

As second anniversary nears of Ebola breakout in West Africa, nurse provides firsthand account of combating Ebola

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International nurse volunteers responding to the Ebola outbreak in West African encountered death on nearly every shift and worked under conditions that challenged their ingenuity in providing even basic care. That is according to one nurse's account in *American Journal of Nursing*, which provides a rare glimpse of the realities clinicians and patients with Ebola faced inside one Ebola Treatment Unit (ETU).

Nurses overcame these obstacles to provide aggressive, compassionate care, achieving a survival rate of 40 percent for patients at an ETU in Liberia, according to a feature article by Deborah Wilson, RN. By sharing her experience, she hopes "to convey a sense of what it's like to work during an Ebola outbreak, and to put a human face on this devastating epidemic."

Inside the ETU: Challenging Conditions, Lifesaving Care

Ms. Wilson describes what she encountered during her five-week assignment as nursing team manager of an ETU in Foya, Liberia. It took three days of travel by planes, jeeps, and canoes to reach Foya, where [Médecins Sans Frontières](#) (MSF, or Doctors Without Borders) had set up one of seven ETUs near the epicenters of local outbreaks. Efforts focused on providing "aggressive" supportive care while keeping the team safe from infection.

The ETU consisted of two small hospital buildings surrounded by a tent city. It was divided into "high-risk" and "low-risk" zones which were separated by orange plastic mesh fences. Besides patients, only staff wearing personal protective equipment (PPE) were permitted in the high-risk zone, where any paper used to record patient information became soaked with chlorine disinfectant solution. Nurses quickly learned to call out patients' vital signs and other findings over the fence to another nurse, who recorded all the information for later entry on the patient's chart.

The need for PPE was a major obstacle in providing patient care. Ms. Wilson writes, "It is extraordinarily difficult to establish an IV line in a dehydrated patient by generator-powered light while double gloved, with one's goggles fogging." Being able to touch patients only with gloved hands "profoundly limited nurses' ability to establish human connections."

Inside the high-risk zone, patients with confirmed or probable Ebola lay on mattresses on the concrete floor. "It was rare to get through a round without finding a patient who had passed away," Ms. Wilson writes. "This was hard to bear, as these patients died alone, without the presence of their family and friends."

Members of the ETU's psychosocial team played a key role in providing emotional and psychological support, as well as facilitating communication among patients, staff, and family. The team urged a change in policy so that family members, wearing PPE, were able to visit patients inside the high-risk zone. Ms. Wilson believes that this not only promoted patient recovery, but also helped to reduce fears and stigma about what was going on inside the ETU.

During its four months of existence, the ETU at Foya admitted 384 confirmed cases of Ebola virus disease. Of these, 154 patients recovered

and were sent home, a 40 percent survival rate.

In the article, Ms. Wilson discusses the efforts made to support [patients'](#) further recuperation at home, as well as to promote their re-acceptance into their communities. She also emphasizes the need for ongoing efforts to recover from the Ebola epidemic, including rebuilding local health systems and trust in health services and authorities.

"As an international community, we cannot forget West Africa," she concludes. "Rather, we must continue to provide support to the affected countries and their people as they recover and begin to flourish again."

More information: Deborah Wilson. CE, *AJN, American Journal of Nursing* (2015). [DOI: 10.1097/01.NAJ.0000475288.30664.70](https://doi.org/10.1097/01.NAJ.0000475288.30664.70)

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