Research brief

Rapid assessment for understanding challenges faced by Nurses during COVID 19 epidemic in Maharashtra

Shweta Marathe

Deepali Yakkundi

Swati Rane

Abhay Shukla

SATHI

Support for Advocacy and Training to Health Initiatives

Introduction

The COVID pandemic has widened and exposed the deep fault lines in the Health system in India, in both public and private healthcare sector. Deficits and systemic problems regarding the health system existed since before the pandemic, but the COVID crisis has brought to the fore key health system issues like never before. Further, precarious conditions for health workers, be it, nurses, doctors or other health staff, have direct implications on the functioning of health systems, affecting its performance to deal with the epidemic.

While the health system did rise to meet the challenge of COVID-19, this also exacted a very heavy social cost. One kind of price is paid by ordinary patients and their families who often suffered from deficient care, denials and overcharging and another kind of price is paid by frontline healthcare workers who enabled the system to respond, though often at considerable personal cost. Nurses being simultaneously at the forefront of direct patient care and having significant clinical responsibility, but also having much less voice and power than medical professionals, are perhaps the most vulnerable in this situation. The details of the exactions from nurses due to the COVID pandemic are less well known to the public, and this study seeks to fill such a gap.

A study was undertaken to document the range of challenges faced by nurses during the COVID 19 epidemic, including concerns regarding the allocation of resources, working environment, facilities provided by hospitals, security, safety measures and implications of raising demands. Such systematic study will bolster the voices of essential health workers and corroborate their stand so that their issues are taken into account and corrective actions are implemented.

Methodology

The rapid assessment was conducted in Maharashtra during September 20 to October 2020. The online survey was conducted with nurses who were working during the COVID 19 epidemic in public and private hospitals from rural and urban areas of Maharashtra. 367 respondents participated in the survey and five IDIs were conducted with key representatives of nurses' federation, United Nurses Association, government officials in charge of nurses' recruitment, representatives of nurses from private hospitals and public hospitals etc.

Ethics approval was obtained from the Institutional Ethics Committee of Anusandhan Trust.

Key Findings

I. Profile of respondents

Sex, Age, morbidities, and specific health condition of nurses'-

The study sample comprised a total of 367 respondents, of which the **majority were females (88%, n=323)**. **50% of respondents belonged to the age group of 30-45 years** and the mean age of respondents was 37 years. Further, **23.6% (n=98) nurses reported having some illnesses** such as Diabetes, Blood Pressure, Asthma, etc while 2.7% (n=10) nurses were lactating or pregnant women.

Location and type of hospital where nurses work-

Of the total respondents, **47.1% nurses belonged to rural parts of Maharashtra while 52.9% were from urban areas** and metropolitan cities of the state**. The majority (77%, n=281) of the nurses were from public hospitals**, and the remaining **(23.44%, n=86) were from private hospitals** in rural and urban areas.

Nurses' years of experience, Position, and nature of employment

Half (51%, n=187) of the nurses had more than ten years of experience. There were **33% (n=120) nurses who work as head nurses, ward in-charge, senior nurse, and nurse Superintendent,** 29.4% (n=108) nurses were middle level nurses, **29% (n=106) of nurses were junior nurses while 9% (n=33) nurses were reported to be working as ANMs**. Of the total nurses, **62% were permanent and 38% of nurses were employed on a contractual basis**.

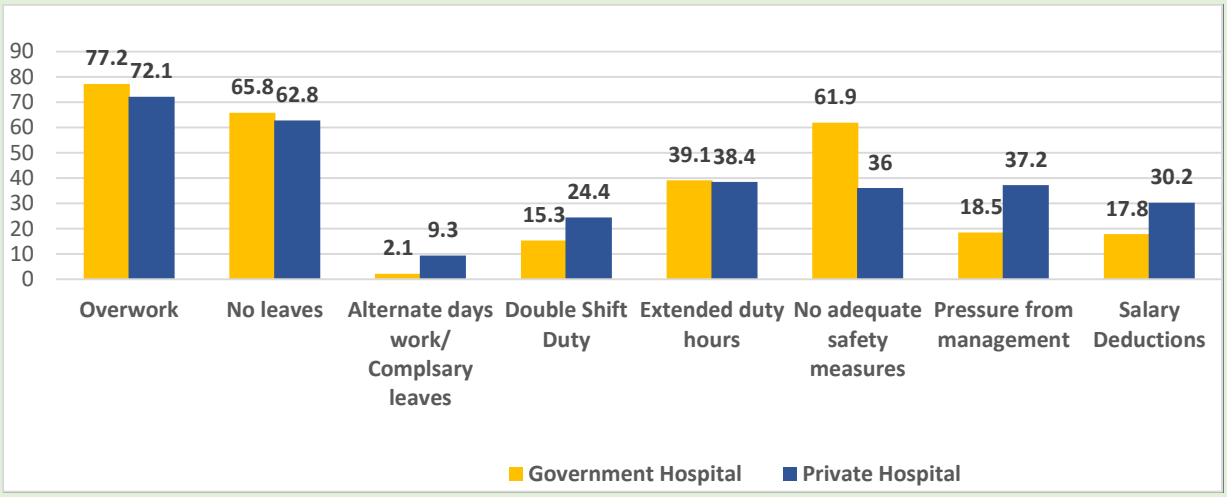
Wards where nurses work-

Most of the nurses were working in COVID wards. Of the total number of nurses, 25% (n=91) worked solely in the COVID ward while **75% (n=276) had rotation duties and worked in COVID and in other wards as well**.

II. Challenges faced by nurses while working in a hospital during the epidemic

A variety of challenges were reported by nurses from both private and public hospitals in their work during the epidemic. **76% of nurses (279 responses) were overworked** during the epidemic, **65% (239 responses) nurses could not get leaves sanctioned** during this period, **17.4% of nurses (64 responses) had double shifts** and **39% (143 responses) had extended duty hours**. **56% of nurses (205 responses) reported about not receiving safety material adequately**, **20% of nurses (76 responses) had to suffer from salary deductions** and **23% of nurses (84 responses) faced pressure from management.**

Fig.1 Challenges faced by nurses during COVID epidemic (percentage)



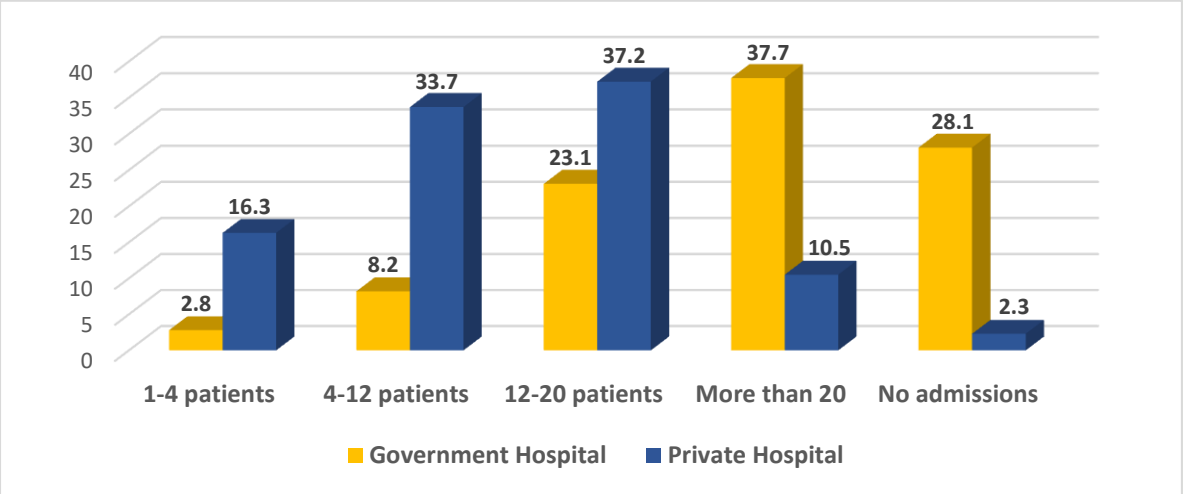
Workload on nurses

Of the total nurses, duty hours for 64% (n=130) of nurses were 6-10 hours per day while **29% (n=105) nurses' duty hours were more than 10 hours per day**. 57% nurses had nurse to patients' ratio more than 1:12, for **31 % nurses (n=115) it was 1:20.** The comparison of public sector nurses with private sector nurses shows that **38% of public sector nurses have handled more than 20 patients per shift,** whereas this is true only with 10.5% of nurses from the private sector.

A nurse from private sector shared that, *'since private hospitals have special/deluxe/single rooms as well, we have to be quite attentive to patients, prompt with call bells and provide health services in a sophisticated manner'.*

Some nurses from municipal hospitals in metro cities mentioned that they have been handling as many as **150 patients per shift**. Many other nurses especially from municipal and hospitals attached to medical college reported a **nurse to patient ratio of 1:40-80** per shift which is abysmally lower than the nurse to patient ratio of 1:3 for general wards, as defined by nursing council.

Fig.2 Fig. 6 Nurse to patient ratio per shift during epidemic



Conversely, a **small number of nurses (n=14) were made to work on an alternate day or go on compulsory leaves**. As we know, a large number of small hospitals were closed down in the first phase of the lockdown i.e. in March 2020. A representative of UNA elucidated this point as, '*initially many small hospitals had a problem, as they were not equipped to or permitted by the government to admit COVID 19 patients. Patients with other illnesses had also decreased during this period. Hence small hospitals were in trouble and they forced nurses to go on leave, or to work for 15 days and take 15 days off and were paid only for working days.'*

Sanction of Leaves to nurses

65% nurses (n=235) reported that their leaves were not sanctioned. Many nurses reported about how they did not receive leaves for months during COVID. Regarding special leaves for COVID positive nurses, it was reported that there was a circular that **COVID positive nurses should be given special leaves for the entire period of COVID treatment which should not be deducted from their annually entitled leaves**. This seems to have been complied with in municipal and other state government hospitals but not in private hospitals.

Salary deductions of nurses

Quite strikingly, **nearly half of all the nurses (47%) reported about salary deductions during the COVID epidemic**. Public sector nurses who suffered from salary deductions belong to sub-centres, Primary Health Centres, Rural/sub-district or district hospitals. However, some nurses mentioned that, they are being repaid the deducted amounts recently from September 2020.

Private hospital nurses working in different types of setups also experienced the salary crunch. As mentioned before, some nurses employed in a small hospital setup **were forced to go on leave or work only for 15 days** and were only paid for working days. **Newly appointed contractual nurses from some corporate hospitals were given a compulsory break of two months and paid 50% salary.**

Safety measures for nurses

More than half of the public sector nurses (61%) and 36% of private sector nurses reported having a shortage of safety equipment during the epidemic. Later, the situation improved, however, several nurses raised the issue of sub-standard quality of safety equipment including quality of PPE suits. The UNA representative shared that, *"In private hospitals, duty hours with PPE is for 8 hours and they refuse to provide us one more PPE suit on the same day even if PPE suit is torn, damaged or overused."*

With regard to safety measures for nurses, while commenting about the propaganda of COVID *Yoddha* or warriors, Representative of municipality nurses' union opined that, *instead of spending funds on showering flower petals from an aircraft on various hospitals in Mumbai, the government should have ensured adequate provision of PPE equipment for its frontline workers'*.

III. COVID epidemic specific provisions and facilities to suspected and COVID positive nurses

Provision of COVID Allowance

Only 21% of private-sector nurses and 7.5% of public sector nurses reported receiving COVID allowances. Public sector nurses employed on contractual basis were not paid a COVID allowance. **Public sector nurses from Sub-center/PHC/Rural hospital/district/sub-district hospitals as well as state-run medical colleges did not receive any additional amount** for work during the epidemic. However, Public sector nurses employed in municipal corporation hospitals reported receiving Rs 300 per working day as a COVID allowance.

Some private hospitals paid Rs 2000-3000 per month while some paid Rs 200 per working day, which is much less than the amount paid by municipal hospitals.

Testing facility

86.5% public sector nurses and 56% private sector nurses reported that their respective hospital does provide or facilitate for COVID testing of nurses who showed related symptoms. However, some private hospitals also charged their nurses for COVID testing and the cost of the test was deducted from their salary at the month-end.

Quarantine facility

Nurses from public and private hospitals demanded quarantine facilities from their respective hospitals. **Most public hospitals from urban areas acquiesced to this demand and made some arrangements for nurses in hotels, dormitories, wedding halls** etc.

A representative of municipality nurses' union shared about nurses' struggle to get this facility from hospitals, "*For quarantine facility from hospitals, we had to fight a lot. After our relentless struggle with respective managements, some hospitals did make good arrangements for quarantine. We have also experienced a discriminatory approach in this regard. Hotels were given to doctors, while dormitories and wedding halls were assigned to nurses."*

On the other side, nurses from private hospitals shared that they were never provided such a facility by their hospitals; they were asked to quarantine themselves at home if they developed COVID like symptoms,

Treatment facility and its payment

In many hospitals, nurses fought for a dedicated ward for COVID positive nurses and some hospitals did arrange for this facility, after some delay. Some municipal hospitals reserved a ward for nurses.

90% of public sector nurses mentioned about receiving free treatment while 60% of private sector nurses reported receiving free treatment mainly through the insurance of 1 lakh provided by the hospital.

IV. Raising demands to concerned authorities and their response

Whom were the demands addressed to and how?

71.1% (61 responses) nurses met hospital authorities; **38% (140 responses) nurses submitted a written letter** of demands to hospital management while **32% (116 responses) nurses chosen to go on strike** to raise their voices.

Pressures from hospital management

19.2% and 57% nurses from public and private sector respectively shared about facing pressure from respective managements. The situation seems to be quite authoritarian in the private sector as compared to the public sector.

It may be worth noting that **10% of public sector nurses and 20% of private-sector nurses did not raise any demands.** As reported by some private sector nurses, **they were scared to put forth their demands**. Head nurse or matron keeps watch on them. **A strict warning was issued by authorities to not to share any information about nurses' issues to any outsiders.**

70% private-sector nurses were threatened about loss of employment through direct termination or forced resignations while 22.1% were also threatened about salary deductions. Besides this, 5% of the private sector nurses reported about bouncers being sent to their hostel to threaten them, which was appalling and abusive behaviour on part of the hospital management. A representative of UNA shared that, *"This bullying is not just with this particular hospital but was observed in many other private hospitals."* It is a violation of workers' rights and ethics at the workplace and it may also involve serious gender issues.

Conclusion

This rapid assessment based on an online survey and a few qualitative interviews provides relevant and critical information about the lived experiences of nurses in their workplace during a major public health crisis. While this study is based in Maharashtra, many findings seem to be ubiquitous to nursing professionals in public and private sector from other Indian states as well.

The findings of this study show that certain issues such as shortage of PPE, poor quality of PPE, workload, not getting leaves sanctioned during COVID, are common to both public and private sector nurses. However, pattern of stress, pressures, challenges in getting facilities and risks faced by nurses working in public and private healthcare settings is significantly different and this is emblematic of the specific features of each of these sectors. Public sector nurses were often overworked with abysmally low nurse to patient ratio, had inadequate supplies of PPEs, and suffered delays in salary payments. However, access to testing, quarantine facility, dedicated ward for COVID positive nurses and free healthcare was relatively better for public sector nurses, and they faced less pressures and threats from their management. Moreover, many public sector nurses from rural settings face a dual

challenge of being overworked and deprived of basic facilities as well. While, contractual nurses in public health system suffered badly with regard to majorly delayed payments and had lesser space to raise their voice as many were employed through recruitment agencies.

On the other hand, nurses in the private sector seem to remain devoid of quarantine facilities and dedicated ward for COVID contracted nurses. They faced much more uncertainty and pressure regarding their employment conditions, with frequent threats of being fired or being forced to resign, as well as salary deductions.

The study prominently reveals the violation of workers' rights and legal provisions with regard their leaves, COVID related special leaves, wages/payments, safety measures and safeguards at workplace.

On the whole study underscores the need for major range of measures at two levels. The first is providing adequate facilities, protection with regard to employment and working conditions, enabling these frontline workers to work in a humane and enabling environment. The second is tackling deeper health system issues such as significant improvement in resources and staffing of public health services, and regulation of the private healthcare sector along with standardised and secure working and employment conditions.

We recommend the following specific measures to address the gaps highlighted by this study:

Recommendations:

1. Filling Key administrative vacant posts-

- Currently most hospitals in city corporations and State Government have just one matron who serves in an officiating capacity. Leadership positions are critical for guiding the nursing workforce during a pandemic and must be filled at the earliest.

2. Filling of staff nurses' vacancies-

- Shortages of nurses, poor political will and support of Maharashtra Government towards nurse fraternity and medical hegemonies have led to poor nurse patient ratios and long stranded nursing administrative issues in State run hospitals. Hence there is urgent need to fill these key positions. This year 1,800 nurses who have cleared the DMER exam process should be considered for recruitment. Nurses unions should be involved in the recruitment process. State should primarily have a policy of recruiting nurses on permanent basis.

3. Provision of High-quality Safety measures-

- The quality of PPE kits provided must be as per the standard guidelines provided by Ministry of Health and Family Welfare, Government of India,
- **Nurses with comorbidities or those who are pregnant, lactating should not be placed on duty in the COVID-19 ward**. Due care must be taken to protect vulnerable workers from exposure to COVID -19

4. Dedicated COVID care wards with adequate privacy, sanitation and medical facilities at quarantine centres.

- Institution of separate COVID Care wards in hospitals and dedicated COVID Health Centres (DCHC) for health workers with all facilities, meant for *all* health workers who test positive for COVID-19, irrespective of their symptomatic status. Many ESIS hospitals can be utilized for treatment of HCWs.

- Quarantine period of 14 days must be maintained for all workers who are high risk contacts irrespective of the test result and a healthcare worker should only be brought back into work after he/she has tested negative for COVID-19.

5. Training to newly recruited nurses

- Proper training for newly recruited nurses and doctors is necessary, for this will prepare them to work with confidence and not in fear.
- Formation of a Nursing Task force Immediate formation of a Nursing Task force with representation of nurses from Municipal corporations, State Government, Private hospitals, Nursing Associations, Unions and Civil Society to address challenges faced by nurses and ensure reasonable working conditions.

6. Formation of Grievance Redressal Cell for protection of health workers rights

- A proper line of communication must be **set for grievance redressal** at the health facility level with the opportunity to escalate the matter with appropriate administrative authorities if there is a need. Mechanisms must be set up for time bound grievance redressal.
- Nursing leadership must be included in decision making bodies that have a clinical and public health mandate.

7. Regular wages and compensation for extra hours

- The Compensation benefits must be provided as per the Supreme Court judgment on June 17, 2020 directing the central government to issue a notification so that health workers facing delayed salary payments could file a complaint against the hospital management under the Disaster Management Act, 2005 and under Section 188 of the Indian Penal Code, making the delayed payment of salaries a criminal offence.
- **The salaries of all health workers should be fully protected during the period of isolation/quarantine.** In private hospitals, salaries were halved and leaves of quarantine were adjusted against earned leaves, Hospitals must cease with this practice, which penalises nurses for no fault of their own.
- **Compensation for extra working hours should be** provided **as per the law.**

8. Free health care for all health workers

- The Finance Ministry has announced a special life insurance scheme for health workers, including for nurses which is a welcome decision. However, this scheme does not include health workers from the private sector. Further, there are no benefits from the scheme unless the health worker dies. Also, there is no provision of free healthcare to COVID positive healthcare workers. **This scheme must cover all health workers, irrespective of their employment status and must extend its coverage to provide treatment, care and support, free of cost to COVID positive health workers.**

9. Special Covid-19 related paid leave

- **Special paid leave in case of Covid-19-related sickness and quarantine** should be provided to nurses, including those who work on short-term contracts and are employed through an external agency.
- **Hospitals must also ensure appropriate working hours with breaks and nutritious** meals for all nursing staff. It is necessary to ensure that after working for **extra hours, breaks and time-off are sufficiently given to nurses for recovery**, which is necessary to prevent burnout among nurses.

10. Counselling support and right to opt out

- Healthcare workers are naturally under great mental stress. **The government should ensure access to mental health and counselling services for nurses** through a staff psychologist or a helpline.
- Nurses should have **a right to opt out of work** when they have reasonable justification to believe that the nature of work presents an imminent danger to their life or health. When a health worker exercises this right, they should be protected from any negative consequences.

11. State's intervention with and stewardship to private healthcare sector

- The study points to two important issues for nurses employed in the private sector. One is they were not granted special leaves for quarantine period or treatment for COVID and second is some of them seem to be quite poorly paid along with instances of asking to go on compulsory leaves, part payment or delayed payments. In 2016, the Supreme Court had recommended a wage increase across the board in the private health sector, which remained largely un-implemented.
- Given the intense involvement of the private sector in combating the epidemic, **having been requisitioned by the state to provide services for COVID 19, the state should intervene with the private sector and ensure compliance with the related recommendations by Supreme Court.**
- COVID situation has also clearly underscored the need for **private sector regulation.** Recognising this, **Maharashtra state should soon adopt the Clinical establishment Act (CEA). Implementation of CEA would be critical aid in ensuring proper nurse-patient ratio, which ultimately impinges the quality of healthcare services.**

12. Increasing budgetary provisions towards health workforce

- Budgetary provisions towards cost for filling up vacancies, payment of salaries, for safety and protection and for other essential facilities should be increased by central and state governments.

13. Issuing comprehensive guidelines for health workers

- In the view of various challenges being faced by nurses during COVID epidemic**, Government of India should issue comprehensive guidelines** with respect to leaves, allowances, salary payments, adequate facilities at workplace, protection with regard to employment and working conditions, and safety measures for contractual and permanent nurses in the public and private sector.

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