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Caring, communicating, and coping: nursing realities in Kenya's newborn units

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About this brief

This brief is the fifth in a series based on the HIGH-Q (Harnessing Innovation in Global Health for Quality Care) project and related research on neonatal care in Kenyan hospitals. This work was carried out by the KEMRI-Wellcome Trust Research Programme and the Kenya Paediatric Research Consortium (KEPRECON), with support from the University of Oxford.

HIGH-Q is a multi-disciplinary study evaluating how the introduction of new technologies and workforce innovations influences the quality of care in newborn units (NBUs). Ethnographic and observational research has also explored the everyday experiences of nurses, the physical environment of NBUs, and mothers' experiences within these settings. Each brief focuses on a different aspect of this work.

The brief was written by members of the HIGH-Q research team.

Introduction

Effective communication is essential for high-quality, compassionate nursing care. However, in Kenya's newborn units (NBUs), communication is often strained by excessive workloads, resource shortages, and the emotional toll of caring for critically ill infants. Poor communication affects teamwork among healthcare professionals, limits engagement with parents, and ultimately compromises the provision of care and patient outcomes.

This brief explores the realities of nursing in Kenya's government hospitals, drawing on ethnographic research, including ward observations and interviews with nurses. It examines how nurses navigate high-pressure environments and the communication barriers they encounter. Additionally, it presents findings from research on the effects of a communication and emotional competence training programme for nurse managers.

Nursing in newborn units

Neonatal nurses in Kenya's public hospitals operate in high-pressure environments with severe staff shortages, limited resources, and inadequate infrastructure. Overburdened by high nurse-to-patient ratios, they must juggle multiple responsibilities, from administering medications and monitoring vital signs to responding to emergencies and completing extensive documentation. In addition to these clinical duties, nurses are often required to take on non-clinical tasks, such as cleaning medical equipment and transporting patients, further straining their already stretched capacity.

The gap between professional ideals of holistic, patient-centred care and the reality of neonatal nursing is stark. High workloads and limited support mean nurses often struggle to balance competing demands, leading to missed care, where essential aspects of nursing work are delayed or neglected. Uncompleted tasks are handed over to subsequent shifts, creating a cycle of escalating workloads that leads to burnout.

Nursing challenges and their impact on communication

Workload and staffing shortages

With nurse-to-patient ratios far above recommended levels, providing individualised, high-quality care becomes nearly impossible. On average, nurses have only 33 minutes per 12-hour shift to allocate to each baby (see Brief 1), forcing them to prioritise critical babies and tasks over meaningful interactions and maternal support. Instead of proactive discussions, nurses may provide minimal – or no – updates to parents between procedures. This lack of engagement can result in misunderstandings and leave parents uncertain about their child's condition and treatment. Although prioritisation helps manage short-term demands, it fosters a task-oriented communication culture that focuses more on disease management than patient needs, which has implications for mothers' and babies' needs.

> *"Whatever you are doing, you are doing in a hurry, maybe the patient was asking you some question, you did not have time to answer, because they are wasting your time [and] you want to rush." (Nurse)*

Excessive workloads within healthcare teams also limit opportunities for collaboration. Nurses have little time to consult with colleagues or participate in interdisciplinary discussions, leading to fragmented care and heightening the risk of errors.

Physical space and environmental challenges

The design and layout of NBUs create significant barriers to communication (see Brief 2). Poorly placed nursing stations limit visibility and accessibility, complicating coordination among staff. Overcrowded spaces and narrow pathways restrict movement, hampering information exchange during handovers or emergencies. In some hospitals, patient rooms are spread far apart, delaying information relay and leading to fragmented communication.

Communication barriers also affect parents. Many NBUs lack private areas for sensitive conversations, forcing nurses to share critical updates in high-traffic areas with frequent interruptions. Group health talks, meant to orientate mothers, often take place in unsuitable spaces that are too small or prone to disruptions, limiting their effectiveness.

Hierarchies and organisational barriers

Hospital hierarchies and professional silos further impede communication. Nurses often work under rigid structures where doctors make key decisions, leaving nurses little influence over patient care plans. Power imbalances discourage nurses from voicing concerns, even when they identify risks to patient outcomes. When nurses feel unheard or undervalued, they may disengage from discussions, reducing teamwork effectiveness and compromising patient safety.

Language barriers add to the challenge. Paediatricians predominantly use English, while medical and clinical officers, nurses and others often switch between English, Kiswahili, and sometimes their mother tongue. These linguistic divides reinforce hierarchies, hinder collaboration and raise the risk of miscommunication.

Figure 1: Barriers to communication in newborn units

Emotional toll and moral injury

The combined effects of high workloads and challenging work environments take a heavy emotional toll on neonatal nurses. Neonatal nursing is emotionally demanding. Nurses must frequently handle distressed parents, communicate bad news, and manage infant deaths, often without emotional support themselves. The expectation to reassure, support, and empathise with distressed parents while working under extreme pressure contributes to high levels of stress and burnout.

In these high-stress environments, communication is often strained. Feeling overwhelmed and exhausted, some nurses withdraw and provide only the minimum care and communication. Others are frustrated and lash out at colleagues or parents, straining workplace relational ties and communication with parents. Parents may experience this emotional distancing as disinterest or disrespect, further straining relationships between staff and families.

The inability to provide the level of care they know is needed contributes to 'moral distress' or 'moral injury', where nurses experience distress and demotivation when they are unable to act in line with their professional values. This reinforces communication challenges, making it harder to engage meaningfully with parents and colleagues.

> *"First of all, we need enough staff .... because for example I wake up in the morning one baby dies, after lunch another baby dies, tomorrow another one and I'm in the same room. Aih, of course I will need a break. That thing affects you even in the house... you're just thinking about that. And maybe you have a small baby, it hurt you so much...." (Nurse)*

The influence of communication on technology use

Communication challenges in NBUs not only affect interpersonal relationships and emotional wellbeing but also influence the appropriate use of critical neonatal technologies, such as Continuous Positive Airway Pressure (CPAP) and phototherapy machines.

- **Physical environment:** Overcrowding and scattered equipment placement limit visibility and verbal exchanges, delaying decisions about technology use.
- **Hierarchical decision-making:** In some NBUs, nurses lack autonomy to initiate or adjust CPAP and phototherapy, requiring approval from senior doctors, which can cause delays.
- **Technology complexity:** CPAP breathing support, seen as more technically demanding, requires closer monitoring and frequent consultations, which sometimes leads to hesitation in its use.
- **Documentation gaps:** Poor record-keeping and miscommunication between departments result in delays and inconsistent application of neonatal technologies.

Adequate nurse staffing is essential for addressing these barriers and enabling the effective use of technology in neonatal care.

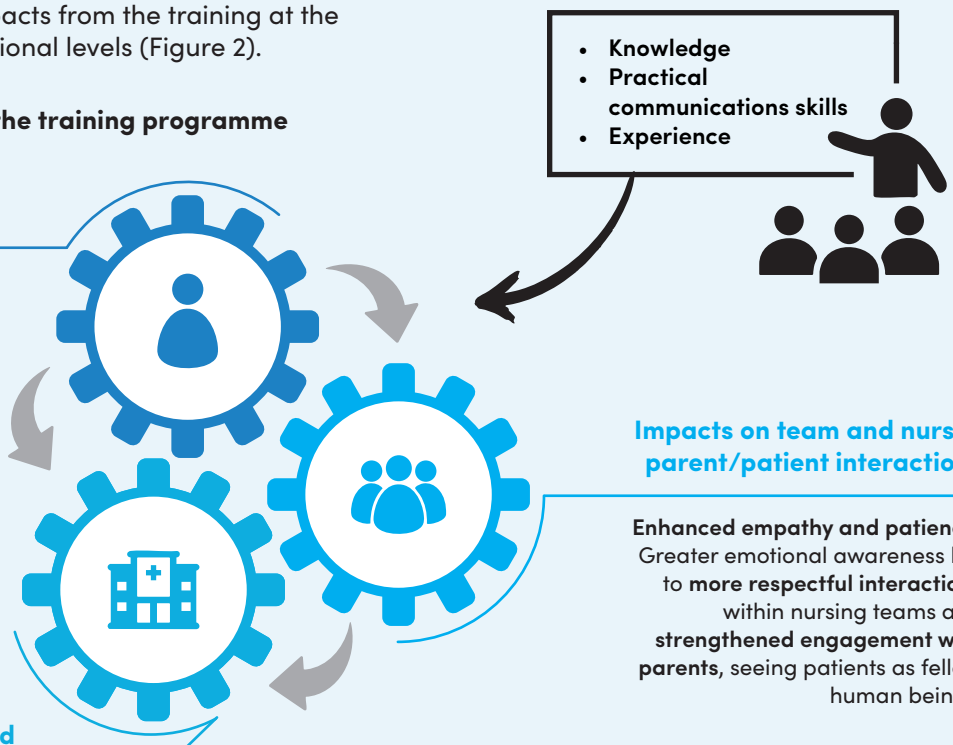
Strengthening communication in newborn units: communication skills and emotional competence training

The communication challenges faced by nurses significantly impact patient care and teamwork. Ineffective communication leads to misunderstandings about patient conditions, errors in treatment plans, and delays in critical interventions. Given these risks, interventions to strengthen communication and emotional competence are essential in enhancing neonatal care in addition to better nurse staffing.

A participatory training programme was implemented to help nurses develop self-awareness and interpersonal skills to manage emotionally charged situations commonly encountered in NBUs. The initiative began with nurse managers from multiple hospitals, some of whom were trained as trainers to cascade the course within their own NBUs. The training included guided self-reflection exercises in normal workplaces, face-to-face participatory learning workshops, and the use of patients' experiences to strengthen communication with parents and colleagues.

Nurses reported a range of impacts from the training at the individual, team, and organisational levels (Figure 2).

Figure 2: Reported impacts of the training programme



Individual level impacts

Improved self-awareness: Nurses were **more conscious of their communication behaviours** and the impact these had on colleagues, parents, and overall patient care.

Increased confidence: Nurses felt more **empowered to seek support** from senior staff and to **advocate** more actively for patients.

Impacts on team and nurse/parent/patient interactions

Enhanced empathy and patience: Greater emotional awareness led to **more respectful interactions** within nursing teams and **strengthened engagement with parents**, seeing patients as fellow human beings.

"... before I had no patience, I could rush to conclusions. Nowadays I am trying my best to put myself into patients' shoes and listen, take time to listen because what I have learnt when you take time to listen to a patient [is that they] tend to open up and give you things ..." (Nurse)

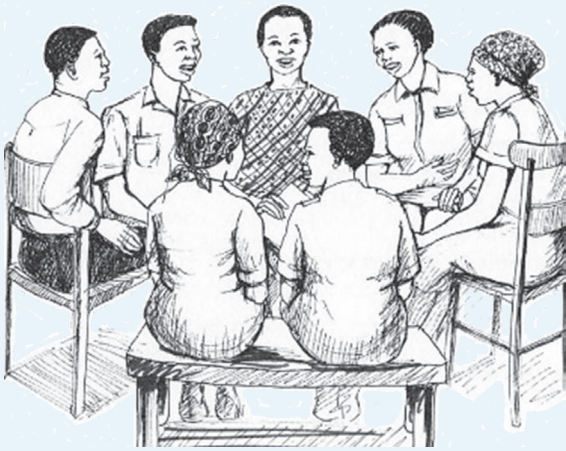
Broader organisational and system level impacts

Strengthened professional identity and job satisfaction: Nurses had a renewed connection to their core values, leading to a greater sense of purpose, pride and satisfaction in their work.

New routines leading to fewer reported conflicts (e.g. rotas)

Application in real-world settings

Beyond shifts in attitudes and emotional awareness, the training showed early signs of influencing everyday practice – particularly in how sensitive situations like staff conflicts and infant deaths were managed. However, while the training was highly valued, several challenges limited its application. Persistent staffing shortages and heavy workloads made it difficult for nurses to consistently apply their new skills, and time constraints often left trained nurses unable to engage in meaningful conversations with parents. Notably, the training's effects were more evident in NBUs where leaders had already established a relatively nurturing and consultative culture.



Conclusion

High workloads and chronic understaffing remain significant barriers to effective communication in Kenyan newborn units, affecting nurse-parent interactions, teamwork, and overall care quality.

The emotional toll on nurses leads to burnout, moral injury, and strained relationships, which further exacerbate communication challenges. Hospital hierarchies and environmental constraints add further layers of difficulty, making it challenging for nurses to engage meaningfully with colleagues and families.

Communication and emotional competence training has shown potential in improving nurses' self-awareness, confidence, and ability to engage with parents and colleagues. For these interventions to have a sustained impact, they must be accompanied by broader changes. Increasing nurse staffing levels, improving hospital layouts, integrating structured communication protocols, and providing leadership training for nurse managers are essential steps towards strengthening communication and improving neonatal care.

Without addressing these foundational challenges, the ability of nurses to communicate effectively and provide compassionate, high-quality care will remain compromised.

Sources

This brief draws on both published and unpublished research, as well as presentations delivered at conferences and workshops. Key sources include:

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