemic: The psychological challenges underlying social distancing and awareness raising', Psychological Trauma: Theory, Research, Practice, and Policy, 12 (5), pp. 508-510 [online]. [Assessed 12 September 2020]. Available at: https://psynet.apa.org/fulltext/2020-41732-001.pdf