

Staff Declaration: Health Exposure and Responsibility Concern During the Covid-19 Crisis

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Abstract- The Covid-19 epidemic has been spreading in China and all over the world. This circumstance has brought not only the threat of death from infection but also distressing psychological pressure to the community as well as healthcare staff. We sampled healthcare staff from one of the health premises in the capital city using purposive sampling. This study explored the uneasy circumstances affecting healthcare workers when being assigned to work during the Covid-19 disaster. The themes documented in the study are as follows: “Fearful of getting the disease”; “Terrified: I may spread the disease to my family and others”; and “Our job sacrifice that the public is required to know”. The study emphasizes the value of understanding the alarming impacts of the crisis which might present insightful information for society.

Indexed Terms- Healthcare Staff, Fearful, Spread, Exposure, Sacrifice

I. INTRODUCTION

A novel coronavirus known as Covid-19 is rapidly spreading across countries and regions, causing huge impacts on lives and communities. The World Health Organization (WHO) established that Covid-19 was the cause of a respiratory infection in a cluster of people in Wuhan City, China (Novel Coronavirus Information Center, 2020). At present, it has become clear that the Covid-19 infection is easily spread from person to person, as there has been a rapid growth in cases around the globe. All over the world we have to appreciate and respect doctors, paramedics, nurses, pharmacists, general workers and everyone in the healthcare services who put the nation first before self and risk their lives to control the pandemic for us. Unquestionably, many have expressed due credit to the frontline heroes in the healthcare service for making sure the exposed are screened, the infected are

treated and the susceptible are cared for. Infection among healthcare workers has been a problem during the Covid-19 outbreak. A study conducted by Lai et al., (2019) found that healthcare staff on duty during the Covid-19 crisis were diagnosed with psychological distress and fear of infection for themselves and their families too in China. Healthcare providers have experienced lingering fear of infection due to the transmittable nature of the virus, close contact with patients, and infection among colleagues. Protecting healthcare staff is an imperative component of public health measures in addressing Covid-19. In China approximately 3,400 healthcare workers were infected with Covid-19, with at least 13 dying from the disease (State Council Information Office of the People's Republic of China, 2020). The infection numbers of Malaysian healthcare workers have reached 325, together with three deaths (Syafiqah, 2020). For the Ministry of Health, keeping their employees safe is not an option. Health Ministries around the world have upgraded their advice for healthcare staff to tell them to wear more protective gear such as personal protective equipment (PPE). The rule applies to all healthcare workers who work in hospitals, in the community and to anyone who comes within 2 meters of suspected or confirmed cases. To this point, little is known about the distress issue and experience confronted by the healthcare workers on duty during the Covid-19 crisis. How and what do they feel while on duty? Do they feel under pressure in that circumstance? By taking notice on this issue, researchers insist to explore experience and concerning issues that bothering healthcare workers while serving the nations. Sharing experiences and feelings may also have several positive mental and physical health related outcomes. Sharing experiences with others will also give us the opportunity to celebrate accomplishments, address difficult decisions and allow the public to appreciate these actions more.

II. METHODOLOGY

Researchers conducted a qualitative study consisting of brief interviews with sufficient information to value and understand healthcare workers’ concerns during the Covid-19 crisis. Because of time being restricted during operational hours, to interview them properly was impracticable. Permission was received in advance from management.

i. Sampling and Recruitment

The researchers recruited healthcare workers in one of the public health premises in the capital city. The researchers preferred a purposive sample of healthcare workers among those were having experienced the outbreak of Covid-19 in the past 2 months (March and April 2020). The focal objective of this survey is to examine the common issues when assigned to work in a department related to Covid-19. Focusing on this specific issue will best facilitate researchers to answer their research problem. Inclusion criteria were designed to ensure that all healthcare workers could share their experiences and burdens at work. Therefore, most participants that took part in the study were from two different professions in departments involved with Covid-19.

ii. Data Collection

Researchers conducted semi-structured interviews in Malay on the first week of May 2020. The interview guides were developed in English, then translated into Malay, then back translated. The researchers then transcribed interviews word by word. The interviews conducted in Malay were translated into English after transcription.

iii. Analysis

The evaluation of the data includes Thematic Analysis (TA). In this study, TA is used to identify patterns of meaning across data that provide an answer to the research question being addressed (Braun & Clarke, 2019). This method may possibly help in identifying, analyzing and reporting summaries within data. To begin with, the researchers reviewed the six interview transcriptions to classify items that pointed to the existence of probable themes. This involved a case by case analysis, trailed by a cross-case analysis of shared themes. In this study, the purpose was to explore the difficult issues in natural patterns through current

situation among healthcare workers on duty during the Covid-19 crisis. The rationale of this analysis was to present an apparent explanation of the relevant issues and themes which capture the views and experiences involved among healthcare staff. The analysis uncovered a variation of information centred on the objectives of the study. The themes that appeared during the analysis of each participant’s transcriptions were compared to interpret what were felt to be the most significant experiences for them during the Covid-19 crisis. For this analysis, first of all, the researchers looked for items within the interview transcriptions that pointed to the existence of probable themes. The promising themes were ordered in initial lists, which were later put into consistent clusters.

III. RESULTS

i. Demographic Characteristics

There were six female participants in this study. Ages ranged from 27 to 48 years old. Four were Malays and two were Indian. The socio-demographic characteristics are shown in Table 1. Four of the participants were married, one was divorced, and one was single. The majority were in nursing (n=4), followed by general workers and cleaners (n=2). Most have been working in the department over 4 years. Researchers evaluated the interviews by assigning codes to meaning units, surfacing information, and views spoken in conversation. For applied TA, codes were grouped into subthemes and themes. The promising themes were ordered in initial lists, which were later put into consistent clusters. Example quotes for each theme are presented in Table 2.

Table 1: Demographic characteristics of participants

Demographic	Frequency	Percentage %
Gender		
Female	6	100.0
Ethnics		
Malay	4	66.7
Indian	2	33.3
Age		
27 – 48	6	100.0

Marital status			Professions		
Married	4	66.7	Nursing	4	66.7
Single/Widow/Divorcee	2	33.3	General worker/cleaner	2	33.3

Table 2: Transcriptions and themes from the interview.

Main themes	Sub-themes	Interview transcriptions
Fearful of getting the disease	-Super worry -High chances -Nervous -No vaccine -Get infected -Uneasiness -Hard to express -Stress -Keep thinking	-“If you ask me personally, of course I am very or super worry about the disease Covid-19. I am working in the related department and high chances for me to get it anyway. But what can I do, that is my task as a well-trained nurse.” -“Yes, I feel nervous about Covid-19. No vaccine for time being and everyone around the world working for it. So the best part is follow work procedure, because you may reduce probability to get infected.” -“You will sense the uneasiness, its’ not normal. Changing the bed linen, do most of the cleaning part for the Covid-19 patients, its’ very hard for me to express.” -“I feel a bit stress and keep thinking about it. I may transfer the Covid-19 to my family. My work at the hospital.”
Terrified: I may spread the disease to my family and others	-Spread -Infected	-“It’s a frightening time. We’re in the midst of a worldwide pandemic. The more I concern as frontliners. I may spread the virus to the rest of my family and neighbor as well.” -“Many people death all over the world. The more worry for me if I get infected without symptom and spread to the others especially coworkers and family too. So I will fresh up myself before I go home. I will not go the shop as previous of my routine before this pandemic to buy anything before going home. We have to be health conscious. We do not know health status others.” -“We learnt how to dress in PPE properly. For me I will do it carefully. Definite I am anxious about the virus. If we do not follow the health guideline in doing our job, very big chances of us to get it and may spread it to others specially our children and elderly parents at home.”
Our job sacrifice that public require to know	-Too warm -Learnt new thing -Several pieces -Stress -Trouble -Itchy -Work slow -Organize our need I	-You see my skin but only several part I felt so itchy after dress in PPE about 8 to 9 hours.” -“General work, its difficult to wear glove. It make our work slow. Steaty hand another issue fo me haha.” -Please get ready with the natures call. Organize our need properly. I mean food as well. Try and avoid to pee and the major one after dress in PPE. -“I have to wear this suit several pieces gloves, apron, face shield, etc... you know.....plus my own attire. Please imagine I have to wear this for the whole day and sometimes I have to work more hours. At the beginning I feel so stress but now its ok”

		<p>-“Can you imagine dress in PPE its’ hard for you to answer any call. Gloves, mask, head and face equipment will trouble you to receive or making emergency call.”</p> <p>-“Wearing PPE feeling like abnormal at the beginning, but now its normal hahahh but its too warm.”</p> <p>-“New terminology, but I learnt a new thing. Donning and doffing. As general workers we have to obey even it is hard to work like an astronaut.””</p>
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The analysis of transcripts from the interviews revealed three main themes:

- a) Fearful of getting the disease
- b) Terrified: I may spread the disease to my family and others
- c) Our job sacrifices that the public should know

a. Fearful of getting the disease

Each and every one of the participants professed that to be assigned in the departments related with Covid-19, has created a great number of dilemmas in their head. They have given consistent answers to the questions. All of them have pointed out that working in the department related with Covid-19 might lead to a high probability for them to get infected. Some of their friends have been infected and under quarantine after being exposed to the novel coronavirus by a patient who was treated there. So far, 325 healthcare workers have tested positive for the virus, with three deaths and dozens more in isolation (Syafiqah, 2020). The four nurses brought up the vaccine issue several times. They keep mentioning that the worry in their head was about getting infected. The main reason was that no vaccine is available. So, as well-trained medical staff, they were continuing to bear in their mind concern about getting infected because of work exposure. The nurses added that with dealing and meeting too many people, especially when they are taking a swab sample, the chance of getting the disease is considered high. Health status among the clients is unknown. The general workers felt the same way as nurses. When come to their routine to be appointed related with Covid-19, they undergo nervousness, especially whenever they walk around to take the swab sample tests and bring them to the laboratory. Another issue is housekeeping for the Covid-19 isolation ward. They must perform basic duties such as bed making, cleaning empty trash cans, taking out garbage and replacing supplies such

as towels and dishes for patients. For both general workers, those routine might disclose of getting the illness if they did not careful completed the task. The nurses also meet many sorts of potential Covid-19 patients due to dealing with the general public. Some of the public has not revealed their history of contacted with Covid-19 patients or have travelled out of country before they appear in the hospital to get the test. For healthcare staff, the uncertainty surrounding the coronavirus is the hardest thing to handle. They do not know how exactly they will be impacted or how bad things might get. But all of them managed to control their anxiety and fears while serving their country. The following transcriptions from the healthcare workers show that they have been experiencing the same problems regarding uneasiness towards getting the disease.

- “If you ask me personally, of course I am very or super worry about the disease Covid-19. I am working in the related department and high chances for me to get it anyway. But what can I do, that is my task as a well-trained nurse.”
- “Yes, I feel nervous about Covid-19. No vaccine for time being and everyone around the world working for it. So, the best part is follow work procedure, because you may reduce probability to get infected.”
- “You will sense the uneasiness, it’s not normal. Changing the bed linen, do most of the cleaning part for the Covid-19 patients, it’s very hard for me to express.”

b. Terrified: I may spread the disease to my family and others

All participants agreed saying that they felt petrified about spreading Covid-19 to others especially any family members such as spouse, children and parents.

As frontliners during the disease outbreak, they are more exposed to the virus. Both nurses and general workers shared the same feelings towards Covid-19. All participants mentioned that before went off duty and go home, they freshen up at the office. They also declared that, there is a fearful sentiment to pass over disease to their co-workers, neighbors and the general public. One of the nurses said that a new routine for her is going home straight after freshening up at the office, without stopping at public premises as usual to get some stuff before going home. She added that it is more secure not to pop in the shops because she carries suspicions about the current situation in the society. To avoid getting the disease, all of them have obeyed rules and regulations about wearing PPE such as masks, gloves, and gowns while on duty. Relevant excerpts from the interviews are as follows:

- “It’s a frightening time. We’re in the midst of a worldwide pandemic. The more I concern as frontliners. I may spread the virus to the rest of my family and neighbor as well.”
 - “Many people death all over the world. The more worry for me if I get infected without symptom and spread to the others especially coworkers and family too. So, I will fresh up myself before I go home. I will not go the shop as previous of my routine before this pandemic to buy anything before going home. We have to be health conscious. We do not know health status others.”
 - “We learnt how to dress in PPE properly. For me I will do it carefully. Definite I am anxious about the virus. If we do not follow the health guideline in doing our job, very big chances of us to get it and may spread it to others specially our children and elderly parents at home.”
- c. Our job sacrifices that the public should know about

The common feedback given by all the participants that the researchers want to share is their sacrifices during Covid-19 that the public ought to recognize and understand. The responsibility of risking their life while on duty need to be understood. Several work difficulties are encountered as the participants have experienced a significant amount of discomfort when they must dress in PPE while working in the department. For them, this situation was considered

abnormal at the beginning of the Covid-19 disaster. A majority of them feel pressure when dressed in PPE because it is not a common practice. It is compulsory for all of them to wear several pieces of equipment. Most of them reported feeling uneasy, especially when they have to treat patients and do numerous tasks while maintaining physical sensitivity through gloves. The guidelines are also applicable to general workers working in healthcare premises, who need to put on surgical masks, gloves, eye protection, and closed shoes, as well as long-sleeved aprons/gowns, as they too may be exposed to the virus when dealing with unclean linen and surfaces touched by Covid-19 patients. All of the staff working in the Covid-19 department must know the PPE procedures, guidelines and terminology such as *donning* and *doffing* during this crisis. These excerpts from the interviews illustrate this theme:

- “Wearing PPE feeling like abnormal at the beginning, but now it’s normal hahahh but it’s too warm.”
- “New terminology, but I learnt a new thing. Donning and doffing. As general workers we have to obey even it is hard to work like an astronaut.”

Difficulties in verbal communications and interactions with patients and family members are encountered by them while in a PPE suit. With the challenge of a mask and face shield, interactions with the patients have to repeated. When the family members of Covid-19 patients call on the telephone, they have to answer, but in an awkward situation due to the suit. In this study, all of them agreed that wearing PPE for 8 hours makes them exhausted due to the heat and humidity. All of them said again, they were required to preserve PPE clothing by reducing the number of times they wear it, since PPE is in short supply, resulting in fatigue and discomfort. The following quotes from the participants show that they all had the same problems:

- “I have to wear this suit several pieces gloves, apron, face shield, etc... you know.....plus my own attire. Please imagine I have to wear this for the whole day and sometimes I have to work more hours. At the beginning I feel so stress but now its ok”

- “Can you imagine dress in PPE its’ hard for you to answer any call. Gloves, mask, head and face equipment will trouble you to receive or making emergency call.”

The nurses do not have any huge problem wearing PPE for a longer period besides itchinness. However, one of them has sensitive skin. She said that red marks and bruises on her face can be detected after wearing PPE during long shifts. The general workers have confronted a different problem. For them, gloves are the vital issue when performing their tasks during. Sometimes they develop skin irritation and sweaty hands when wearing gloves but immediately remove them, wash their hands, and consider alternatives.

- “You see my skin but only several part I felt so itchy after dress in PPE about 8 to 9 hours.”
- “General work, its’ difficult to wear glove. It makes our work slow. Sweaty hand another issue for me haha.”

All of them have described urinary urgency and dehydration when PPE is compulsory. A majority of nurses revealed that they have to prevent drinking while working. The general workers added that less drinking is better to stop them from the toilet. The general workers added that they perform activities such as eating, drinking and toilet visits prior to putting on PPE. All of them reported training their stomach and avoiding toilet break as long as they could. This situation is very demanding. But after certain period of time handling Covid-19 with PPE, most of them became accustomed to the situation and required fewer toilet breaks. We might say that they have high resilience in terms of work commitment. Illustrative responses that were transliterated under this theme are as follows:

- “I have to do all the business with the toilet before I get into PPE. Or else, I will be in trouble.”
- “Please get ready with the natures call. Organize our need properly. I mean food as well. Try and avoid to pee and the major one after dress in PPE.

“Its a new thing and avoid the toilet especially when we are older than the rest of the staff. But, we manage

to learn and organize ourself stay away from the toilet.”

IV. DISCUSSION

This study has offered a number of Malaysian specifically healthcare workers the opportunity to share their personal life experiences and common issues bothering them while on duty during the Covid-19 crisis. Healthcare workers’ metaphors of their lived experiences of battling Covid-19 included a sense of responsibility to alleviate patients’ suffering and a need to make concerted efforts to shield our country from the virus. Covid-19 has had a serious impact on the general public’s mental health and their day to day lives as well. Healthcare workers are particularly affected, as they are human too and they experience the same Covid-19 related fear and anxiety as anyone else. In this study major concern that is a factor of stressors among healthcare workers is fears of contracting Covid-19 and passing the infection to others such as family members, work colleagues and general public. Several articles have discussed these issues, including Lai et al., (2019) and Lewin (2020). Lewin (2020) mentioned that different backgrounds and professions have been infected either from patients or in the hospital. Wingfield and Taegtmeier (2020) declared that healthcare workers have the concern that they can be a transmission agent to others, which has contributed to distress among them in Liverpool. They also mentioned the same situation in China among healthcare staff. As human beings, we express thanks to the healthcare workers for their noble contributions and sacrifices. A number of healthcare workers may unfortunately experience avoidance by their family or community owing to stigma or fear. Some of the staff even suffer insomnia related to guilt. This can make an already demanding situation far more difficult, especially in terms of concentration during working hours. Luckily, this situation was not mentioned by participants in this study. In this study, healthcare workers have expressed their contributions, sacrifices, priceless dedication, commitment and unwavering efforts towards managing Covid-19. They have shared their experience dressing in PPE with less major effects in terms of dizziness, thirst and hunger, difficulty concentrating, restricted respiration, toilet break mobility or other problems. The physical and mental

resilience among the healthcare workers while serving the nation must be valued and appreciated.

CONCLUSION

This study makes available space for several Malaysian healthcare workers a chance to disclose their feelings and concerns which they have confronted during the Covid-19 crisis and would like to convey to the public. The capability of healthcare workers to work in a difficult situation and provide the best care to community and patients is obviously worthy of respect. Resistance conveys expertise in adapting to changes in the work environment during the crisis.

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