

## **Challenges faced by Indian Nurses at the onset of Pandemic: COVID-19**

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### **Abstract**

*COVID-19 pandemic is a serious health emergency that has affected globally. This article will explore the challenges nurses faced during the COVID-19 pandemic. This article aims to understand the challenges faced by nurses during the Covid-19 pandemic. The implications of these challenges will help to provide support and identify the needs of nurses, since they are a critical and front line of defence. The demands placed on nurses by unexpected increase in number of patients within hospital environments and inadequate critical resources, challenging nurses' ability to meet their professional and ethical obligations. Supporting nurses is important because they are a vital link between the patient and the rest of the health care team. COVID-19 has brought into sharp focus the need for every nation to invest in nurses and midwives as part of their commitment to achieve universal health coverage.*

**Key words:** covid-19, nurses, challenges, pandemic.

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### **I. Introduction**

Even in normal times, nursing as a profession is always challenging for the nurses, whatever may be their role: Administrator, Head nurse, Staff nurse and many more. Every shift / day has challenges that are routine or new. In spite of these challenges, ask any nurse whether she/ he like her/his chosen profession. The usual answer is yes. They will say that it gives them immense job satisfaction. But when the challenge becomes a crisis which is increasing in intensity, it can be very daunting for the nurse, her family, and nursing. This unprecedented pandemic has caught all nurses unaware of the life threatening challenge of working under constant fear of getting the disease, and staying alive, and not infecting their loved ones. This paper deals with the challenges faced by each cadre of nursing and its organizations in working with Covid-19 at the onset of it from March to June 2020.

#### **1. Challenges faced by International Council of Nursing:**

ICN was very keen on celebrating 2020 as the "Year of the Nurse" on the 200<sup>th</sup> birth year of our founder 'Florence Nightingale' who also faced a similar catastrophe in the name of war. She took it as a challenge to prove the worth of nursing to patients, her colleagues, and society. But her three years were full of challenges at all fronts. She was a keen statistician and scientist, so she dealt with these challenges systematically with facts, science, and good political support in the form of Sir Sidney Herbert.

On June 3<sup>rd</sup>, when more than 600 hundred nurses died worldwide from Covid-19, the CEO of International Council of Nursing stated "For weeks we have been asking for the data about infections and deaths among nurses to be collected. We need a central data base of reliable, standardized, comparable data on all the infections, period of quarantine and deaths that are directly or indirectly related to Covid-19".(1) This shows that even at International level organization of nursing found it difficult to get timely and accurate data.

#### **2. Challenges faced by Nurses Associations of India:**

In India many nurses have sacrificed their life in the care of Covid-19 till date. India does not have a strong association of Indian nurses such as that of Indian Medical Association which has taken the responsibility of routing out insurance for Covid-19 martyrs. Therefore no Nurses Associations of India were following up the data on nurses who died due to caring for Covid-19, and helping the families on the insurance cover promised by the center in the name of "Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19"(2). The insurance forms were filled by the employers of the nurses be it Government or private. Through the employer the deceased nurses' families received the insurance of 50 lakhs. But nurses who

were appointed on six months contract basis for Covid -19 state that “leave alone insurance, we have not received our last three months’ salary yet”.

### **3. Challenges faced by Nurse Leaders:**

Due to policies made on nursing and nursing actions in Covid-19, without involving the Nurse Leaders who are aware of the ground realities, these policies ineffectively addressed the Covid patients’ continuous care issues. The issues on recruitment, placement, capacity building, rotations of nurses on shift, their duty timings, their food and stay facilities, testing, protection, quarantine and health insurance and reporting of deaths suffered from improper planning and ununiformed implementations. Many of the Nurse Leaders’ posts from Central to State and Local levels remain vacant. The Apex body of nursing, which is Indian Nursing Council, is functioning without periodical and timely elections. The INC Act is out-dated and there are many cases on this in many states. The appointment of Nurse Leaders on various posts in Ministry of Health and Family Welfare by Nurse Leaders are nominal. There is still a lack of Standards of Practice or Clinical Practice Act governing Indian nurses. In some states, the State Nursing Councils are chaired by doctors instead of nurses. These glaring lacunas of normal times became exaggerated in this pandemic. Covid-19 highlights the gaps, discriminations, discrepancies and injustices and violence inflicted on the nurses. It also threw light on the courage, grit, and determination of the nurses as frontline warriors. It also showed the success stories of good administrations where nurses were valued and protected by all concerned. One such is the Mayor of Mumbai returning to being a nurse amid the Coronavirus chaos. Mayor of Mumbai, Kishori Pednekar, donned her uniform to help as much as she can, to continue bravely in the big fight against the novel coronavirus. (3)

### **4. Challenges faced by Nurse Administrators:**

With emergence of this crisis and publicity, a great number of nurses were stopped from reporting to work by their families who were afraid of their loved one getting infected and dying due to it. Some hospitals earmarked as Covid-19 hospitals have laid off their contractual nurses due to the lockdown and diminishing number of regular non-Covid admissions. In the words of an administrator of a leading Municipal Hospital “We had to keep educating and counselling our nurses continuously so that we can have a steady flow of nurses in the emergency room, receiving area, triage area and isolation wards”.

Many nursing administrators were told to keep the Covid-19 isolation units ready with 24 hours of notice. Imagine making the structural modification, shifting the patients occupying those wards, removing articles and equipment, procuring new needed equipment, shifting regular nurses from there, and getting the Covid-19 trained staff on three shifts ready, arranging PPEs, ensuring its proper disposal, educating nurses and counselling their families, getting drugs, arranging safe hostel facilities for Covid nurses, ensuring their food and rest and making arrangements for quarantined nurses. These were few important responsibilities before initiating a unit. This must have been a tremendous ordeal for the nurse administrators on all aspects.

Once regular admissions of Covid-19 started flowing in, the nursing administrators had even tougher times ensuring constant regularity of staff nurses in all three shifts. In the words of a nurse administrator” I was so exhausted, there were so many things to be done, but I was confused as to what to do first; when you get overwhelmed continuously like now even a simple issue in an ordinary time looks inflated ten times more”.

Almost all the administrators needed mental support and counselling. Though some sought online counselling, the rest spoke to families they left, to care for the pandemic. How much they could divulge about their trials and tribulations at work to families are doubtful, as sometimes they had to stay in the hospital campus for a month, leaving their families.

In some cities the five star hotels agreed to provide food supplied at the hospitals and provided quarantine areas in their hotels. These facilities were extended to the doctors and not nurses (5) in the beginning and local nurse leaders had to fight to get equal facilities for nurses. Many nursing administrators and local nurses’ advocacy groups had to rope in to address these discriminations and ensure equality.(4)

Though few nurses who were holding a key post in MOHFW, Trained Nurses Associations, Advocacy groups, Mayors of state, made themselves available through webinars, and through direct contact, these leaders were a handful for the 130 billion population and 21 lakh nurses in India.

### **4. Challenges faced by Nurses:**

This group is the most vulnerable to excess of power and politics rampantly prevalent in the health care systems even in normal times. They were many heart-warming stories of nurses being appreciated by patients, their families and supported by health care teams. There were also stories of occupational hazards, discomfort, neglect, and discrimination, denials of rights, victimization, bullying and violence on nurses during this pandemic on initial days.

### **Personal Protective Equipment: a saving grace or a den of discomfort?**

Throughout a shift nurses had to wear the PPEs, which are confining, difficult to breathe in, sweaty, tight, make it difficult to communicate, and are frustrating as one cannot eat, talk or go to the wash rooms. Many a times, patients could not understand who they are communicating to, whether it was a doctor or nurse. But the nurses in general overcame all these constraints due to self-will and conviction to care for their patients.

In many states, nurses working in non- Covid-19 areas, where on patients demise they were diagnosed to have Covid positive status, suffered from fear of being infected. The nurses from these areas were given only a surgical mask and a cotton gown, and were not allowed to go in for Covid-19 test in many areas, contrary to the ICMR protocols. (5)

When tested Covid-19 positive, many nurses found it difficult to get timely care, a clean resting place, and some were not even informed timely about their covid positive status for the fear of others getting frightened and leaving their jobs.

There were very limited counselling services online where nurses could seek help. No Psychiatric Nursing Associations or groups set up free counselling for clinical nurses to address their fears and anxieties till June 2020.

In the initial months of pandemic, nurses were evicted from their residences due to fear of contracting disease through them, in the societies where they lived. There were reports of violence on doctors and nurses by public due to ignorance. But due to stringent ordinance enacted by the Centre, on April 22<sup>nd</sup>2020, this sporadic violence was curbed.

After one or two months of initial struggles and with continuous negotiation government nurses and some private nurses started getting equal facilities like adequate PPEs, food, tests and less hours on duty.

### **Nurses working with MCH Services and Rural Areas:**

When nurses working in critical areas caring for Covid-19, were treated with indifference due to lack of policies, the nurses working in the rural areas were not able to provide home visits and vaccinations. World health Organization and UNICEF have warned against the decline in the number of children receiving lifesaving vaccines around the world due to disruption in the delivery and uptake of immunisation services.(6) An ANM nurse stated, "The pandemic has stretched our limits. Yet, we have jobs to provide services to protect mothers and children's lives and health". (7)

### **5. Challenges faced by Student Nurses:**

Student nurses studying in degree programs and in private colleges went to their hometowns as soon as the first lockdown was announced. Whereas, students in GNM programs in Municipal setup had to report for Covid-19 duties. The 3<sup>rd</sup> year GNM students were posted in Covid-19 hospitals and some of them contracted the disease. Due to the work of nursing advocacy groups, their grievances were addressed to authorities and they were offered the needed care, protection, counselling and stipend of 20000rupees per month. Whereas, the Post Basic BSc student nurses and MSc nursing students help was not sorted and they were underutilised.

### **6. Challenges faced by academics:**

This health crisis impacted not only frontline nursing staff and clinical nurse leaders but also disrupted universities and academic institutions. Within the health field, the colleges and schools of nursing were bracing for unique challenges related to their role in helping to develop the next generation of care providers. They had to continuously question and modify the way in which they could continue to educate nurses in a society facing lock downs, social distancing, isolation, and quarantine measures, while also needing to prepare next generation of nurses at the frontline. Many used Whatsapp, PPTs, synchronized and asynchronized learning management system like G Suite, Micro soft teams which are cost effective. The nursing students were forced to attend lectures and submit their assignments and give online exams with the help of their phones which was very challenging for them.

The main issues of Indian nurses and nursing in initial days of pandemics were:

1. The higher affiliating bodies of nursing gave no clear protocols for management of nursing manpower in Covid-19.
2. There was no clear data available with them of practicing nurses now in each state and at the national level.
3. Continuous capacity building for Indian nurses on the onset of Covid-19 in China was not even thought about in India in the initial stages.
4. At least now there should be some protocols on during and after pandemic preparedness through hands on training for nurses for future pandemics.

5. A clear cut scope of practice and boundaries of practice should be laid down for nursing clinical practice of various cadres by Ministry of Health and Indian Nursing Council.
6. Victimization of whistle blowers to be prevented by an enacted ordinance/Act.
7. There should be more males taking up nursing as a career. Baroness Mary Watkins, Co- chair of the Nursing Now Campaign stated” There is a clear evidence that where there are more men in the profession in the world, the pay and the terms and conditions improve”. (8)
8. All nurses should become members of a single Nursing Association like that of IMA, to have effective grievance readdressal and collective bargaining.

## **II. Conclusion**

It is always stated, even by the International Nursing Council, that nursing is the backbone of health care delivery. Unfortunately, the backbone is the most misused, ill-treated patient structure of the body that is unnoticed and poorly treated. Nurses are the heart of healthcare system, as heart is the symbol of love and care, so is nursing. Without nurses, the healthcare systems will suffer as they are the key link between the client and health team. Covid-19 has brought the awareness to the policy makers that investments on nurses are essential to combat this crisis and it is a permanent investment for attainment of Universal Health Coverage.

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