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A Virtual Coaching Workshop for a Nurse-Led Community-Based Palliative Care Team in Liberia, West Africa, to Promote Staff Well-Being During COVID-19

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Abstract

The coronavirus disease 2019 (COVID-19) pandemic has caused unprecedented system and clinician strain worldwide, disproportionately impacting resource poor settings. This project describes the use of a virtual nurse coaching session to improve the well-being of a nurse-led community-based palliative care team in Liberia, West Africa. Staff response was overwhelmingly positive. Discussion is underway to expand this educational coaching intervention to support additional teams confronting COVID-19 in both East and West Africa. Virtual nurse coaching is an innovative way to enhance staff well-being, improve global health partnerships and knowledge exchange, and foster communication across all levels of education and clinical practice.

Keywords

COVID-19; Global Health Partnerships; Nurse Coaching; Palliative Care; Self-Care; Virtual Education

The coronavirus disease 2019 (COVID-19) pandemic has impacted nurses worldwide, placing unprecedented emotional burdens on frontline clinicians (Parks, 2020). Educating nurses with strategies to minimize burnout and suffering amid the COVID-19 crisis is critical to sustaining the workforce. Nurse coaching techniques, typically used to support

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patients and families in a multitude of health care settings, provide a readily adaptive approach to assist educators in supporting clinician well-being at all levels.

BACKGROUND

The need for universal palliative care access throughout COVID-19 has snowballed exponentially (Radbruch et al., 2020). Palliative nurses are actively leveraging their professional roles to optimize care for those impacted by serious illness in the context of a global public health emergency (Rosa et al., 2020). As nurses face complex clinical decision-making, sparse resources, and mounting clinical responsibilities, the need for improved self-care mechanisms and education to empower nurses has never been greater.

Professional nurse coaching is “a skilled, purposeful, results-oriented, and structured relationship-centered interaction with [clients]...for the purpose of promoting achievement of a person’s goals” (Southard et al., 2021, p. 7). Nurse coaches employ reflective communication techniques with individual clients and groups to develop partnership, create a safe space, demonstrate sensitivity to client issues of trust and vulnerability, and engage deeper exploration for self-discovery and action-planning relevant to client goals (Dossey et al., 2015). Nurse coaching combines traditional health coaching methods with the holistic philosophy inherent to nursing, often including the use of integrative practices such as mindfulness, deep breathing, and guided imagery (Avino et al., 2022). These approaches have been empirically shown to reduce stress and anxiety and promote clinician well-being, thus improving the safety and quality of patient care (Melnik et al., 2020).

The theory of integrative nurse coaching is a middle-range nursing theory that honors clients as whole beings with unique histories, stories, cultures, perspectives, and the inner wisdom to inform their own individual healing (Dossey et al., 2015). The theory of integrative nurse coaching guides the nurse coach to use the client’s definitions of health and wellness as a starting point and client-identified goals as an opportunity to improve well-being in all aspects of life. This theory has been adapted to support nurses working in the palliative care and end-of-life domains to rediscover meaning and purpose in their work and mitigate the distress that often accompanies caring for the seriously ill (Booth, 2019).

PROJECT DESCRIPTION

In 2018, a group of committed nurses working for Partners In Health (PIH) saw the need for community-wide access to palliative care services in the rural area of Harper, Maryland County, Liberia, in West Africa. Driven by their ethical mandate to alleviate serious health-related suffering, PIH nurses created a palliative care team to serve communities throughout the region. In spring 2019, an inaugural week-long palliative care education program was provided, using the End-of-Life Nursing Education Consortium (2021) core curriculum and integrating tools for professional development, self-care, and reflective and mindfulness practices (Rosa et al., 2019).

A palliative care educator delivered the 2019 program and has maintained long-term partnerships with the PIH Liberia team. During this time, he has provided ongoing clinical education and scholarly partnership. Requesting to facilitate a self-care workshop for

frontline staff during COVID-19 by the PIH Liberia deputy director, the educator offered a virtual nurse coaching group session to elicit staff needs and identify concrete action steps to enhance individual and team well-being.

A 90-minute teleconference session was held between PIH nursing leadership in Boston, Massachusetts; the educator-facilitator in New York; and five PIH nursing staff in Liberia. After introductions were shared, a commitment to creating a “safe space” was made by all participants. The safe space agreement included respect for all participants, willingness to communicate openly (e.g., one person speaking at a time using subjective first-person language, using active listening skills when not speaking), and honoring confidentiality for all information shared. Open-ended questions were used to invite conversation about participants’ most significant challenges and fears working during COVID-19 and to reflect on elements that brought meaning, purpose, and joy (see Table 1). Next, group coaching techniques were used to assist participants to envision their health over the next month, identify their current health state, and create a pragmatic action plan to reach self-identified goals (see Table 2). A “gratitude and acknowledgment” practice concluded the session. Participants were encouraged to express one thing they are grateful for in their personal or professional lives and openly acknowledge in detail a colleague present in the room for that person’s unique contributions to the team. The nurse being acknowledged was asked to listen deeply and “receive” the words of the speaker.

There was no formal data collection procedure, but participants had the opportunity to provide feedback on the virtual nurse coaching session with the group prior to ending the teleconference. Participants shared that the opportunity to discuss their pandemic response experiences in a group forum aided in alleviating their feelings of distress. Some mentioned they felt more connected to their team, thereby mitigating emotional isolation, and were reminded of the joy they receive from partnering with like-minded nurses committed to the care of the local community. All nurses expressed gratitude for having the opportunity to create a self-care plan with actionable and measurable goals to improve their personal health and well-being. Staff felt prepared to educate other colleagues about how to provide self-care strategies and mitigate team suffering. Based on staff response, plans are in process to continue with workshops for other members of the PIH Liberia team and potentially expand these offerings for PIH teams in Sierra Leone and Rwanda.

DISCUSSION

The virtual nurse coaching workshop for the PIH palliative care nursing team in Liberia was an innovative approach to empower and equip frontline staff with strategies to minimize emotional exhaustion and enhance well-being. Educational innovation was introduced in several ways, including nurse coach techniques to educate and support staff in a group setting rather than one-to-one with clients, the promotion of mutual partnership between high-resource and low-resource practice settings, and the use of technology to create a virtual coaching relationship. There are several points to consider.

First, nurse coaching provides adaptive techniques that can be used to support staff working amid the COVID-19 crisis. It can be tailored to group size, environment, level

of staff distress, and time availability. Second, virtual coaching sessions provide a forum to foster global nursing education partnerships, professional connectivity, and international collegiality through knowledge exchange between low- and high-resource settings. Nurses working in low- and middle-income countries are likely experiencing a complex intersection of stressors during this public health emergency in the face of poverty, limited health workforce, and lack of care access, among other factors. Third, coaching can be used across educational settings and at all educational levels to foster communication, transparency, and respect among students, faculty, clinicians, and other stakeholders. Rooted in a deep commitment to safety and trust, the nurse coach can use these techniques across the educational spectrum, from everyday teaching to crisis response.

Although nurse coaching is an evidence-based technique to enhance well-being, it is not a replacement for mental health specialist services. Educators and coaches should refer accordingly to mental health specialist care for staff as needed. In the case of the PIH Liberia team, many nurses were part of the 2014–2015 Ebola response (von Strauss et al., 2017) and may require mental health support to mitigate potential retraumatization during COVID-19. In summary, nurse coaching can amplify the impact of educators working with frontline clinicians and other students during COVID-19 and, in the future, to ethically engage nurses in need of additional support.

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Table 1:

Inviting Open Communication and Reflection

Practicing reflective listening as each person speaks to any of the following (depending on group size, could be done in a small group or pairs/triads):

- What is biggest challenge for you in your work right now?
 - What do you fear in your current work?
 - What is your biggest joy in your current work?
 - What meaning or purpose do you find in your nursing work?
 - What has gotten you through hard times in your life?
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Table 2:**Group Coaching Techniques to Promote Greater Well-Being**

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- Imagine: What would well-being, meaning, and purpose look like in your personal and professional lives? (Consider what it would be like to “thrive” and not just “survive.”)
 - Where are you now related to that vision you have?
 - What 1-3 actions could you take to move closer to that vision for yourself (in the next ____ weeks)?
 - Are those actions doable and achievable and a priority for you?
 - What would increase the likelihood that you will do these steps?
 - Envisioning practice: Imagine yourself feeling well, empowered, and in alignment with your purpose — what might that feel like? Connect with where you feel it in your body. Remember this feeling if you need to care for yourself.
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