Nepalese Nurses Experiences of Workplace Violence During COVID-19 Pandemic

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INTRODUCTION

The issues of workplace violence among health care worker have been concern for many. Workplace violence is one of the occupational hazards which has negative effect on physical and psychological well-being of the staff.1 Workplace violence is defined as any assaultive, threatening or abusive incident that a staff faces due to work related activity that can create risk of safety, wellbeing or health.2 The risk of violence towards health care is very high all over the world.3 Prevalence of WPV by patient and visitors was found to...
be 61.9% in random-effect meta-analysis.

Every fifth health care worker experience violence by patient or visitor annually. Among the health care workers, nurses who are involved in direct care of the patient, are at higher risk for workplace violence. In a study done in Nepal, about two-third of the nurses experienced some form of violence in duration of six months.

Nurses experience workplace violence very frequently. Prevalence of WPV is so high that it is accepted as part of the job. This has created threats not only to health and safety of the nurses but also to the nursing profession. The most common psychological problem faced by nurses who experienced violence are anxiety, stress, nightmares. They also experienced various levels of physical harm and even death. Some of the nurses also experiences sexual violence. Patient has also become victim of the output of workplace violence. If affect on quality of care provided to the patient due to negative effect on productivity of the nurses. Increase in medication error and adverse events have been commonly reported.

Nurses are front line carers and play important role in the prevention and care of disease as well as during emergencies. They were termed as heros during COVID-19 pandemic. The nurses showed their professional commitment for the care of patient despite chaos environment in health system caused by the pandemic. Nursing profession is considered as stressful profession due to low nurse-patient ratio, management of dead and dying, undersupply of resources and improper management. The stress and psychological burden in nursing was magnified during pandemic by lack of proper preparation and management guideline for COVID-19 patient. Health Care Workers (HCW) in both developing and developed countries were facing violence in their everyday activities in significant number during COVID-19. However, only few cases were reported. Slightly more than 600 cases of violence during the COVID-19 were recorded during six month duration i.e., from February- July 2020, about a quarter of the cases were targeted towards the HCWs. HCWs were stigmatized by the society and held responsible for spread of disease. As a result of stigmatization, the HCW’s probability of being verbally abused and assaulted has been magnified within health care setting as well as during their travel to and from work. A nurse in Philippines was thrown bleach on his face resulting in loss of vision. In India the HCW were verbally and physically abused and some of them were even expelled from their house. Similarly HCWs in the United States of America, UK and Australia also faced physical and verbal abuse from general public.

Such workplace environment has magnified the risk of WPV for the nurses during COVID-19. However, such lived experiences of nurses during COVID have not been properly explored so far. Thus, this research will explore the experience of workplace violence of Nepalese nurses during COVID-19 pandemic.

METHODS

Qualitative research design guided by phenomenology was used in this study which was done between June to December 2020. The data collection was done in December 2020, at a time when the incidence of first wave of COVID-19 cases had started to decline. The participants were nurses from Bir Hospital, one of the biggest and oldest hospital of Nepal which was assigned as COVID hospital during COVID-19. Purposive sampling technique was used to select the participants working in COVID wards as well as COVID ICU. A total of nine participants were recruited for this study based on the principle of saturation of data. Ethical approval (reference number 877/076/77) was obtained from Institutional Review Board (IRB) of National Academy of Medical Sciences (NAMS) to conduct the research. The research used In-Depth Interviews (IDI) method using semi-structured interview guidelines to collect data. Participants of the study were clearly explained about the research and the role of the participants. Informed consent was taken and all nine interviews were taken in hospital, especially the nurses’ tea room at a time when privacy of the participants could be maintained. The interviews lasted for about 20 to 40 minutes. The interview guidelines were supplemented by probing questions for clarification of the statements made by the participants. Interviews were recorded using recorder after obtaining consent for it. In addition, note taking of the significant points and body gestures were also taken to add meaning to the statements from participants. The interviews were conducted in Nepali language. Translation and transcription of interview were done by the researchers themselves.

Phenomenological research is subjective and very difficult to maintain the rigour or trustworthiness in the research process. Lincon and Gubo four criteria namely: credibility, confirmability, dependability and transferability, was used to maintain rigour in this research. Credibility in research can be maintained by applying proper research technique and presenting true reflection of experience of participants. The researcher being a
nurse working in similar setting is well oriented to the phenomenon being studied. During the time of interview, participants were informed about the study as well as some of them were reached for member check. Dependability refers to detail description of the research for future researcher to do similar research. A detail audit trial of all the decision taken about the research protocol, data collection and analysis were recorded. Confirmability is bringing true meaning to the experience of the participants. The researchers with previous experience of conducting similar in-depth interviews were directly involved in conducting interviews. Two independent researchers were involved in coding of the data and generating themes. Agreement between the two researchers was sought. In case of disparity, third coder was also involved to generate the theme. Mutual agreement between the researcher and the participants on final interpretation was developed. Transferability is ability to relate the findings to similar setting. In this research, researcher recruited participants working in different setting and caring COVID-19 patient so that wide range of experiences can be explored. The number of participants recruited in the research was based on saturation of the data; till no new theme emerged.

Two researchers of the team reviewed the transcripts and analyzed the data. The data obtained from the IDIs were analyzed by adopting six basic steps for conducting thematic analysis as: i) familiarization ii) coding, iii) generating themes, iv) reviewing themes, v) defining and naming themes and vi) writing up. The researchers read the transcripts several times to make themselves familiar with the experiences of the nurses. Coding of the data was done. Themes from the codes were generated. The themes were reviewed. Understanding between two researchers was developed on this. In case of contradiction, third researcher was involved. Generated themes were given name according to the meaning they hold. The final step was preparation of research report on experiences of violence by nurses during COVID-19.

RESULTS

After the data were transcribed, significant statements were identified which were then grouped into 5 main themes which are discussed in details in this section. These themes give the meaning to the violence experienced by the Nepalese nurses during COVID-19. Pseudonym of participants has been used to maintain their confidentiality.

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**Theme 1: Tolerance towards the aggressive patient**

Most of the nurses described development of tolerance towards aggressive behavior of the patient was the best coping mechanism they adopted during care of COVID-19 infected patient. Some of the patient who tested positive for COVID-19, were very stressful due to fear of harm the disease might cause, getting isolated from the family members and minimal visit by other health care team such as doctors. So, the nurses thought aggressiveness of the patient is understandable. One of the participants who worked in COVID ICU said:

“We, health care workers (nurses, doctors, etc), who have some understanding of the disease; were very afraid of getting involved in the care of COVID-19 infected patient. The patient who doesn’t have similar understanding as us were twice afraid than us. In the situation the patient were cared, we can understand their source of their aggressiveness” (Sanskriti, Field note, 2020).

The participants were occupied with the threat of getting infected by the disease and were less sensitive towards angry patient and visitors. One of the participants said:

“The only thing we feared was from getting infected by COVID-19. Anger of patient didn’t affect us much” (Richa, Field note, 2020)

Polite and supportive behavior was used by the nurses to tolerate the anger expressed by the patients and the visitors. A participant working in COVID isolation ward said:

“I was repeatedly exposed to angry patient but I used to talk politely and explain the situation to them. I even called the family of the patient at their request. These all helped me to handle such situations.” (Muna, Field note, 2020)

**Theme 2: Anxious to attend patient and visitors**

Some of the COVID infected patient even physi-
cally abused the participants. The most common forms were biting, pinching, throwing objects. One of the participants said:

“The patient used to throw things towards us. They also used to pinch. Pinching was more common than biting”
- (Sima, Field note, 2020)

Other participant expressed one of the most violent incidents while working in ward as,

“One patient condition was deteriorating; we were waiting report of COVID-19 test. Visitors of the patient requested to do operation quickly with a hope patient health could improve. But we couldn’t do so as per our policy of treatment. Suddenly patient died. Visitors of the patient and other patients got aggressive, put the dead body on the stretcher, brought in front of the nursing station. They were throwing objects indirectly towards the nurses, hitting the fence of the nursing station.”
- (Doma, Field note, 2020)

Participants who faced such situation were very anxious to attend aggressive patients at their workplace. They used to work in close collaboration with other staff in the shift.

“After the incident, we were very afraid to go to the patient side; we went to hospital matron for delegation. Then after, we worked in pair to approach angry visitors.”
- (Doma, Field note, 2020)

**Theme 3: Family rejection by the society**

Most of the families of the participants were rejected by the society. The community members tried to restrain the family members of the participants within their home. Sima who worked in COVID ICU said:

“My mother couldn’t go outside from home. Wherever she went, people moved far away from her”
- (Field note, 2020)

Other participant echoed similar sentiment as: “My brother was asked to remain inside house and not to roam around in the community”
- (Sapana, Field note, 2020)

**Theme 4: Stigmatized by Society**

Almost all the participants faced some form of stigma in the society during COVID-19 pandemic. The general public had opinion that all nurses working in hospital are infected by COVID-19 and coming in contact with them or their family will cause disease. So, there were negative attitude developed towards the nurses. One of the participants shared her experience as:

“When I returned home from hospital duty, community people behaved me like new person in the village. I overheard them saying I should be banned to come to village as I have tested COVID-19 positive. I never contacted the disease.”
- (Sima, Field note, 2020)

Other participant shared “Villagers were alerted not to go near my house and that I tested corona positive which is not true”
- (Sangita, Field note, 2020)

Similar view was echoed in the statement,

“People used to talk to us from far away. They used to throw things at us if they have to give anything. The shopkeeper used to put things on table instead of giving on our hand.. Similarly our neighbour, even today do not come close to us, if they have to give anything, they throw things towards us, it makes me feel bad”
- (Doma, Field note, 2020)

**Theme 5: Disrespect towards nurses**

The participants were univocal about not respecting the contribution of the nurses in care of the COVID-19 infected patient. One of the motivating factors for nurses who were involved in care of COVID patient was the incentive that was promised to them. Most of the participant received very minimal incentives for the risk they had taken during the care of COVID infected patient. One of the participants said:

“I am paid minimal COVID incentive. From what was promised to us, I calculated to receive 98 thousand as incentive but I only received 98 hundred (Long laugh and the silence for some time). And they respected us in this way…. It’s difficult to accept. This is violence towards us.”
- (Muna, Field note, 2020)

Similar opinion was given by another participant who said:

“What a reward we nurses were provided for the risk we took to care for the COVID patient. Other HCWs who feared to come inside COVID ward or those who provided consultation via telephone, where given, 100 percentage COVID incentive...”
- (Muna, Field note, 2020)
and we nurses are given minimal. I feel shy to share this to my family members and friends”- (Sanskriti, Field note, 2020)

DISCUSSION

Various literature reviews, International Committee of the Redcross and World Health Organization have addressed the seriousness of the surge in violence towards the HCWs during the COVID-19 pandemic. These issues are also reflected in the present study.

Patient in COVID ward were often aggressive. Usually frustrated patient and visitors are likely to get angry at the health workers. During the first wave of COVID-19 general public as well as the health care workers did not have proper understanding about the disease. The patient and their visitors were afraid of the outcome of the disease. However, the nurses didn’t perceive it to be threatening. The nurses developed coping towards the psychological effect of contacting the disease, relating to their own attitude towards the disease. This can be related to the findings from study done by Hollywood with emphasis on the resilience level help the nurses adopt to stressor in workplace. Nurses in this study showed their professional commitment and determination to take care of the COVID patient despite many uncertainties which might have helped them to develop positive attitude towards the aggressive patient.

Though the nurses tried to be empathetic towards the COVID patient, some of the nurses who experienced physical abuse were very anxious to attend the patient. Reports on violence towards the nurses inside and outside the health care settings during the COVID-19 have been reported in different parts of the world: whether developed or developing countries. The health care workers including nurses were anxious and stressed resulting significant number of them taking leave or quitting the job.

The nurses and their family members were stigmatized by the villagers. The fear of contacting the disease and lack of proper knowledge on COVID-19 was found to be linked with such stigmatization. Similar finding was cited in studies done within and outside the country. Study done in Nepal showed health care worker were expelled from their rented house and they were not offered proper lodging and fooding in hotel. Withnall mentioned some families in India being forced to leave rented house while some health personnel were threatened not to return back to the community. Also, the house of a doctor in Bangladesh, who tested positive for COVID-19, was physically attacked by bricks to threaten him and family to leave the community.

Nurses were stigmatized for working in hospital during COVID-19 pandemic. Negative environment adversely affect the health of the nurses. Stigma towards the nurses contributed to the various mental problems such as depression, anxiety. During MERS outbreak in Korea, stigma contributed to mental health of the nurses. Similarly about 20% of the health care workers, felt they were stigmatized and rejected by the society for their hospital related work.

Nurses and other HCW risked their life to care the COVID-19 infected patient. Different organizations and social workers tried to support nurses for their contribution and commitment for care of COVID patient. Incentive for HCWs including nurses to maintain their high working spirit. Nurses who received the incentives were highly encouraged even to travel long distance to provide services to the COVID infected patient. Government of Nepal also announced financial incentive to HCWs involved in COVID infected patient. However, the government could not keep up with the commitment and the nurses felt deceived and psychologically disturbed. This finding is in contrast to the study done in Japan were 88.5% of the HCWs referred government incentive as an important factor for motivating them in continuity of care.

CONCLUSIONS

Safety and security of nurses and other health care workers at the workplace need to be ensured for the benefit of the healthcare workers, patient and society as a whole. Zero tolerance policy towards WPV should be effectively implemented. In addition, nurses’ knowledge and practices to work under adverse health emergencies should be enhanced through activities such as regular training, drills etc. Motivational packages in the form of financial or other kind during pandemic like COVID-19 can also be effective to maintain the high working attitude of the healthcare workers.

REFERENCES


