**Who Cares For The Nurses?**

On reading news reports about attacks on nurses and doctors during the current pandemic, my thoughts flashed back to this particular nurse X from the civic hospital I had a chance opportunity to interview for my study. While describing the working conditions in the public hospital, she pointed out how heavy pressure of patients often necessitated floor beds and in turn led to arguments with patients and risk of violence. Narrating another incident, she told me how a male patient in the ward had suddenly attacked her with a surgical scissor from behind, without any provocation. Had it not been for the presence of the ward boy, who overpowered the patient in the nick of time, the attack could have been fatal. She further disclosed that she was asked to go on leave for a few days. Though shaken, she resumed work within a week’s time; no action was taken and work went on as if nothing had happened.

In the research study I had undertaken (1) to explore their socio-economic conditions in Mumbai, majority of the nurse respondents across healthcare institutions in the selected wards mentioned ‘recovery of critical patients’, ‘helping to reduce the suffering of patients’, ‘saving lives’ as situations that gave them immense satisfaction. Recounting an incident, a nurse pointed out that she was deeply touched when a critical patient on recovery remarked that she was like God to him. ‘Money is not everything’, she added, ‘the blessings of our patients keep us going, despite all difficulties’. Encouragement and appreciation by doctors and administrators added to the feel-good factor about their work, besides gratitude from family members and friends for their guidance in times of ill-health.

At the same time, the nurses highlighted several issues which prevented them from putting in their best efforts. Without exception, the biggest obstacle they faced was an acute shortage of staff, not only of nurses, but also Class IV employees, particularly in civic hospitals. Many posts remained vacant in these hospitals partly due to non-availability of qualified nurses from the reserved category but mainly due to inadequate funding for the public healthcare system. The private healthcare institutions had their unique reasons for this shortage: A high attrition rate especially among nurses from Kerala who quit on getting jobs abroad paralyzed the smooth functioning of the hospital, increasing the work pressure on the remaining staff. Private nursing home owners cited ‘better salaries offered by others’ as responsible for staff shortage. Indiscipline and absenteeism of ward boys, excessive interference of local Corporators in admissions and lack of security especially in civic hospitals often resulting in scuffles and assaults on nurses and doctors were other critical concerns highlighted by the nurses. In private nursing homes, inflated bills saw nurses bearing the brunt of the aggrieved public.

In terms of their work, nurses expressed unhappiness that there were hardly any opportunities for career progression; little respect and dignity of labour and that in spite of putting in many years of service, they had little scope for autonomous decision-making. Besides, given the occupational hazard of contracting infections, nurses did not have access to free medical treatment uniformly across public hospitals The work of the nurses could be summarized as ‘understaffed, overworked and underpaid’.

Fast forward to 2020. Not much has changed in the interim period. In fact, Covid-19 pandemic has overwhelmed the health workers with unprecedented hardships. Shortages of health workers has necessitated long working hours, resulting in fatigue and burnout. A recent news item reported that Maharashtra government reached out to Kerala for specialist doctors and ICU trained nurses to deal with the shortage (2).

In addition,shortage and poor quality of personal protective equipments (PPE) have increased the risk of being infected, adding to the stress to such an extent that nurses have attempted suicide in hospitals in North India (3). Many nurses and doctors reported having reused the ‘one-time use’ PPEs due to their limited supply (4) Further, health workers are susceptible to anxiety and stress about the safety of their family members and are increasingly facing social stigma and harassment.

Print media has also reported about 200 nurses from Kerala having quit their jobs at Mumbai hospitals and other nurses having abruptly stopped reporting for work. State authorities have cracked the whip and threatened disciplinary action against erring doctors and nurses to get them to report for work (6).

Such a threatening posture does gross injustice to the already battered health workers especially in the public health system, who continue to work against all odds, putting their own lives at stake. Threatening punitive measures when they are working round the clock in such vulnerable times will only demoralize them further and is more likely to exacerbate the problem than solve it. Recently, doctors have threatened to go on strike for non-payment of salaries for the last two- three months.

Such an emerging situation raises several ethical questions.

1. Can the state compel health workers to work, without first ensuring safe working conditions? While it is the foremost duty of doctors and nurses to care, effective delivery of healthcare services presupposes safety of health workers. The crisis would only aggravate if the lives of health workers were to be compromised.

2.Is the state justified in endangering the lives of health workers while absolving itself of the responsibility of protecting them, while they are at work?

3.To what extent can the right of the patient to get treatment be prioritised over the right of the health worker to safe working conditions in the interest of society?

4.Does the personal call ‘to serve the sick’ override all considerations including the safety of their own lives?

5.Is it ethical on the part of the doctors to give a call for a strike in such a crisis situation, overlooking their own right to be paid their dues on time?

6. Are the authorities justified in threatening them with action, in their frustration at not being able to handle the crisis, which is partly of their own making? Expenditure on public health system has never exceeded 2 percent of the GDP, with persistent demands to increase it falling on deaf ears over several decades. After years of protest by doctors and nurses, it took a pandemic to approve the Epidemic Diseases (Amendment) Ordinance, 2020,(7) which seeks to protect healthcare professionals from attacks, making them cognizable and non-bailable offences.

Historically, the nursing profession in India has been accorded a low social status in society due to prevailing religious and societal norms. With reproduction and nurture being biologically linked to women, nursing has been a gendered profession, with more 70 percent of health workers being women. It has been a profession subordinate to and controlled by masculine medicine. Though the status of nurses has improved to some extent over time, their services continue to be undervalued and unrecognized. A study estimated a shortfall of 2.4 million nurses in India. While international migration was part of the reason for this shortage, this migration was fuelled in the first place by unsatisfactory working conditions in the country. Further, reports indicating vacant seats in nursing colleges in South India are indicative of a decline in enrolment for such courses (8). This development is likely to accentuate the existing shortage of nurses in existing healthcare institutions, which may have to be closed down if these shortages persist. However, absence of comprehensive and reliable database on the nursing workforce in India poses a serious challenge towards generating a policy for improved health workforce planning.

Shortage and inequitable distribution of health workers has for long been a global problem. Developed countries have been trying to plug shortages in their economies with offers of better career opportunities, higher pay and an improved quality of life for nurses from developing countries. India is the second largest exporter of nurses after Philippines. It faces a double whammy with increasing shortage of health workers to meet its domestic demand for health services on the one hand and increasingly difficult working conditions which further push healthcare workers to seek early retirement or employment in other countries on the other.

The present outbreak is a wake-up call for governments across the world to recognize the vital role played bytheir health workers. This calls for urgent steps by governments to increase their investment in sustainable health infrastructure and train, support, protect and retain their health workers with better working conditions. By bringing lives and livelihoods to a complete standstill, the pandemic and the resultant lockdown have clearly brought out the inextricable link between health and development. As Amartya Sen pointed out, ‘good health and economic prosperity tend to support each other’. We can afford to neglect our health workers only at our own peril.

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