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

Research report

November 2020

Shweta Marathe

Deepali Yakkundi

Swati Rane

Abhay Shukla

SATHI

Support for Advocacy and Training to Health Initiatives

Acknowledgments

We are grateful to all the contact persons for helping us to reach out to participants in this study. We also thank various SATHI team members, Shakuntala Bhalerao, Jyoti Shelke, Hemraj Patil, Bhausaheb Aher, Trupti Joshi and Sharda Mahalle for their assistance in coordination of the online survey. We would also like to thank Dr Kanchan Pawar for language editing and Dr Arun Gadre for reviewing the report. We acknowledge inputs from Program Development Committee and Institutional Ethics Committee in maintaining rigour of the study. Lastly, we sincerely thank all the respondents who participated in the online survey and in qualitative interviews, without which this study wouldn't have been possible. We would also like to appreciate their efforts in combating the epidemic on the frontline.

Notes on Support

This study has been supported by The Fund for Global Human Rights (FGHR).

About SATHI

Support for Advocacy and Training to Health Initiatives (SATHI) is an action-research center of Anusandhan Trust based in Pune. It has nationally pioneered health rights approaches in India since 1998, fostering accountability of public, private health sector and inter-sectoral community action through partnerships with civil society organizations, facilitating local to national action, advocacy and health system research.

For more information about SATHI, please visit the website: https://sathicehat.org

SATHI
Support for Advocacy and Training to Health Initiatives
Plot no. 140,
Flat no. 3 and 4, Aman E Terrace,
Dahanukar Colony, Kothrud, Pune-411038,
Maharashtra, India

Summary of findings

This study contributes in understanding the challenging situation of nurses who seem to have much less voice and power than medical professionals, were perhaps most vulnerable in this situation.

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 health system nurses were often overworked with abysmally low nurse to patient ratio, had inadequate supplies of PPEs, and suffered delays in salary payments. However, their access to testing, quarantine facility, dedicated ward for COVID positive nurses and free healthcare was relatively better, and they faced less pressures and threats from their management. 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.

On the whole study underscores the need for major range of measures at two levels the first is providing adequate protection, facilities, 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.

I. Profile of respondents

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

- Of the total 367 respondents in the study, the majority were women 88%. 50% of respondents belonged to the age group of 30-45 years and the mean age of respondents was 37 years. Further, 23.6% nurses reported having some illnesses while 2.7% nurses were lactating or pregnant women.

Location and type of hospital where nurses work

- Of the total, 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% of nurses were from public hospitals, and the remaining 23.44% were from private hospitals in rural and urban areas.

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

- Half (51%) of the nurses had more than ten years of experience while 27.5% nurses were with experience of 1-5 years and 21.5% nurses had 5-10 years of experience. Corroborating with this, there were 33% nurses who work as head nurses, ward in-charge, senior nurse, and nurse

Superintendent, 29.4% nurses were middle level nurses while 38% of nurses were junior nurses. Of the total nurses, 62% were permanent and 38%of nurses were employed on a contractual basis.

Wards where nurses work

- Of the total number of nurses, 36% worked solely in the COVID ward while 83.5% had rotation duties and worked in COVID and in other wards too.

II. Challenges faced by nurses while working in a hospital 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.

Workload on nurses

- Of the total number of nurses, duty hours for 35% of nurses were 6-8 hours per day. For 29% of nurses' duty hours were 8-10 hours per day and for another 29% nurses' duty hours were more than 10 hours per day. Out of total nurses surveyed, 57% nurse have handled more than 12 patients per shift, having nurse to patients' ratio of more than 1:12 and within this 31% nurse handled more than 20 patients per shift which is a considerable workload.
- The proportion of public sector nurses who handled more than 20 patients per shift was considerably higher (38%) as compared to private sector nurses (10.5%). Many other nurses, especially from municipal and medical college hospitals have reported a nurse to patient ratio of 1:40-80 per shift.
- A small number of nurses were made to work on an alternate day or go on compulsory leaves.

Sanction of leaves to nurses

- Not getting leaves during the COVID-19 epidemic was second most challenge reported by nurses who participated in the study with 65% nurses reporting about non sanction of leaves.

Salary deductions of nurses

- Of the total nurses, nearly half of the nurses (47%) reported about salary deductions during COVID epidemic. Several nurses from the public sector, especially those who work with state government hospitals and municipal hospitals reported a delay in the payment of their salaries. Newly appointed contractual nurses from some corporate hospitals were given a compulsory break of two months and paid 50% of their salary.

Safety measures for nurses

- More than half of the public sector nurses (61%) reported a shortage of safety equipment and measures whereas 36% of private-sector nurses reported inadequate safety equipment during the epidemic.

III. COVID epidemic specific provisions and facilities

Provision of COVID Allowance

- Only 21% of private sector nurses and 7.5% of public sector nurses reported receiving 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. Some private hospitals paid an allowance of Rs 2000-3000 per month while some paid Rs.200 per working day, which is lesser than the amount paid by municipal hospitals.

Healthcare services to suspected and COVID positive nurses

Testing facility

- 86.5% public sector nurses reported that their respective hospital does provide or facilitate COVID testing of nurses who show related symptoms, whereas this was the case with around half of the nurses (56%) from the private sector.

Quarantine facility

- Most public hospitals from urban areas responded to the demand for quarantining their health workers and made arrangements for nurses in hotels, dormitories, wedding halls etc.

Treatment facility and its payment

- 73.3% and 63% nurses from public and private sector respectively reported having access to treatment facilities in the hospitals they work with.
- Regarding free treatment to COVID positive nurses from hospitals, 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

- Of the total nurses in the survey, 87% nurses conveyed their demands to concerned hospital authorities, with the matron mostly being the first point of contact for nurses.
- 71.1% nurses met hospital authorities; 38% nurses submitted a written letter of demands to hospital management while 32%nurses chosen to go on strike to raise their voices. The key demands raised by nurses include, decrease duty hours and workload (52%), employ permanently (50.4%), grant leaves as required (44%), provision of adequate safety measures 6%, payment of full salary (24.5%) and salary increment (34%).

Pressures from hospital management

- 19.2% and 57% nurses from public and private sector respectively shared about facing pressure from respective managements. 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 afraid to put forward their demands. The Head nurse or matron kept a close watch on them. A strict warning was issued to nurses about not divulging any information about nurses' issues to any outsiders.

- A significant proportion of private-sector nurses (70%) were threatened about being fired or forced to resign while 22.1% of the private sector nurses were also threatened about salary deductions.

Introduction

Across the world, nurses are playing a critical role in saving the lives of people in the fight against the COVID-19 epidemic. However, the health system has sadly fallen short in ensuring reasonable working conditions for them to work in such a difficult time. Health systems are stretched beyond their existing limited capacity while managing the pressure of the mounting number of COVID cases which has resulted in serious shortages of nurses, doctors, other health workers, facilities like beds, ICU facilities, Oxygen, ventilators, PPE, masks, etc. With such shortages of resources and the exponential rise in COVID patients in India, nurses have had to deal with enormous pressure and numerous challenges in their day to day working in healthcare setups[i]. Precarious conditions for health workers, be it nurses, doctors or other health staff, have direct implications on functioning of health systems, affecting its performance to deal with the epidemic. 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.

In recognition of their contributions, the year 2020 is designated by the World Health Organisation as the International Year of the Nurse and the Midwife[ii]. While in India too, health workers are being acknowledged as COVID warriors and hero-heroines, the plethora of issues they have been facing while working during the epidemic seems to remain unaddressed.

Thousands of health workers have had to contend with lack of basic, essential safety requirements and related measures, ultimately as a result of which patients suffer. Due to close proximity and prolonged exposure to infected patients, nurses are at considerably higher risk and vulnerable to COVID-19. The Ministry of Health and Family Welfare has issued guidelines regarding the rational use of Personal Protection Equipment (PPE) that specify the appropriate PPE for various healthcare settings. However, it has been widely reported across states about the inadequate provision of PPE. According to the recent study on the availability of PPE for health workers during COVID, 31% of respondents reported that N95 masks were not available for them while 32% reported that supplies of N95 masks were grossly inadequate.[iii] The report reveals similar findings regarding other key components of PPE such as face shields, gloves, and goggles as well.

There is no official data on the total number of frontline workers who contracted the infection in an occupational setting and who have died of COVID-19 in India. However, stories of doctors, nurses, community health workers, and others succumbing to the virus are being highlighted in media every week. In April 2020, 156 nurses were reported COVID positive across all of India.[iv] In May 2020 this number rose to 248, while in early June there were over 480 COVID positive health workers from AIIMS, Delhi alone, of which 38 were nurses![v]. The Finance Ministry has announced a special life insurance scheme for health workers[vi],

including for nurses which is a welcome decision. However, this scheme excludes health workers from the private sector. There are no benefits from the scheme unless the health worker dies. Also, there is no provision of free healthcare to COVID positive health workers.

Over the last few months, nurses have gone on strike in various parts of the country including Mumbai, Delhi, Pune, Patna, Kolkata, etc, protesting over issues such as poor and unsafe working conditions, overwork, underpay, lack of safety equipment as well as facilities for nurses who have contracted the infection in the course of work[vii],[viii]. Nurses from both private and public hospitals are participating in these protests. When nurses are expected to deliver on their responsibilities, it is necessary to protect their rights as well, especially in a public health crisis like the epidemic. Their basic concerns need to be addressed by their employers and the state, ensuring that they feel heard and are reassured about their personal health and working environment. Unfortunately, today they have to struggle and strike for raising those concerns, regardless of which their voices seem to remain unheard. There is no news of action being taken by respective hospitals. On the contrary, there are reports of some hospitals denying the issues raised by nurses' unions. Also, at present, there are no guidelines issued by The Ministry of Health and Family Welfare, in cognizance of demands raised in protests.

While there are numerous media reports on nurses' issues and demands published in an episodic manner, there is a dearth of studies documenting and analysing the same. Hence it is necessary 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, implications of raising demands, participation in protest if any. Such systematic studies 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. In the view of this research gap, a study was be undertaken with the following objectives-

1. To understand the challenges faced by nurses working in public and private healthcare settings during the COVID-19 epidemic.
2. To document demands raised by nurses and their unions and understand respective hospitals'/systems' responses to their demands.
3. To understand the perspective of nurses from public and private healthcare settings on recent government orders concerning health workers during the epidemic.

Such a study would precisely inform about the diversity of situations nurses are confronted with, their experiences and perspectives to help design immediate and medium-term strategies towards policy and implementation level changes and contribute to creating a reasonable working environment in a crisis, enabling nurses to function more effectively.

Study setting

Maharashtra is one of the worst affected states during the recent COVID-19 epidemic, with the highest number of COVID positive patients in the country, and thereby having an unbearable caseload on the health system. In particular, the COVID-19 epidemic in Maharashtra has highlighted the urgent need of having adequate human resources and filling the vacant posts. According to DMER data as on April 2019, there are 1846 vacant posts of nurses in state. Approximately 2.5 lakh nurses are registered in the Maharashtra Nursing Council (MNC). During the epidemic, the state has witnessed many strikes, protests called by nurses working in private and public hospitals such as Jahangir, Aditya Birla, KEM, and many other hospitals in Mumbai and Pune. The present study was conducted in Maharashtra covering nurses from rural and urban parts of the state. It should be noted that other health staff including ASHA, sanitation workers, *ayabais* have also been going through deploring situation during COVID epidemic however this study focuses on issues faced by nurses.

Methodology

The rapid assessment was conducted in Maharashtra through a cross-sectional, semi-quantitative online survey along with sequentially conducted in-depth qualitative interviews. An instrument for a semi-quantitative survey included closed-ended, multiple-choice questions (MCQs) coupled with the provision of open text response at the end of the survey. The survey instrument focussed on understanding challenges for nurses during the epidemic, provisions made for them in case they contract COVID-19, issues and demands raised by them, and hospitals' response to it, including related implications for nurses, if any. The survey instrument was pilot tested and modified as required.

For the online survey, a google form was created in English as well as in Marathi. For respondents who might face issues in filling the google form due to any technological barriers, the option of a telephonic interview was offered and mentioned in the survey invitation which was circulated along with the google form. The online survey was conducted from 8th to 25th September 2020 and a total of 367 respondents participated in the survey.

Based on the findings from the online survey, certain issues such as hospitals and government's response to demands raised by unions, the status of recruitment by government and in private hospitals, role played by unions to raise nurses' demands, were fleshed out in detail through in-depth interviews (IDIs). IDIs were conducted with representatives of nurses' unions, nurses' federation, as well as with nurses from private and public hospitals.

IDIs were conducted telephonically. The information sheet and consent form were shared with respondents in advance. Verbal consent was taken and audio recorded along with recording the telephonic interview. Respondents for IDIs included 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.

After completion of the survey, five IDIs were conducted from 25th September2020 to 8th October 2020.

Selection of respondents

For the selection of respondents, inclusion criteria were kept quite broad. Nurses who were working during the COVID-19 epidemic in public and private hospitals from Maharashtra were eligible to participate in the survey. Nurses who chose to respond to the google form survey and participate in the study by answering the questionnaire, formed the sample and hence the sample for this study was self-determined. However, thorough efforts were made to include respondents from different healthcare settings, urban as well as rural parts of the state so that diverse experiences could be captured. In order to reach out to nurses for their participation in the study, the survey invitation was widely shared through personal contacts and social media. Civil society organisations and nurses' networks such as private sector nurses' unions, United Nurses Association (UNA), Nurses Federation of Maharashtra, Jan Arogya Abhiyan, Maharashtra, were contacted and requested to forward the survey invitation to the nurses associated with them.

Data analysis

Given the nature of challenges being faced by nurses, data were analysed for key aspects such as safety measures, provision of healthcare facilities in the context of COVID, allocation of human resources, compensation, and workplace policies including working hours, sanction of leaves, systems' response to their demands etc. We have also attempted to delve into a set of common and distinct issues faced by nurses working in private and public hospitals. Quantitative data from the online survey was analysed using descriptive statistics in Excel sheets. Due to small sample size of the data and variable number of respondents within each category of sample, analysis has not been presented against each characteristics of sample in this report. With the constraints on in-person data collection during epidemic, it was quite difficult to achieve large sample for study. This study being a rapid assessment, qualitative interviews were transcribed and summaries relevant to each theme were prepared for each transcript. Data from both qualitative and quantitative sources is synthesised thematically and presented in the report.

Ethical issues

The information sheet and consent form for the study were in built in the google form. The objectives and use of the study were explained in the information sheet. Participation in the study was voluntary. For a telephonic interview, details given in the information sheet and consent form were explained and verbal consent was taken. Verbal consent and the interviews were voice recorded. Anonymity and confidentiality of the respondents were strictly maintained during analysis and reporting. Ethics approval was obtained from the Institutional Ethics Committee of Anusandhan Trust.

Results

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 women (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% 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. Distribution of nurses by types of public and private hospitals shows, 47% of public sector nurses (Fig.1) work in village-level primary healthcare centres, 38.1% of nurses work in municipal hospitals or government medical college hospitals, and the remaining work with a district or sub-district hospitals (14.6%). Among private-sector nurses (Fig.2), **20% of nurses work in corporate hospitals, 20% of nurses work in charitable hospitals**, **17.4% work with private medical colleges, 28% work in medium-sized private hospitals** and the remaining **14% of nurses work in private nursing homes**.

Fig. 1 Distribution of nurses by types of public hospitals (percentage)

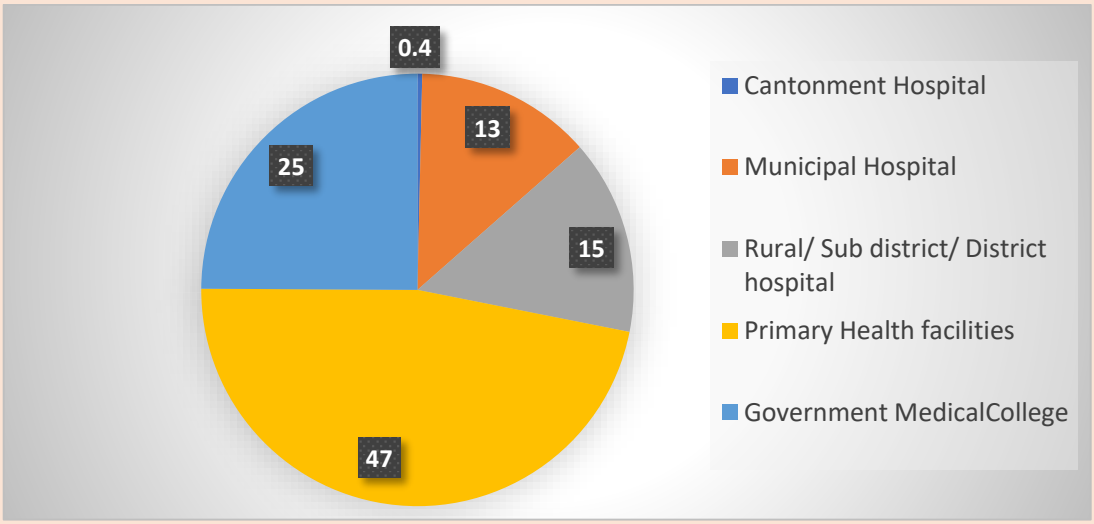
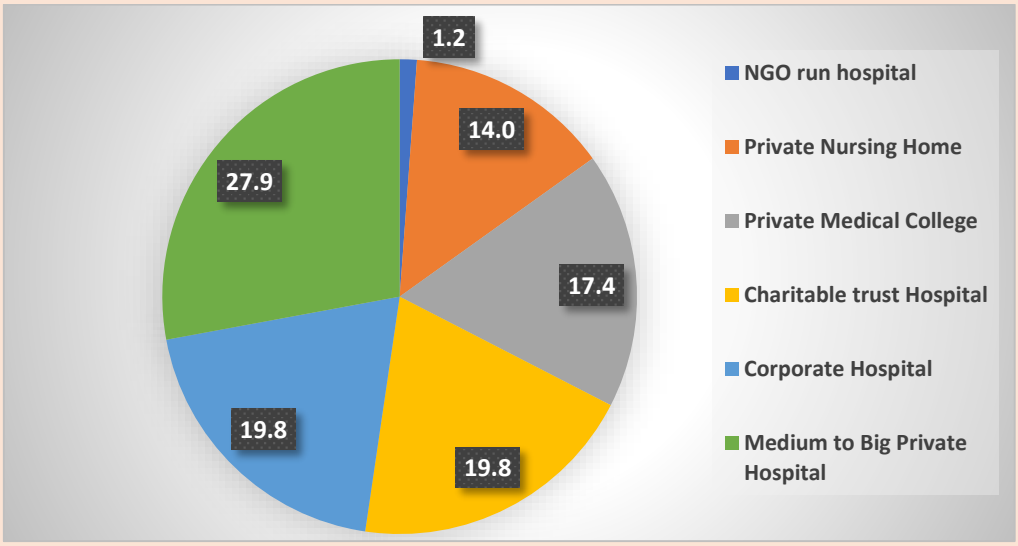


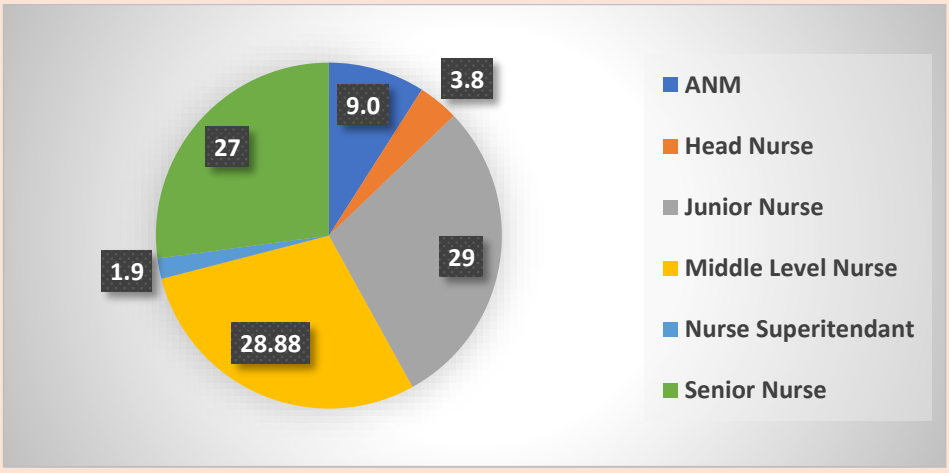
Fig. 2 Distribution of nurses by types of Private Hospitals (percentage)



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

Half (51%, n=187) of the nurses had more than ten years of experience while 27.5% (n=101) nurses were with experience of 1-5 years and 21.5% (n=79) nurses had 5-10 years of experience. Corroborating with this, 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 (Fig. 3)**. Of the total nurses, **62% were permanent and 38% of nurses were employed on a contractual basis**. On seeing this proportion by its distribution in the private and public sector, the majority (66%) of the public sector nurses have permanent employment. Whereas, among private sector nurses, half of them have permanent and half of them have contractual employment.

Fig. 3 Distribution of nurses by their position in employment (percentage)



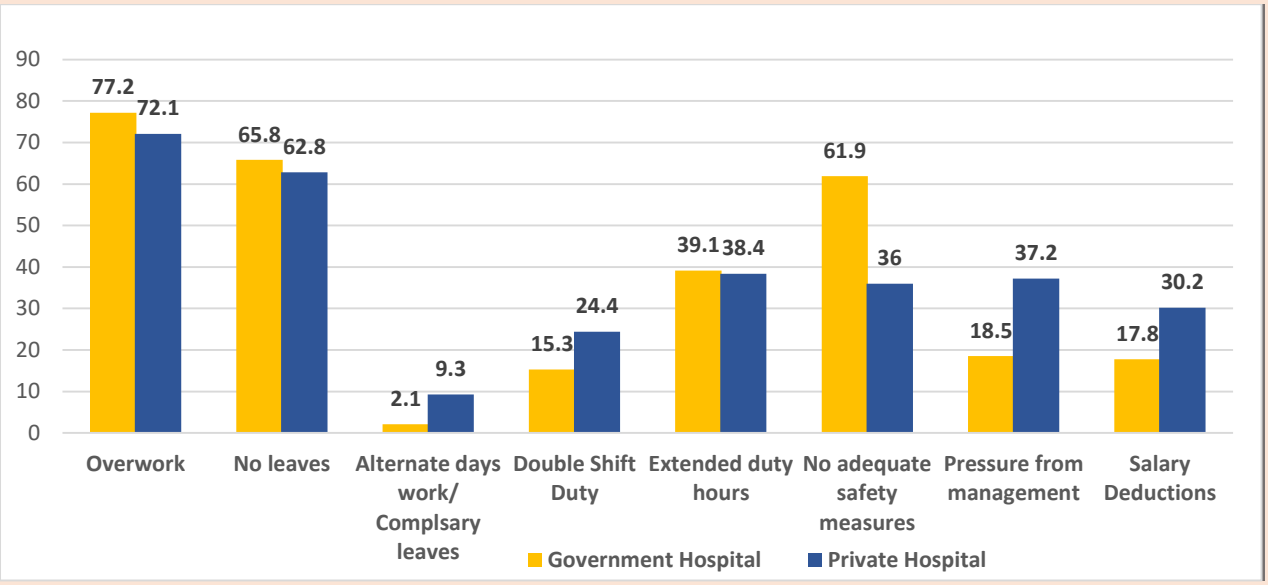
Wards where nurses work

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. Multiple responses (Fig. 4) obtained to the related questions show that key challenges faced by nurses include, overwork with extended duty hours, not getting leaves, double shift duties, not receiving adequate safety equipment, salary deductions, and pressure from management. **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. 4 Challenges faced by nurses during COVID epidemic (percentage)



Disaggregated analysis of challenges faced by nurses against their key characteristics like position of nurses, type of facility, nature of employment and location of hospital where nurses work was done. Analysis of total number of contractual and permanent nurses, does not show much difference in intensity of challenges (Annexure 2. Table 1). Public sector facility wise analysis of challenges shows (Annexure 2. Table 2) extended duty hours as well as pressure from concerned authority were more for nurses from rural, sub district, district hospitals and

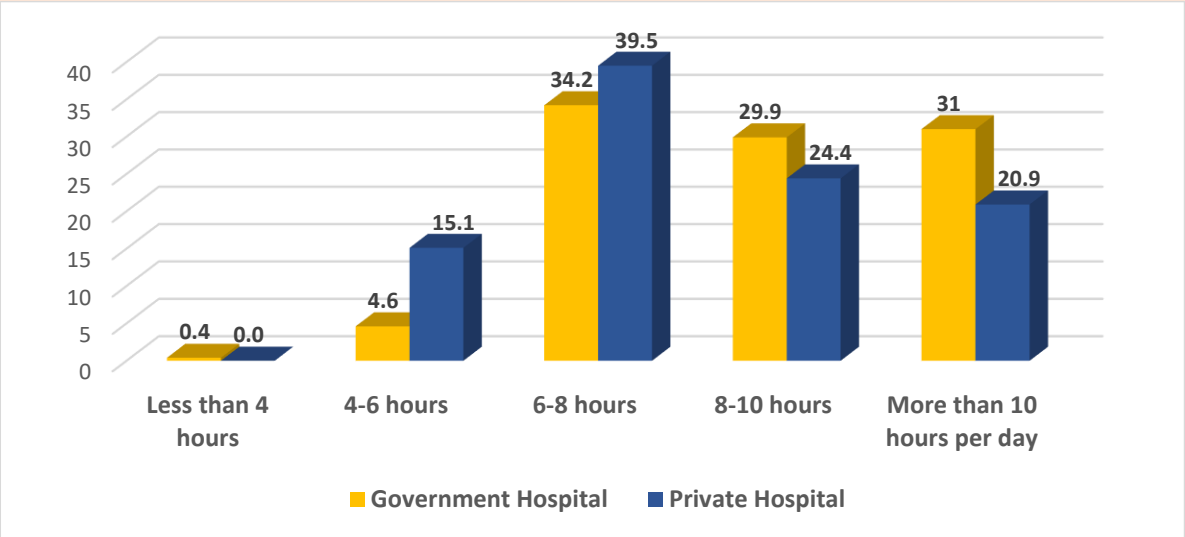
primary health care centres as compared to nurses from municipal and govt. medical college hospitals. Nurses' position wise analysis shows (Annexure 2. Table 3) that extended duty hours, pressure from management as well as salary deductions were more for senior nurses/head nurses and superintendent than junior and middle level nurses. While hospital location wise analysis of public sector nurses depicts (Annexure 2. Table 4) that nurses from rural areas are more overworked with extended duty hours and had also faced salary deductions as compared to urban nurses.

Workload on nurses

Concerning the workload of nurses, we did not find much difference in the situation in private and public hospitals. However, the intensity of issues like overwork and extended duty hours was reported to be more in public hospitals. Many nurses from public hospitals emphasized the overwork, long-pending issue of vacant posts and not getting leaves sanctioned for months during the period of the epidemic.

Of the total nurses, duty hours for 35% (n=130) of nurses were 6-8 hours per day. **For 29% (n=105) of nurses' duty hours were 8-10 hours per day and for another 29% (n=105) nurses' duty hours were more than 10 hours per day**. Here the considerable difference in private and public sector counterparts was noted (Fig. 5).

Fig. 5 Daily work (in hours) during the epidemic



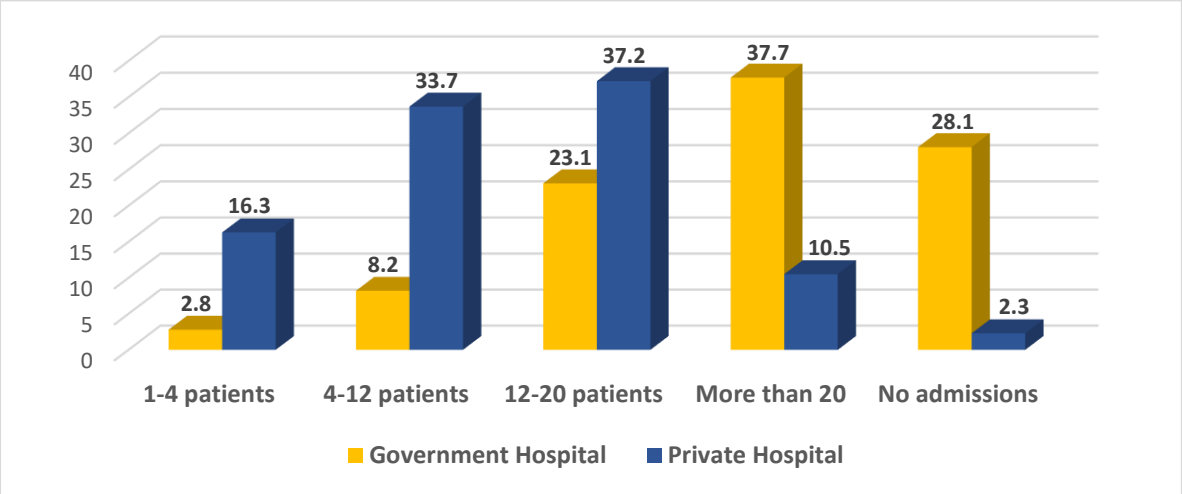
Out of all nurses, 57% nurses (n=212) have handled more than 12 patients per shift, having nurse to patients' ratio more than 1:12 and within this cohort, **31 % nurses (n=115) handled more than 20 patients per shift** which is a considerable workload.

The comparison of public sector nurses with private sector nurses shows (fig 6) that the **proportion of public sector nurses who handled more than 20 patients per shift was much**

higher (38%) as compared to private sector nurses (10.5%). Contrary to this, the **proportion of private sector nurses who handled 1-12 patients per shift was higher (50%) as compared to public sector nurses (11%).**

This relates mainly with nurses who work in ICUs and other wards of private hospitals with provisions such as deluxe room, special room, twin sharing room etc. Regarding this, 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'.*

Fig. 6 Nurse to patient ratio per shift during epidemic



Private sector nurses feel that such expectations which are somewhat specific to the private sector, make it a lot more demanding for them to work when manpower is less and caseload is more.

As defined by the Nursing Council, the recommended nurse to patient ratio for the general ward is 1:3 and for the ICU and OT it is 1:1. However, the reality is far removed from the stipulated norms. It was found 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. **Some nurses from municipal hospitals** in metro cities mentioned that they have been handling as many as **150 patients per shift**. Generally, there **are two nurses per ward, irrespective of the number of beds in the ward**. So, the number of patients in the ward defines the nurse to patient ratio. Many other nurses especially from municipal and hospitals attached to medical college reported a **nurse to patient ratio of 1:40-80 per shift.**

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."

Also, a **section of government hospital nurses (28%) who mostly belong to sub-centres reported about no admissions of patients.** However, these nurses **were either deputed to nearby Covid Care Centres or given the additional responsibility of door to door survey regarding COVID-19**. Each time when a COVID positive case is reported in a village, they have to survey the village. Their workload is evident from the following narrative.

A nurse from the primary health facility reported that *"we have not even received a Sunday off. We have done covid centre duties for 12-12 hours. In rural areas, a large number of posts are vacant due to which we are given additional duties. Recently some posts are being filled in covid centres on a contractual basis."* While it appeared that advertisements for contractual hiring of health workers had been put up by the government in the month of March 2020, recruitments in rural areas were being done much later after five to six months, a delay which is not only problematic from nurses' and patients' point of view but is also indicative of the public health system's malfunction even in the time of a severe public health crisis..

The representative of nurses' federation also raised serious concerns regarding vacant posts in public hospitals from both urban and rural areas. It was mentioned that *"Our main demand is – filling vacant posts. In a government medical college where I work, an already large number of posts were vacant. Even matron, senior officers' posts are vacant. With the additional burden of COVID patients and opening of additional COVID wards as well, workload on nurses increased to an unmanageable extent."*

She further specifically mentioned that "*Conditions for nurses are still better in medical colleges but nurses who work in rural hospitals are badly suffering due to the vacant post issue. They have excessive duty hours. They are not even provided a quarantine period".*

As far as the issue of filling the vacant posts is concerned, **it seems the situation in government hospitals from metro cities was relatively better** as at least some level of recruitment was done in the early months of the epidemic.

Representative of municipality nurses' union stated that *"the BMC started filling vacant posts in March- April 2020. Nearly 300-350 nurses were recruited both on a contractual and permanent basis".*

However, the United Nurses Association (UNA) representative mentioned that, *"Overall manpower is less in government hospitals, whereas in the private sector, manpower is fairly available but there is an issue with working conditions in the private sector".*

Sanction of Leaves to nurses

Not getting leaves during the period of COVID was the second most frequently reported challenge by nurses who participated in the study, **with 65% nurses (n=235) reporting that their leaves were not sanctioned.** Many nurses reported about how they did not receive leaves for months. There is a standing order that leaves shouldn't be sanctioned unless there is an emergency.

When asked about leave sanction to nurses who were COVID positive, 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. However, **nurses from the private sector who had COVID 19 complained that this directive was not followed 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. A nurse working in a primary health centre clarified that "*25% of our salary was deducted from March 2020 onwards, but now from September 2020, the government has started repaying the deducted amounts, which is certainly a positive thing but we suffered for previous 5-6 months*".

Nurses from state government-run medical college from one metro city also had salary deductions but only in March 2020. Now they get a full salary but there have been delays in its payment. **The issue of delayed salaries has been experienced by several nurses from public sector** especially those who work with state government hospitals and municipal hospitals. According to representative of nurses' federation, "*contractual nurses faced this more. Their payments have been delayed by nearly 4-5 months and that is humiliating".*

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.**

A nurse from a large private charitable trust hospital narrated the situation regarding salary and payments, due to which nurses had to call for a strike as well.

"While we were paid our entire salary, payments were quite delayed. Management refused to give us annual appraisal for this year saying that hospital is in loss and hence this year we can't afford appraisals! Pay scales are already quite poor here. Around 100-125 junior nurses

who were permanent employees, left the job due to the poor salary of around 10000-12000 per month and joined state government hospitals on a contractual basis which paid them around 35000 to 40000 per month! Then to address the excessive workload on remaining nurses, management appointed some junior nurses from Rajasthan on a contractual basis, paying them the amount of 40000-45000 per month which is more than double of the amount paid to existing nurse staff."

This situation not only exhibits poor pay scales offered in some private hospitals but it also reveals exploitative practices by hospital management regarding the human resources.

Safety measures for nurses

More than half of the public sector nurses (61%) reported having a shortage of safety equipment whereas 36% of private-sector nurses reported inadequate safety equipment during the epidemic. It was mentioned that the shortage was majorly faced in the initial months of the epidemic i.e. during March and April. 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 government, duty in PPE was only for 4 hours while in many large private hospitals it was for 8 hours which is quite extensive and they refuse to provide us one more PPE suit on the same day even if PPE suit is torn, damaged or overused."*

This was representative of the situation faced by many private sector nurses as well. Many other nurses shared about how inconvenient it is to work in PPE even for a few hours.

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. When health staff and patients are going through a crisis and are fighting back, such demonstrations have no practical meaning"*. The representative of nurses' federation criticised the mere propaganda around COVID warriors when burning issues of nurses have remained unattended.

III. COVID epidemic specific provisions and facilities to COVID suspected and 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 in municipal corporation hospitals

reported receiving Rs 300 per working day as a COVID allowance. It was informed by union representatives that nurses who were taken on short term contract during the epidemic were however not paid a COVID allowance. **Public sector nurses from Sub-center/PHC/Rural hospital/district/sub-district hospitals** (Annexure 2 Table 5) **as well as state-run medical colleges did not receive any additional amount** for work during the epidemic.

Disaggregated analysis as per nature of employment shows COVID allowance was given to very few contractual nurses from public sector (Annexure 2. Table 7). Further, data does not show any difference in provision of allowance for junior, middle level and senior nurses (Annexure 2. Table 8).

The representative of nurses' federation said that *"We haven't been given a Covid allowance till date despite repeated demands".*

In the private sector, the amount of COVID allowance was quite variable. **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.** Private sector nurses had to struggle a lot to get a COVID allowance from their hospitals, which after sanction, was not on par with the allowance given to public sector nurses.

Testing facility

86.5% public sector nurses reported that their respective hospital does provide or facilitate for COVID testing of nurses who showed related symptoms, **whereas this was the case with only around half of the nurses (56%) from the private sector**. However, according to the representative of municipality nurses' union, "*hospital tests should have been done frequently for nurses which was not the case. Instead, they were asked to wait until symptoms developed. Nurses were afraid to be at home when there was no surety that they were negative".*

There was no difference noted in provision of treatment for permanent and contractual nurses (Annexure 2. Table 7). Data does not show any difference in provision of testing facility for junior, middle level and senior nurses (Annexure 2. Table 8).

Some private hospitals also charged their nurses for COVID testing. Two nurses from large private hospitals shared that the cost of the test was deducted from their salary at the month-end.

Quarantine facility

On enquiring if hospitals ask nurses who had COVID like symptoms to quarantine themselves, 72.2% and 50% nurses from public and private sector respectively reported that hospitals did allow them to quarantine if deemed necessary. However, a closer look at the provision of

quarantine facilities by hospitals shows that the situation appears to be quite variable in private and public hospitals. However, there was no difference noted in the provision of treatment for permanent and contractual nurses (Annexure 2. Table 7). Also, data does not show any difference in provision of quarantine facility for junior, middle level and senior nurses (Annexure 2. Table 8).

In the beginning of the epidemic in March-April 2020, considering the safety of their families, 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. It basically depends on the hospital administrator. 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, which was not an appropriate arrangement.

Treatment facility and its payment

About receiving COVID treatment from hospitals, **73.3% and 63% nurses from public and private sector respectively reported that they were provided treatment facilities in the hospitals where they were employed.** The remainder (29.2%) especially nurses from small municipal hospitals and rural areas disclosed that they had to search for available beds in other COVID designated hospitals and arrange for admission themselves.

Public sector facility wise disaggregated analysis for treatment facility shows (Annexure 2. Table 2) that situation was better for municipal hospitals as compared to other hospitals. There was no difference noted in provision of treatment for permanent and contractual nurses (Annexure 2. Table 7). Likewise, such analysis does not show any difference in provision of treatment facility for junior, middle level and senior nurses (Annexure 2. Table 8). However, treatment facility was significantly better for public sector nurses than for urban areas.

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 award for nurses. While talking about this matter, a representative of municipality nurses' union said, *"A separate COVID ward for nurses was formed in some municipal hospitals only after repeated demands to the hospital management".*

According to UNA representative, *"Each hospital should set up a COVID unit for its staff."*

Regarding free treatment from hospitals, **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

Respondents were asked if they had informed the concerned authorities about their issues and it was found that of the total nurses in the survey, 87% of nurses had informed the concerned hospital authorities about their demands, with the matron mostly being the first point of contact for nurses.

Whom were the demands addressed to and how?

Nurses were asked whom they chose to approach and the means they used to raise demands regarding work related challenges during COVID 19.It was found that of the total, **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. The key demands raised by nurses include (Fig. 7), **decrease duty hours and workload (52%, 191 responses), employ permanently (50.4%, 185 responses), grant leaves as required (44%, 160 responses), provision of adequate safety measures (6%, 21 responses), payment of full salary (24.5%, 90 responses) and salary increment (34%, 124 responses).**

A nurse from a large private charitable hospital shared the series of issues they faced during the epidemic and the strike they called to raise their demands.

Fig.7 Key demands raised (Percentage)

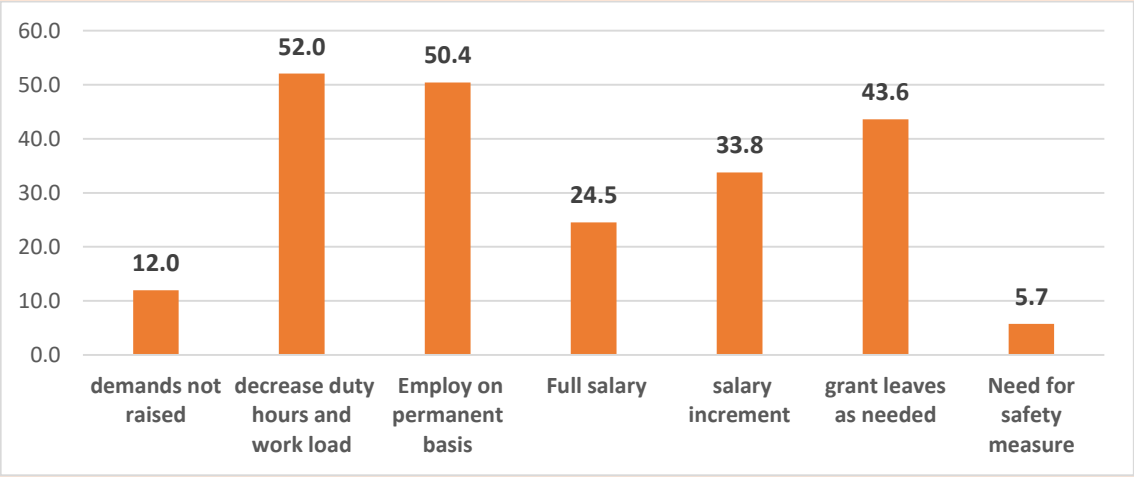
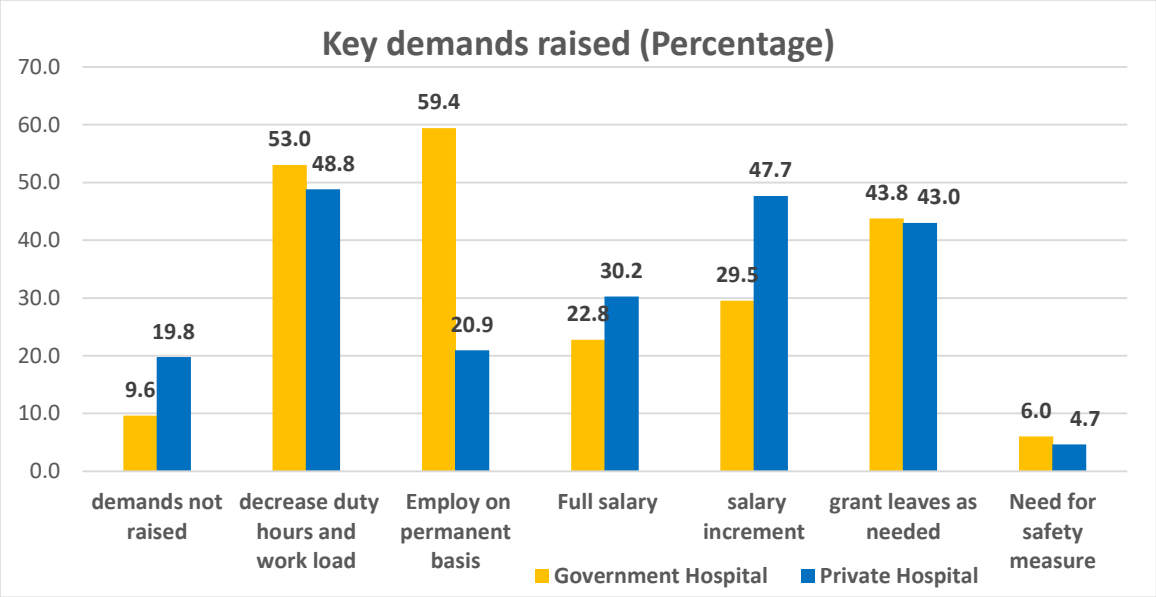


Fig.8 Key demands raised by public and private sector nurses (Percentage)



"Our annual appraisals were pending. At times, we had nonstop duty shifts of 12 hours. There was no quarantine facility arranged by hospitals. Special leaves were not granted for COVID positive nurses. We were not even paid a COVID allowance. We went on strike to raise these demands. Finally, the management agreed to pay us a COVID allowance of Rs 200 per day, which is less than what was suggested by the government but then they refused to do appraisals saying the hospital is in loss".

This narration reflects the plethora of issues faced by private sector nurses and their struggle for basic requirements which ought to have been fulfilled by hospitals. A similar situation has been reported by media in some other big private, corporate hospitals.

Demand for the provision of adequate safety measures does not seem to have appeared in demands put up by nurses. As mentioned before, shortage of safety measures was faced during the initial phase of epidemic i.e. March-April 2020 which was addressed by most of the hospitals gradually. The issue of salary increment was raised by nearly half of the nurses (48%) working with the private sector, whereas 30% of public sector nurses reported about this demand.

Pressures from hospital management

With reference to media reports about how nurses are pressurised by management, we also asked respondents if they observed any pressure from hospital management on raising demands or making complaints and it was found that **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.**

A private sector nurse mentioned that, *"Due to pressure from management, we did not even raise our demands".*

We further enquired about the nature of pressure exerted by hospital management on nurses. **A significant proportion of private-sector nurses (70%) 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. It is a violation of workers' rights and ethics at the workplace and it may also involve serious gender issues.

A representative of UNA shared that, *"In one corporate hospital, nurses were facing basic issues like not being paid salaries on time, lack of quarantine facilities, inadequate PPEs etc. At the initial stage, nurses flagged these issues in front of management but they were just ignored. Later, management threatened them saying, they would not give the nurses experience certificates, they would not pay salaries and even sent male bouncers to the nurses' hostel. This bullying is not just with this particular hospital but was observed in many other private hospitals."*

It is evident from the above narrative, that such pressures and exploitative practices are unfortunately not seldom and observed in many other private hospitals as well. It also reflects the management's dismissive attitude towards nurses and assuming them as a manageable entity by suppressing their voices.

The role played by nurses' unions

When asked about the role of unions of public and private sector nurses in raising nurses' issues during the epidemic, it was shared that unions were quite supportive. Nurses have narrated and acknowledged the important role played by unions' in ensuring positive decisions like arranging quarantine facility for nurses, dedicated COVID ward for nurses, granting COVID allowance etc.

Some nurses also shared that initially during the lockdown, even union representatives could not intervene successfully due to logistical limitations. However, they tried to intervene through phone/emails and could resolve certain issues successfully. For example, as shared by a representative of UNA, *"In the month of March-April 2020, nurses from some large private hospitals tested positive for COVID 19but were still asked to report for duty. We then contacted*

the respective hospital managements but they were rude to us. We then informed municipal corporation officers about the issue. In response, the municipality officials shut down those hospitals for a certain period."

This narrative reflects the critical role played by nurses' unions in the challenging times of the epidemic. Since not many hospitals responded or acknowledged the issues raised by nurses or even matrons, the active support and intervention by unions were instrumental in raising and resolving the nurses' issues.

Limitations of the study

Our study has a few obvious limitations. Firstly, the findings of this research cannot be generalised as the number of respondents is just a small proportion of nurses in Maharashtra. While google surveys are advantageous when in person surveys are constrained in a situation of epidemic, sample is self-determined and is not representative for different characteristics of sample. Secondly, while we attempted to ensure a balanced sample of public and private sector nurses in proportion, we could achieve only a participation of around one fifth (23.44%, n=86) of private-sector nurses in the total sample. As reflected in the findings, this was mainly due to fear and pressure on private sector nurses from management to not share any information outside. As mentioned above, due to small sample size of the data and variable number of respondents within each category of sample, analysis has not been presented against each characteristics of sample in this report. Nevertheless, the study is important in indicating the prevalence of overall challenges being faced by nurses during the epidemic and highlight picture about common as well as specific issues from the private and public sector.

Conclusions

This rapid assessment based on an online survey and a few qualitative interviews contributes in understanding the challenging situation being confronted by nurses in the state of Maharashtra during the COVID-19 epidemic. Notwithstanding its limitation of a relatively small sample size, this study 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 COVID pandemic has widened and exposed the deep fault lines in the Health system in India – 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.

While the health system did rise to meet the challenge of COVID-19, this also exacted a very heavy social cost. A major cost is being 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, were perhaps 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.

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, it appears from the study that the 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 health system nurses were often overworked with abysmally low nurse to patient ratio, had inadequate supplies of PPEs, and suffered delays in salary payments. 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. 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. Moreover, many public sector nurses from rural settings face a dual challenge of being overworked and deprived of basic facilities as well.

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.

Public sector nurses have had to contend with significantly high work load during the intense period of COVID-19 epidemic, causing them extreme duress. Some public hospitals had a nurse to patient ratio of 1:50-60 which was significantly higher as compared to private sector nurses. The issue of extreme workload, and an abysmally low nurse to patient ratio boils down to inadequate workforce and a long-pending, systemic issue of vacant posts which the government has failed to address even during the period of the epidemic.

Nurses from public hospitals based in cities seem to have stood up for their demands more assertively and persistently, with the result that hospitals had to acquiesce to certain demands. In case of the private sector, nurses drew on union support and protested up front in some hospitals. However, only a few demands were accepted by management. What has been striking is the degree of pressure that nurses have experienced in many private hospitals, with many threatened with termination, salary deductions and other career related roadblocks.

Certain issues like not granting special leaves to COVID positive nurses, poor salary scales, management behaviour towards nurses, threats and pressures from management, are noted to be more serious in private sector. Therefore, to protect health workers including nurses' rights, the state has a duty to intervene and ensure compliance by the private health sector with the related recommendations by Supreme Court.

Another area of emerging concern is regarding the contractual nurses who are recruited through agencies. They are often paid lesser wages than what has been initially agreed on. Since the negotiations are carried on with the agency, the role of the hospital management is limited in this regard, and nurses seem to lack the space to voice their demands due to contractual obligations.

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. Provision of a safe and healthy working environment is recognized as a fundamental human right by Government of India, which has not been taken seriously by healthcare facilities even during a public health crisis.

Moving beyond declaring nurses, doctors and other health staff as COVID warriors as a symbolic gesture, government should fully own the responsibility to ensure reasonable working conditions, provision of basic facilities, compliance with related legal provisions, workplace safety and access to healthcare, so that nurses alone do not bear the brunt of the epidemic associated load on the health system.

We must recognise that the serious issues faced by nurses during the COVID pandemic demand responses 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.

After all, nurses are regarded as the backbone of the healthcare delivery system. An overworked and under paid workforce makes a health system fragile, and has critical implications for delivery and quality of healthcare services. More than ever, the epidemic has underscored the importance of ensuring the well-being and rights of essential health workers for the health system to function optimally and provide health for all.

Recommendations:

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

1. Filling Key administrative vacant posts

- Leadership positions are critical for guiding the nursing workforce during a pandemic and must be filled at the earliest. Unfilled key leadership positions [ix] presses the need for strong stewardship in Maharashtra State. Currently most hospitals in city corporations and State Government have just one matron who serves in an officiating capacity. This limits the decision-making power of persons in authority. In Mumbai and Maharashtra, key administrative posts have been lying vacant such as the Superintendent, Nursing Services

at both MCGM and State government level, Assistant Director, Nursing Health Services and Registrar, Maharashtra Nursing Council at the state level. These should be filled on a priority basis.

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.
- Instead of hiring nurses from other states, the 1,800 nurses who have cleared the DMER exam process and who are waiting to join work should be given appointment letters and recruited for vacant permanent posts at the earliest.
- It is also necessary to have consolidated data on number of vacant posts in the state in public system at least, which is one of the major gaps today.
- Nurses unions should be involved in the recruitment process.
- Further State should primarily have a policy of recruiting nurses on permanent basis.

3. Provision of High-quality Safety measures

- Healthcare administrators in COVID and non COVID facilities in private and public sector must ensure adequate supply of PPE. The quality of PPE kits provided must be as per the standard guidelines provided by Ministry of Health and Family Welfare, Government of India, which must be strictly followed to ensure safety of nurses.
- Quality checks of the PPE Kits by health administration and the infection control team of the clinical establishment should be a must. Strict action needs to be taken against authorities who accept poor quality PPE Kits.
- 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. Governing working conditions for nurses including contractual nurses working in COVID areas.

- Many nurses have been recruited on a temporary basis to make up for the shortfall in staffing during the COVID 19 epidemic. The principal employer must be held responsible for their personal health, safe working conditions, provision of appropriate PPE, for their safety. In addition, they should also undertake the responsibility to test nurses if symptomatic and to provide necessary medical care if infected and allowed to quarantine for 14 days, as mandated by ICMR. Safe and healthy working environment is recognized as a fundamental human right by Government of India.

- Since a majority of nurses are women, the principal employer or the outsourcing agency is legally required to comply with certain statutory requirements as per the POSH Act. One of these is the constitution of an Internal Complaints Committee (**ICC**), a body envisaged to receive complaints on sexual harassment at the workplace from an aggrieved woman. This should be specified in the contract clause of the outsourced agency and strictly complied with in all clinical establishments.

5. 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 [x][xi]
- Ensure proper accommodation for nurses close to hospitals to minimize their need for travel and restrict the spread of infection.
- Employer must take responsibility to ensure every health worker who is a high-risk contact/ or has tested positive is quarantined/isolated in a hygienic facility equipped with basic services such as water, food, sanitation and medical care.

6. 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.

7. 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 for them

8. Formation of Grievance Redressal Cell for protection of health workers' rights

- Healthcare providing facilities like Hospitals, Covid Centers should not be allowed to victimize nurses who are highlighting issues pertaining to their working conditions and safety.
- 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.

9. 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.

10. Free health care for all health workers

- The Finance Ministry has announced a special life insurance scheme for health workers[vi], 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. 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.

11. Special Covid-19 related paid leave

- As evident from the study, nurses were asked to be on duty even when they had developed Covid-19-like symptoms. Also, especially in some private hospitals, leaves for quarantine period or treatment of COVID 19 were deducted from existing leave provisions. Towards this end, 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.

12. 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.

13. State's intervention and regulation of private healthcare sector

- The study points to various issues related to working conditions for nurses employed in the private sector. Besides issues like pressures and threats to nurses in some private hospitals, nurses were not granted special leaves for quarantine period or treatment for COVID, but leaves taken were deducted from existing leave provisions. Also, some private sector nurses 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.

- The private sector has been intensely involved in combating the epidemic, having been requisitioned by the state to provide services for COVID 19. In the light of this fact, state should intervene with the private sector and ensure compliance with the related recommendations by Supreme Court.

- COVID situation has clearly underscored the need for private sector regulation. One key step towards achieving it is the adoption of Clinical establishment Act (CEA) in Maharashtra which has been passed by central ministry in 2010. Implementation of CEA would not only be critical for regulating functioning of private healthcare settings with regard to infrastructure and facilities but it would also aid in ensuring proper nurse-patient ratio, which ultimately impinges the quality of healthcare services.

14. Increasing budgetary provisions towards health workforce

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

15. 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, extending coverage of insurance scheme, and safety measures for contractual and permanent nurses in the public and private sector.

Annexure I: Survey Instrument

- Please write district/city your healthcare setting is located at - * _____
- What your Age? * _____
- What is your *gender*? * *Mark only one oval.*
  ☐ Male ☐ Female ☐ Other ☐ Don't want to mention
- Do have any *special* health conditions or co-morbidities? * *Mark all that apply.*
  ☐ Blood pressure ☐ Diabetes ☐ Asthama ☐ Currently pregnant Lactating
  ☐ Other (Specify) ☐ No disease
- What is your *current* designation in current job? * *Mark only one oval.*
  ☐ Junior Nurse ☐ Middle Level ☐ Nurse Senior Nurse ☐ Nurse superintendent ☐ Head Nurse
- How many *years* you have been working as a nurse? * *Mark only one oval.*
  ☐ 1-5 years ☐ 5-10 years ☐ More than 10 years
- In which hospital do you work with? * *Mark only one oval*.
  ☐ Government Hospital ☐ Private Hospital
- In which type of healthcare setting do you work with? * *Mark only one oval.*
  ☐Sub center ☐Primary Heath centre ☐Rural hospital ☐Sub district/ District hospital
  ☐Municipal Hospital ☐Government Medical College ☐Private Nursing Home
  ☐Medium to Big Private Hospital ☐Corporate Hospital ☐Private Medical College
  ☐NGO run Hospital ☐Charitable Trust Hospital ☐Army Hospital ☐Cantonment Hospital
- Presently, in which ward do you work with? * *Mark all that apply*.
  ☐General Ward ☐COVID Ward ☐ICU Ward ☐Various Wards
  ☐Speciality wards (Paediatric, Cardiac, Maternity etc.)
- What is your nature of employment? * *Mark only one oval.*
  ☐Contractual Permanent Employee ☐Employee but not permanent
- Are COVID patients admitted in hospital you work with? * *Mark only one oval.*
  ☐Yes ☐No
- Are you facing any challenges while working at your hospital during COVID epidemic? * *Mark only one oval.*
  ☐Yes ☐No
- If yes, what challenges you have been facing there? * *Mark all that apply.*
  ☐Overwork ☐No leaves ☐No adequate safety measures ☐Salary Deductions
  ☐Extended duty hours ☐Double Shifts ☐Pressure from management
  ☐Less work/ Part time work ☐Alternate day work/ Compulsory leaves
- Are you being paid full salary as before, during COVID epidemic? * *Mark only one oval.*
  ☐Yes ☐No
- If not, how much percentage of salary has been deducted? * *Mark only one oval.*
  ☐10 to 25% ☐25 to 50% ☐More than 50% ☐No salary cuts
- Did you get leaves sanctioned on applying for it, during the epidemic? * *Mark only one oval.*
  ☐Yes ☐ Always ☐Sometimes ☐No ☐Not applicable
- On an average, how many patients you have been managing per shift during epidemic? * *Mark only* one *oval.*
  ☐No admissions ☐1-4 patients ☐4-8 patients ☐8-12 patients ☐12-20patients ☐More than 20
- On an average how many hours you have been working during the epidemic? * *Mark only one oval.*
  ☐Less than 4 hours ☐4-6 hours ☐6-8 hours ☐8-10 hours ☐More than 10 hours per day

- Are you paid extra for overtime during the epidemic? * *Mark only one oval.*
  ☐Yes ☐No ☐No Sometimes
- Did you face any issues in taking leaves during epidemic period? * *Mark only one oval.*
  Yes, leaves are granted if unwell ☐No ☐Yes, only if unwell and who work in COVID ward
- Which safety equipment have been provided to you in the context of COVID? (Choose more than on options) * *Check all that apply.*
  ☐N95 Masks ☐Surgical Masks ☐Gloves ☐Face Shield ☐Cover All
  ☐Gown ☐Goggles ☐Shoe covers ☐Covered boots
- Have you received safety equipment adequately from the hospital? * *Mark only one oval.*
  ☐Yes ☐sometimes ☐Rarely ☐No
- Does your hospital facilitate for *testing* of nurses who shows related symptoms? * *Mark only one oval.*
  ☐Yes ☐No
- Does your hospital ask nurses to quarantine themselves, who shows related symptoms? * *Mark only one oval.*
  ☐Yes ☐No
- Does your hospital provide isolation ward facility to the nurses who are COVID positive? * *Mark only one oval.*
  ☐Yes ☐No
- Does your hospital provide treatment to the nurses who are COVID positive? * *Mark only one oval.*
  ☐Yes ☐No
- Does your hospital charge for the treatment to the nurses who are COVID positive? * *Mark only one oval.*
  ☐Yes ☐No ☐Give subsidy
- If no, how the COVID treatment charges are paid by nurses? * *Mark only one oval.*
  ☐Self ☐ Employees insurance policy through hospital ☐Employee's own insurance policy
- Have you informed about these challenges to the concerned hospital management? * *Mark only one oval.*
  ☐Ys ☐No
- What were the means of raising demands against challenges faced during epidemic? *(Multiple choice)* * *Check all that apply.*
  ☐Meeting hospital authorities ☐Writing letters to Hospital Management
  ☐Going on strike ☐Other (specify at the end) ☐No demands raised/ Not applicable
- What were the key demands raise through protest or by other means? * *Check all that apply.*
- ☐Need for safety measure ☐ Full salary ☐Decrease duty hours and work load
  ☐Salary increment ☐Employ on permanent basis ☐Grant leaves as needed
  ☐Demands not raised ☐other, pl write at end of the form
- Did you observe any pressure from hospital management on raising issues or making complaints? * *Mark only one oval.*
  ☐Yes ☐No
- If yes, what was the nature of pressure from hospital management on you or other nurses? * *Mark all that apply.*
  ☐Threaten to deduct salaries/remove from work ☐Remove from work ☐Forced to resign
  ☐Constrained facilities in Nurses' hostel ☐Sending bouncers in nurses' hostel ☐Question Not applicable
- Please share any other relevant experience/ incidence with regard to challenges you have been facing in hospital during epidemic? *You may write it here or ** if you are willing to talk over the phone, kindly provide your contact number here or ***contact--

Annexure II: Tables for disaggregated analysis of key characteristics of samples

Table 1 Nature of employment wise analysis of challenges faced by total contractual and permanent nurses during COVID epidemic (percentage)

Challenges faced during COVID situation	Contractual employee	Permanent Employee
Overwork	77.3	76.0
No leaves	50.0	65.1
Alternate days work/ Compulsory leaves	9.1	3.8
Double Shift Duty	13.6	17.4
Extended duty hours	18.2	39.0
No adequate safety measures	31.8	55.9
Pressure from management	18.2	22.9
Salary Deductions	22.7	20.7

Table 2 Public sector facility wise analysis of challenges faced by public sector nurses during COVID epidemic (percentage)

Challenges faced during COVID situation	Govt Medical College	Municipal Hospital	RH/SDH/DH	SC/PHC
Overwork	71.4	81.1	85.4	92.4
No leaves	80.0	64.9	65.9	59.1
Alternate days work/ Compulsory leaves	0.0	0.0	7.3	4.5
Double Shift Duty	5.7	16.2	29.3	18.2
Extended duty hours	27.1	16.2	61.0	44.7
No adequate safety measures	62.9	59.5	56.1	55.3
Pressure from management	5.7	21.6	41.5	23.5
Salary Deductions	4.3	16.2	26.8	25.8

Table 3 Nurses' position wise analysis of challenges faced by total nurses during COVID epidemic (percentage)

Challenges faced during COVID situation in Private Sector	Junior Nurse	Middle Level Nurse	Senior, head Nurse, superintendent
Overwork	72.2	79.1	85.0
No leaves	65.8	70.3	95.0
Alternate days work/ Compulsory leaves	2.5	3.3	6.7
Double Shift Duty	17.7	13.2	35.0
Extended duty hours	36.7	31.9	61.7
No adequate safety measures	50.6	65.9	80.0
Pressure from management	24.1	19.8	33.3
Salary Deductions	17.7	17.6	60.0

Table 4 Hospital location wise analysis of challenges faced by public sector nurses during COVID epidemic (percentage)

Challenges faced during COVID situation	Rural	Urban
Overwork	90.8	54.6
No leaves	60.7	74.1
Alternate day work/ Compulsory leaves	5.2	0.0
Double Shift Duty	20.8	10.2
Extended duty hours	48.6	23.1
No adequate safety measures	55.5	62.0
Pressure from management	27.7	12.0
Salary Deductions	26.0	8.3

Table 5 Hospital location wise analysis of situation of epidemic specific provisions and facilities (percentage)

Facilities	Rural	Urban
COVID Allowance	1.2	19.1
Testing facility	80.3	78.4
Quarantine facility		
Hospital provide isolation ward facility	79.8	66.5
Hospital ask nurses to quarantine themselves	70.5	63.9
Treatment facility	61.3	79.4

Table 6 Public sector facility wise analysis of situation of epidemic specific provisions and facilities (percentage)

Facilities in Public sector	Govt Medical College	Municipal Hospital	RH/SDH/ DH	SC/PHC
Provision of COVID Allowance	7.1	37.8	0.0	1.5
Testing facility	100.0	89.2	78.0	81.1
Quarantine facility				
Hospital provide isolation ward facility	90.0	64.9	92.7	75.8
Hospital ask nurses to quarantine themselves	81.4	62.2	65.9	72.0
Treatment facility	97.1	83.8	78.0	56.1

Table 7 Nature of employment wise analysis of situation of epidemic specific provisions and facilities (percentage)

Facilities	Contractual	Permanent
Provision of COVID Allowance	6.4	13.3
Testing facility	73.8	82.7
Quarantine facility		
Hospital provide isolation ward facility to the nurses who are COVID positive	74.5	71.7
Hospital ask nurses to quarantine themselves, who shows related symptoms	72.3	63.7
Hospital provide treatment to the nurses who are COVID positive	68.1	72.6

Table 8 Position of Nurses wise analysis of situation of epidemic specific provisions and facilities (percentage)

Facilities	Junior Nurse	Middle Level Nurse	Senior, head Nurse, superintendent
Provision of COVID Allowance	10.4	12.0	11.7
Testing facility	81.1	79.6	75.0
Quarantine facility			
Hospital provide isolation ward facility	73.6	70.4	69.2
Hospital ask nurses to quarantine themselves	62.3	70.4	62.5
Treatment facility	16.0	4.6	10.8

References

[i] Joshi S. Coronavirus disease2019 pandemic: Nursing challenge faced. Cancer Res Stat Treat 2020;3, Suppl S1:136-7

[ii] World Health Organisation (2020) https://www.who.int/campaigns

[iii] Savithri Devi, Srinidhi Datar, Subha Sri B (2020) Availability of PPE during the COVID-19 pandemic Report of an online survey among health care workers in India

[iv] The Hindu April 2020, How many doctors and nurses have tested positive for coronavirus in India? Vignesh Radhakrishnan V, Sumant Sen S and Singaravelu N. Accessed on 6thOctober 2020 https://www.thehindu.com/data/how-many-doctors-and-nurses-have-tested-positive-for-coronavirus-in-india/article31410464.ece

[v] NDTV Coronavirus, June 2020, Shukla S. 19 Doctors, 38 Nurses Among 480 Infected with Coronavirus In AIIMS. Accessed on 6th October. https://www.ndtv.com/delhi-news/coronavirus-19-doctors-38-nurses-among-480-infected-in-aiims-2240563

[vi] The economic Times, March2020.economictimes.indiatimes.com/news/economy/policy/government-approves-insurance-scheme-for-health-workers-fighting-covid-19/articleshow/74875243.cms?from=mdr

[vii] The Indian express, July 2020, Pune: Nurses at Jehangir hospital go on strike https://indianexpress.com/article/cities/pune/pune-nurses-at-jehangir-hospital-go-on-strike-6524971/

[viii] New Delhi Nurses Protest as Cracks Show in Indian Healthcare, June 2020, Aniruddha Ghosalhttps://thediplomat.com/2020/06/new-delhi-nurses-protest-as-cracks-show-in-indian-healthcare/

[ix] Swati Rane. "Nursing Practice Work Environment in Public Hospitals: Essential Criteria for Safe and Quality Nursing Care." AARAHAT (2018): n. pag. Print.

[x] https://indianexpress.com/article/cities/mumbai/mumbai-nurses-demand-better-facilities-6438087/

[xi] https://scroll.in/pulse/958444/beyond-doctors-neglected-frontline-workers-need-coronavirus-safety-gear