

Health workers' motivation to work in a COVID-19 designated hospital during COVID-19 pandemic

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Abstract

Introduction: COVID-19 has brought global challenges in the health and safety of people. It has created not only the economic and social disaster in global society but also pose the life of healthcare workers in danger. In such critical situation, health workers were the main fighters who stood against the spread of COVID-19 and were always involved in the care and treatment of COVID patients. The main objective of this study was to explore health workers' motivational factors to work in COVID designated hospital during COVID-19 pandemic.

Method: The study was conducted at Patan Hospital, Lalitpur. The study had collected the qualitative data from in-depth interview of doctors and nurses. Convenience sample method was used to collect the data. Total, 12 health workers (6 Doctors and 6 Nurses) were interviewed till thematic saturation. Collected information was transcribed and thematic analysis was done to analyze factors motivating health workers.

Result: *The study found three major factors that motivated the health workers: (i) Always remembering oneself as a Health worker (Doctor/Nurse), (ii) Commitment with the hospital and (iii) Own ethics that one has to serve.*

Conclusion: *Despite difficulties and fear, the health workers were internally motivated to serve during the pandemic. However, they think they should be provided with the declared facilities, incentives and motivation plan to further encourage them.*

Keywords: COVID-19, Health workers, Motivation, Nepal

Introduction

On 30th January 2020, an outbreak caused by a coronavirus was declared an international health emergency, the highest level of alert recognized by the World Health Organization.¹

Twenty-five hospitals in Nepal were classified as COVID-19 hub hospitals, but most were unprepared for the rise in COVID-19 infections due to shortage of resources, including ICUs, isolation wards and human resources.²

Millions of individuals were staying at home to avoid community transmission, while frontline healthcare workers (HCWs) were putting their lives at danger in the fight against COVID-19.³ The pandemic heightened the danger of occupational exposure to a new, quickly spreading illness that required redefining roles and responsibilities in a wide variety of professional situations.^{4,5} In such demanding condition, healthcare employees can feel stressed, undervalued, lose excitement for their jobs and become "burned out".⁶ Despite this, many of them performed their roles during the pandemic. Policy makers have employed various ways to enhance health workers' motivation and maximize productivity.⁷ In Nepal, there is a documented shortage of healthcare workers.⁸ Lesser number of workforces can overburden the existing workers and put a toll on them.

Thus, this study aims to understand factors that motivate or discourage staffs working under these circumstances and also to explore whether external motivators like salary, leave, insurance play a role in motivation which could be useful for resource constraint settings in identifying sustainable solutions.

Method

The study was based on the qualitative design.⁹ It was founded on the notion of cross-sectional design.¹⁰ Research carried out from 1st to 31st May 2020, during the 1st wave of the COVID-19 epidemic in Nepal. The research was carried out at Patan Hospital. The location was selected since this hospital is a Government of Nepal's COVID- dedicated facility. In close coordination with the Ministry of Health and Population of the Government of Nepal, it operates a fever clinic, isolation ward, COVID ward and COVID ICU for the treatment of patients with suspected or confirmed cases of COVID.

After doing a literature review, the questions for the interview schedule were developed and piloted for face validity using subjective assessment from the doctors.

The data was collected by using the convenience sample method to select the doctors and nurses working in the fever clinic, isolation ward, and COVID unit. There were total 12 health workers (six Doctors and six Nurses) participated in this study. Six nurses out of which two are posted in COVID ICU, one was posted in isolation ward and three nurses from fever clinic were interviewed. Among the doctors, two were from COVID emergency who look after fever clinic and four were from medicine department who look after isolation ward and COVID ICU were interviewed. The point of sample sufficiency was determined using thematic saturation. Using an interview schedule, each participant was subjected to a semi-structured face-to-face interview after taking informed consent.

Before starting of interview, researchers explained the study's objectives to each participant. Each participant signed an informed consent form. The interview was conducted in a separate room with just audio captured on two mobile phone devices so that data is not lost in case one mobile phone does not work. Data was stored with a code name and then it was transcribed and stored in password protected computer. The interviews were then translated from Nepali to English by Google Translate, and the correctness was reviewed by the study team. Each phase of the study was conducted in accordance with PAHS Institutional Review Committee's ethical guidelines.

The collected information was edited, and themes were developed with repeated reading of transcription manually. The themes were: motivational factors, and demotivational factors that encouraged/discourage doctors and nurses to work during COVID 19 pandemic. Thematic analysis was done to analyze the factors that motivate or demotivate health professionals.⁹

The study was based on the qualitative research design so it has followed the inductive approach which supported to generate the ideas about the motivational as well as demotivational factors of health workers.

The findings are presented in narrative form under the two major categories: motivational factors, and demotivational factors.

Result

The motivation factors that encouraged doctors and nurses to work during COVID 19 pandemic were:

1. **“I always remember that I am a Health worker (Doctor/Nurse)”**: All the doctors and nurses said that they always remembered their roles and responsibilities towards the patient as a Health worker. They said, *“The COVID patients come to the hospital with hope that the doctors and nurses will carefully treat them and they will be cured from diseases and finally they can go back happily to their families.”* The expectation of patients and their role as health workers to meet those expectations always encouraged them to serve the patients.
2. **Commitment with hospital**: All doctors and nurses have made commitment with the hospital that they will never leave the job if there is any health pandemic. They all agreed that there was need of health workers to provide 24 hours services to the COVID patients

in that situation and they should not move away. They thought their effort was not only for one hospital but it was for the global society.

3. **Own ethics that I have to serve the patient:** The doctors and nurses were conscious about their own ethics that they have to serve the patient in critical situation. Health workers are considered as living gods by the society. This social perception and expectations can be fulfilled only through regular dedication in their works no matter the circumstances.

The initial motivational factors which encouraged doctors and nurses to pursue medical sector were: interest to serve the patients, family background, family expectation, roles and contribution of doctors and nurse shown in television and film, social respect given to health workers. Besides that, one Nurse shared that there was relatively easy career development from nursing profession, and society also perceived positively towards the nurse.

On discussing the initial situation faced by the health workers in hospital when pandemic of COVID-19 was increasing, the health workers shared that initially, all were worried about the proper management of hospital and efficiency in treatment of COVID patients. There was also problem in working environment in hospital because of lack of safety gears to prevent from infection of COVID-19. There was no good support from nursing team, lack of PPE, counselling, no friendly environment, and health workers of COVID unit were discriminated by other health workers of non-COVID ward thinking that COVID unit health workers can transmit the disease to other health workers. Although Hospital management was trying to support with these gears, it was not sufficient enough as it was not available even in market.

The Doctors and Nurses shared that even in such critical situation, there was a good family support. Family members were worried yet they never asked or forced them to leave the job; they always suggested to serve the patients seriously and asked to take safety measures during the patient care.

Regarding their inner experience working at the time of COVID pandemic, the doctors and Nurses shared that there was a proud feeling when providing service to COVID patients. Even though everyone was at risk of getting the disease, the doctors and nurses were regularly involved in health services. They were living far from their own family; living in isolation but never left their service.

However, the respondents also said that there was some panic initially because they thought if they get infected by COVID then they might die. One Doctor shared his thinking by saying *“if I become infected then society and friends may ignore me and my own relatives will not be ready for any small support. My family will have no access in hospital to see and meet me.”* Similarly, one Nurse also added her experience that *“many times I have felt the discrimination from society and friends.”*

Researcher asked the health workers about the things which make them feel good about their health profession. In this question, health workers said that when the patient is cured and are back with their family, it gives them happiness and then they feel very good about their own profession. One nurse said, *“Sometime some patients have such painful stories. They share about their family, economic crisis for health check-up, suffering from health problem since*

long time back, lack of right information for treatment. After listening to their stories, we try to pacify them and provide treatment with care which brings happiness in their faces which makes me feel proud of my profession.”

Similarly, experience of working with COVID patients was shared by another health worker. He said that there was no fixed duration of hospital stay for a COVID 19 patient which itself was a source of stress to the patient and their families. He further said, *“Patients panic when they have to stay for a longtime in the wards. Sometimes, they directly see the other patient die from COVID in front of their bed. They hear the news of death of their own friends, relatives and neighbors which make them even more stressful and worried about their own fate. In such condition, we health workers very carefully counsel the patients and try to assure them that they will be cured very soon. When our efforts become successful, and the patients get better, I forget every pain of my life and feel happy being a doctor.”*

There were also demotivating factors for the doctors and nurses to work in the COVID unit. All health workers shared that they had not received any additional incentives from hospital for the high-risk work that they were doing, which was even promised by the government. Besides that, health workers shared that there was lack of good evaluation of their work from hospital management and more pressure from patients and their families for extra care, support and treatment with rude behavior towards the doctors and nurses. They also complained that there was no friendly behavior nor adequate support from their senior counterparts. Inadequacy of safety measures (mask, face shield, PPE etc.) available for the Doctors and Nurses to work in COVID ward was also one of the demotivating factors.

Health workers working in COVID unit were assured that they will be rotated and they will also be mobilized to another non-COVID ward. But these were not carried out which discouraged them to work in the COVID unit for a long time.

Some other factors of demotivation were:

1. **Family separation:** Due to COVID pandemic, Doctors and Nurses were separated from family because of the risk of transmission of COVID. They were deprived from the family gatherings, recreational works, and social functions.
2. **Increased workload:** COVID pandemic had increased the pressure of patient load in every hospital which increased the demand of health workers but due to their limited numbers, they had increased duty hours. Doctors and Nurses said that they had to do 12 hours regular duty in hospital which led to burnout.
3. **Lack of food and rest:** There was no fixed schedule for food and rest time for the doctors and nurses. Health workers shared that sometimes even two times meal was not possible during increased work load.
4. **Safety measures consuming more time:** Doctors and Nurses had to spend more time wearing safety gears like PPE, gloves, face shields, goggles, facemasks which made them difficulty to take fresh air and communicate with people freely.
5. **Hamper in other extra activities:** Many health workers shared that due to regular duty and increased work load, it hampered their career growth and opportunity. They had no time for further education, gaining any new knowledge, training and workshop; almost all

types of outer opportunities were stopped due to COVID. One Nurse said, “*Breakout of covid has fully disturb our daily life activities and future plan*”.

6. Effect on employees’ relationships: There was a weak relationship between health professionals working in COVID ward and other working in non-COVID wards.

In spite of all these difficulties, health workers committed that they would never leave their job in any pandemic situation faced by the country. They will be regularly available for the health services. They have learned many things during COVID pandemic to tackle with many critical health situations. This experience has made them confident to fight against future pandemic situations as well.

Discussion

During a pandemic, health care personnel are exposed to hazardous situations which can take a toll on their mental, physical and social wellbeing. They're more likely to experience anxiety and tension as a result of worrying about them or family being infected. Even in such scenarios, in this study, the main motivating factors for them to keep going were reminding themselves that they are healthcare workers and it is their duty to treat and care the patients, their commitment to the hospital and their own ethics and morality to do what is right. Ethics of healthcare workers during the pandemic was a major factor for motivation in another study in Indonesia as well.¹¹ A study of healthcare workers at a tertiary care hospital in India's north-central region finding revealed that recognition from management and supervisors for extra efforts, as well as the hospital's provision of adequate personal protective equipment, not being forced to work overtime, reduced working hours during outbreaks, family compensation in the case of the death at work, financial recognition of efforts, and disability benefits are major motivational factors among paramedical staff and doctors.¹² These were also the issues raised by the health care workers in this study when asked about the things that demotivated them to work. Our respondents feared about them or their family being infected and this fear along with discomfort caused by protective equipment were the main stressors for healthcare workers in China as well.¹³ This shows that the motivation and demotivation factors are similar regardless the region or hospital one works in.

Inadequate initial training in handling an epidemic situation can also lead to demotivation and frustration.¹⁴ The respondents in our study did not mention this because the institute had earlier conducted an epidemic drill at the hospital which had acquainted the staffs in handling such epidemic scenarios. This leads us to believe that hospitals and their management play a pivotal role not only during a pandemic but even before that in terms of planning and preparation.¹⁴ The motivation and care of hospital staffs should be of major importance and hospitals and government should realize that efficiency of healthcare delivery is always dependent upon how well trained, safe and motivated the staffs and doctors are. This is resonated in a study in Poland too where only 22% of the staffs in hospital were motivated to work during COVID.¹⁵

The methods used for coping and motivation during work amidst the pandemic can be religious as well but it was not a major factor in our study.¹⁶ Similarly, an online or live mental health counselling or services to the healthcare workers can also be

beneficial.¹⁷ Overall, having a positive attitude in time of adversary is the main protective factor from stress and helps in coping.¹⁸ In a study in Ethiopia, improving the skills of healthcare workers through training or workshop can also increase their confidence and motivation to work in overburden scenarios.¹⁹ The Nepal government had implemented this idea by training almost eleven thousand healthcare workers in COVID-19 critical care virtual training.²⁰ Before planning and implementing any program, it is important to recognize the level of stress in the healthcare workforce, like in a quantitative study conducted in Nepal, 46.9% of the participants were not distressed, 46.5% were mild to moderately distressed, and 6.7% were severely distressed during COVID.²¹ Hence it is important to target the professionals who are severely hit by the pandemic. Another study has highlighted some strategies which healthcare workers have used to curb stress and increase resilience. They are Mindfulness (paying attention to the present moment without judgment), gratitude (expressing gratitude for the good things in life), self-care (maintaining a healthy lifestyle using physical, psychological, and emotional tools) and social support (the sense of belonging that comes from being cared for and valued).²²

So, recognizing these motivating and demotivating factors, addressing them and providing coping mechanisms can mitigate the issue of burnout and frustration during the workload in pandemic.

Study limitations

The study has included only Doctors and Nurses working in Covid ward of Patan hospital so it will not represent the experience and opinion of health workers working in other hospitals. It has adopted the qualitative research design so it has not claimed the fact in number (quantity).

Conclusion

The study found three major factors that motivated the health workers to work in COVID designated hospital during COVID-19 pandemic, they were: remembering they are health workers, commitment with hospital and their own ethics that they have to serve the patients. Besides that, the study also explored the demotivation factors that were family separation, increased workload, lack of timely food and rest, prolonged time in safety gears, missing out on other extra activities, effect on employees' relationship, and no additional incentives.

In spite of all these difficulties, health workers said they were committed to the job regardless of any adverse situation faced by the hospital or patients. It indicates that Nepalese health workers are committed to serve the patient in any severe health condition in upcoming future also. So, the government and hospital management should also focus on providing mental health counselling services and coping strategies to protect the health workers from burnout as well as to increase their motivation.

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