

Doing Good but Treated Bad– The Case of Healthcare Workers Serving Coronavirus Patients and their Families in Jordan

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Abstract

There were 16 face-to-face interviews with healthcare workers from several hospitals and medical centers in Jordan in which COVID-19 treatment was provided during the pandemic. Given that recalling these traumatic experiences might be traumatic for some HCWs, all interviews were conducted by experienced health social workers. The interviews were conducted in Arabic, and the interview transcripts were subsequently translated to English to facilitate reporting. The information obtained through interviews was subjected to thematic analysis, which consisted of six phases: familiarization, coding, searching for themes, reviewing themes, defining and naming themes, and writing up (Braun & Clarke, 2006). The 16 HCWs that took part in the interviews were predominantly female ($n = 10$, 62.5%), worked as nurses ($n = 10$, 62.5%), and were single ($n = 7$, 43.8%),

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Abstract This qualitative study sheds light on the effects that negative attitudes of friends and relatives, as well as COVID-19 patients and their families, have on the wellbeing of healthcare workers (HCWs). Analysis of their own accounts shared in individual interviews reveals three overarching themes, indicating that their relationships with their relatives and coworkers prior to the pandemic, as well as the workplace resources, influence the degree to which HCWs are adversely affected by the mistreatment they experience during the pandemic. These results can be used by healthcare institutions as well as policymakers when designing the protocols that will better support HCWs to ensure that they provide the best care for their patients without jeopardizing their own wellbeing.

Keywords: Case Study, Ethnonursing, Qualitative Evaluation, Narrative Research, Grounded theory

Introduction

Given the unprecedented effect COVID-19 has had on every aspect of society, it is not surprising that, since its emergence in 2019, it has attracted considerable research. However, most of these studies have focused on its impact on patients, the healthcare sector, the economy, workplace arrangements, etc., while limited attention has been dedicated to the wellbeing of healthcare workers (HCWs). Given that HCWs worked under extreme pressure under great uncertainty, and have undoubtedly saved countless lives due to their selflessness and dedication, it is essential to examine the effect this has had on their health and wellbeing. In particular, it is important to investigate the impact of attitudes of their friends and relatives, as well as those of their patients and their families. This qualitative study contributes to this currently insufficiently researched field by focusing on HCWs in Jordan and exploring the role of three factors in the impact of working during COVID-19 on their mental health, namely: (a) their relationship with their friends and relatives, (b) their relationships with their colleagues, and (c) their assessment of workplace resources. The required information was gathered via individual interviews with 16 HCWs, allowing them to openly share

their experiences, which were thematically analyzed to offer some recommendations for the healthcare sector and policy makers.

Literature Review

Given the extensive research that has been conducted since the emergence of the SARS-CoV-2 virus in Wuhan, China, in 2019, in the sections that follow, focus is restricted to studies that directly relate to the present investigation. Thus, extant literature on violence against healthcare workers before and during the pandemic is examined, along with their stigmatization during the pandemic due to the fear of infection and the initial uncertainty surrounding this unknown virus.

Violence against Healthcare Workers before COVID-19

Pandemic

Workplace violence is, unfortunately, a prevalent phenomenon and involves any action that would inflict physical or psychological harm on an employee, sometimes leading to death (Smith-Pittman & Mckoy, 2007). This issue is widely recognized, and can occur in any work setting, but disproportionately affects health workers, as they interact not only with their colleagues but also with patients and their families. Indeed, according to the recent report issued by the WHO (2022), up to 38% of health workers will experience workplace violence in their careers depending on their country of origin. Similar findings are reported by other authors, who note that verbal and physical abuse tends to escalate during crises (Dai et al., 2020).

As the present study was conducted in Jordan, it is particularly noteworthy that, according to a recent survey conducted by Alhamad et al. (2021), 63.1% of the participating doctors stated that they had been exposed to violence during their career. Similarly, El-Gilany (2010), who surveyed 1091 HCWs in Saudi Arabia, noted that 28% of their respondents had been exposed to violence at least once a year. The authors also found that patients' unmet needs, overcrowding, and lack of penalty for the perpetrators were the key contributing factors for the perpetuation of this unacceptable workplace behavior. Thus, it is not surprising that victims of workplace violence reported lower job satisfaction and greater anger, which in some cases resulted in resignation. Still, this percentage pales in comparison to 80.4% reported by Kitaneh and Hamdan (2012), who noted that 20.8% of the surveyed Palestinian HCWs were exposed to physical violence in the previous 12 months, while in the remaining 59.6% cases the mistreatment was non-physical.

These authors also found that exposure to workplace violence varies by gender, age, years of employment, and education level. Specifically, according to their analyses, male HCWs are at a significantly higher risk of physical violence than women. The risk is also greater for those with less experience and education, which is to be expected as they are usually in inferior positions at workplace and may choose not to report these incidents due to fear of repercussions. These findings also concur with the observations made by the WHO (2022), indicating that nurses and other health workers directly involved in patient care, emergency room staff, and paramedics are most likely to experience workplace violence. Ghareeb et al. (2021), who conducted a cross-sectional study involving 170 doctors and 212 nurses working in a public hospital in Al-Karak, Jordan, reached similar conclusions, confirming that HCWs have been exposed to workplace violence long before the COVID-19 pandemic, but had limited opportunities for reporting these incidents, which were rarely addressed through punitive actions targeting the perpetrators.

Violence against Healthcare Workers during the COVID-19 Pandemic

Once COVID-19 pandemic was declared by the WHO, lockdowns and other measures were adopted by most governments to safeguard population from the rapidly spreading infection, while also attempting to ensure safe and effective functioning of the national healthcare systems. In those initial phases, HCWs were revered as heroes in many parts of the world, as they met tremendous challenges with little regard for their own safety and wellbeing. However, as resources became increasingly strained while patient numbers reached unprecedented levels, HCWs started to experience workplace violence at much greater rates than before. For example, based on their study conducted in Pakistan, Bhatti et al. (2021) noted that the surge in violence against HCWs was primarily due to conspiracy theories, hospitals' inability to accommodate all

COVID-19 patients due to lack of space, and COVID-19 related deaths that were ascribed to inadequate care. Therefore, the primary perpetrators in this case were the relatives of COVID-19 patients. Although Bhatti et al. (2021) concurred with these assertions, they also noted that such behaviors were not unique to COVID-19, as similar increases in aggression were noted during Ebola and SARS outbreaks and were ascribed to the same factors (Bai et al., 2004; Nguyen, 2019). Of particular relevance for the present study are the results obtained by Ghareeb et al. (2021), indicating that 65.5% of participants had been physically attacked by patients' relatives. The authors attributed this alarming phenomenon to high patient expectations, long waiting times, and intense workload, all of which increased during COVID-19 pandemic, resulting in greater number of violent incidents.

Stigmatizing Healthcare Workers during the COVID-19 Pandemic

When the pandemic was initially declared, most countries lacked adequate protocols and resources, personal protective equipment (PPE) in particular. Yet, HCWs were called to the frontlines and were expected to work under such difficult circumstances without any consideration for their wellbeing. As a result, some experienced maltreatment and rejection by their own relatives and friends, who felt that by putting their patients' needs first, they were placing their loved ones at risk (Alajmi, A. F., Al-Olimat, H. S., Abu Ghaboush, R., & Al Buniaian, N. A., 2022). Consequently, some chose to live temporarily on different premises if possible, while those that could not were ostracized by their families and communities (Taylor et al., 2020). These assertions are confirmed by the survey involving 509 Egyptian physicians conducted by Mostafa et al. (2020), indicating that around 30% of the respondents have experienced COVID-19-related stigma. In line with the factors that predisposed HCWs to workplace violence before the pandemic, during COVID-19, those that are younger and less educated and have less experience were more likely to experience COVID-19-related stigma and discrimination from their communities.

Material and Methods

As the aim of the present study was to examine workplace and community violence from the HCWs' perspective, an interview guide was developed allowing all participants to share their views on these topics in their own words. They first provided basic sociodemographic information, after which they delved into their perceptions of the role that the attitudes of their friends and relatives, their colleagues, and patients and their families had on their wellbeing during COVID-19 pandemic.

For this purpose, we conducted 16 face-to-face interviews with healthcare workers from several hospitals and medical centers in Jordan in which COVID-19 treatment was provided during the pandemic. Given that recalling these traumatic experiences might be traumatic for some HCWs, all interviews were conducted by experienced health social workers. The interviews were conducted in the Arabic language and the interview transcripts were subsequently translated to English to facilitate reporting. The information obtained through interviews was subjected to thematic analysis, which consisted of six phases, namely familiarization, coding, searching for themes, reviewing themes, defining and naming themes, and writing up (Braun & Clarke, 2006).

Sample Characteristics

The 16 HCWs that took part in the interviews were predominantly female ($n = 10$, 62.5%), worked as nurses ($n = 10$, 62.5%), and were single ($n = 7$, 43.8%), as shown in Table 1.

Table 1. Demographic Information

Variables	Frequency	Percentage
Gender Male Female	6 10	37.5 62.5
Marital Status Single Married Divorced No response	7 6 2 1	43.8 37.5 12.5 06.3
Occupation Nurse Physician Other	10 3 3	62.5 18.8 18.8

Findings

Themes and Subthemes

Thematic analysis of the interview transcripts revealed several common themes in participants' narratives, which are summarized in Table 2 as well as discussed in more detail in the sections that follow.

Table 2. Themes and Subthemes that Emerged from the Interviews with Jordanian Healthcare Workers

Themes	Subthemes
Challenges related to family and friends	1. Fears related to passing the virus to loved ones 2. Perceived support from family and friends
Challenges encountered in the workplace	1. Insufficient knowledge about COVID-19 2. Inadequate logistics and resources 3. Increased workload and strained workplace relationships
Challenges related to caring for COVID-19 patients and dealing with their families	1. Working with extra precautionary measures 2. Increased empathy and satisfaction when serving COVID-19 patients

Challenges Faced by HCWs Related to their Family and Friends

The HCWs that took part in this study reported several challenges that arose during the COVID-19 pandemic due to the treatment they received from their loved ones. As most of the participants were frontline workers who had direct contact with COVID-19 patients, despite taking extra precautionary measures to avoid contracting and spreading the infection, many felt stigmatized by their family and friends, as reflected in the following subthemes: (a) fears related to passing the virus to loved ones and (b) perceived support from family and friends. These findings concur with those reported by other authors Alajmi, A. F., Al-Olimat, H. S., Abu Ghaboush, R., & Al Buniaian, N. A, (2022) and are expected, given that COVID-19 was the first global pandemic in a living memory and very little was initially known about this virus. However, the psychological stress HCWs experienced is rarely recognized, even though they had to battle on a daily basis with the guilt related to the possibility of infecting their loved ones while working in extreme conditions. One of the HCWs that took part in this study, a pulmonologist, described these feelings as follows: "My wife suffers from Pulmonary Fibrosis, and I have exaggerated fear of contracting the COVID-19 disease due to the nature of the patients I treat, and I feel guilty when thinking about the possibility of giving her the virus."

Our analyses further revealed that this fear obliged many of the participants to reduce contact with their loved ones, which further exacerbated their guilt, as they were largely absent from home, affecting those that are married and have children particularly hard. As a result, HCWs felt that their mental health and wellbeing was compromised, as they were isolated despite remaining in regular contact with their loved ones via phone and social media. For those who had young children, avoiding contact with them was challenging, as it was not only emotionally overwhelming but was also difficult to explain to the children why such measures were necessary. This is aptly described by one COVID-19 screening worker, who shared: "Because I had to keep the physical distancing, I have not hugged my son for a month now."

A divorced nurse that is solely responsible for the care of her children similarly noted:

What stuck in my mind the most was that, when I got sick, I was not able to tell anyone that I contracted COVID. I was worried about my children when I got sick, and was agitated by the fear that I saw in their eyes, as I felt that I was important to them because I am divorced. I used to hear them talking to each other, wondering where they would go if something happened to me, and they would cry . . .

A female admin member who is married and has a son shared: "I am afraid to say anything to my husband,

as I know that if something happens to our son, he will hold me responsible. . . . I am also afraid to visit my family because something might happen to my mother.”

Challenges Encountered in the Workplace during COVID-19 Pandemic

Participants identified several challenges in the workplace that they attributed directly to the COVID-19 pandemic and the resulting changes in their duties. However, they also indicated that these unusual circumstances made dealing with their colleagues and superiors more difficult, as they all worked long hours and were under tremendous pressure to meet their patients’ needs. Analysis of their accounts led to two subthemes—(a) insufficient knowledge of COVID-19 and inadequate logistics and resources, and (b) increased workload and strained workplace relationships.

Insufficient Knowledge of COVID-19 and Inadequate Logistics and Resources

Most of the study participants found that the discrepancies in the information they received about COVID-19 at the workplace contributed to their stress. Although this was initially expected, when little was known about the virus, they particularly struggled with the lack of clarity regarding measures that should be taken in the prevention of COVID-19 transmission. They also complained of insufficient staffing, and in particular lack of healthcare workers with adequate experience in dealing with infectious diseases, as they felt that this impeded their ability to perform their tasks efficiently. They also stated that some departments were not adequately prepared to receive COVID-19 patients. As a result, HCWs felt under tremendous emotional pressure, which increased their frustration and sense of helplessness. On this subject, one nurse stated:

I felt more pressured than harassed because of the general situation, as everyone suffers from anxiety, lack of staff and lack of adequate information, which pressures all healthcare workers, as sometimes there is a lack of motivation and frustration. . . . The fluctuating mood of the doctor fluctuates the number of daily cases and injuries.

Frankly, I am more afraid of the doctor than Corona.

Notably, only one participant complained about the PPE shortage, possibly because this was a prevalent issue on the global scale, so the other HCWs felt that it was not impacting their mental health and wellbeing specifically.

Increased Workload and Strained Workplace Relationships

Due to staffing shortages, during the interviews, HCWs that took part in this study frequently complained about increased workload and unequal division of labor among colleagues, which adversely affected the team dynamics. The participants attributed these issues to the failure of administration to allocate tasks appropriately, which led to tensions. Some HCWs addressed this issue but avoiding contact with their colleagues, thus further exacerbating an already high degree of isolation. The lack of peer support and discordant workplace climate was described by one of the participants as follows: “I noticed that . . . tensions between colleagues started to occur as the admin started giving some colleagues more work than the others.” The other noted: “Because of the stress at work and the division of labor, my relationship with my coworkers throughout the pandemic was strained, and after I acquired the virus, it was defined by fear despite my recovery.”

One participant stated that, when she contracted the virus, the administration at her health facility did not show any concern, but the Ministry of Health checked on her frequently.

As similar sentiments were shared by most participants, it is worth noting that one individual, who worked as a member of the screening team, actually experienced stronger relationships with his colleagues during the pandemic. He noted: “My relationship with my colleagues became stronger, as many of them approached me to do a PCR test and ensure that they are not infected with COVID-19.” However, it is evident from this account that these relationships were one-sided as this HCW provided the services other colleagues needed, rather than sharing their responsibilities, which likely contributed to the lack of tension.

Caring for COVID-19 Patients and Dealing with their Families

As HCWs are recognized as being most at risk from violence perpetrated by their patients or patients' families, this was one of the topics discussed during the interviews. While some of the participants emphasized the anxiety they felt and the extra precautions they took when dealing with COVID-19 patients, others acknowledged the extra empathy they felt toward the patients and their families.

Taking Extra Precautionary Measures when Working with Patients

Several participants stated that having to deal with highly contagious patients heightened their fears, due to which they took extra precautions to protect themselves from infection. This was particularly the case if they worked in screening teams, as they dealt with large numbers of patients and their families, many of whom refused to wear masks and take the necessary precautions. In some cases, they also feared for their safety, as patients would sometimes become angry and aggressive when asked to wear a mask. Tensions would also heighten when patients received positive PCR test results, as explained by one participant: "We have tense relationships with patients, especially when we tell them they tested positive and have COVID-19."

Even those that were not exposed to a large number of COVID-19 patients still feared infection and took all the necessary precautions, as explained by one participant: "I over-sanitize, I feel anxious whenever I talk to patients, and I spend the day thinking about the possibility of having dealt with a carrier of COVID-19 without knowing. I feel paranoid."

A pulmonologist, who also works in a private clinic, noted that this fear of infection has prompted him to screen his patients via phone to avoid exposure to the virus: "I ask many questions to patients over the phone to check if they have any COVID-19 symptoms. I refuse many cases now, and I ask many patients to go to the emergency department and not approach the clinic."

Increased Empathy and Satisfaction in Serving COVID-19 Patients

As majority of the study participants are frontline workers who have direct contact with COVID-19 patients, even though they feared for their own safety and felt that they were not sufficiently supported by their colleagues or administration, they felt deeply for their patients. Thus, they frequently discussed improvements in their morale when their patients got better, especially when patients' families treated them with kindness and gratitude. One participant explained:

I feel extra empathy towards COVID-19 patients. Although it is not easy for me to convey that empathy to them due to the protective gear that I wear, they feel it anyway. Some of the patients used to say a lot of kind things that touched my heart, . . . and would ask for me specifically to take care of them.

A physician similarly stated: "Patients for me are a red line. I have to provide them the optimal care. . . . I did not expect that a person in a blink of an eye can disappear and that life and health are important."

Several HCWs discussed their efforts to reassure their patients, as they were aware of the stigma related to COVID-19 infection. One nurse stated:

"Working with these patients was a beautiful thing. I made sure to make them feel comfortable and not like outcasts whom everyone fears. . . . I made a huge effort to make them feel that they are just like other patients and always provided them with psychological support."

However, as pointed out by one female admin worker, HCWs were also aware that their patients may perceive them as risk, as they are constantly exposed to COVID-19 virus and may pass it on to others.

Perceived Support from Family and Friends

Even though HCWs had to put their patients before anyone else during the pandemic, several participants found that their loved ones were supportive. However, majority expressed that they were treated unfairly by their friends and relatives, causing them to withdraw and suffer in silence. Being stigmatized was particularly

hard for HCWs that had children, as it meant that they had to entrust their care to other members of family. On this topic, one participant stated the following:

I live with my children in my mother's house. When I got sick with COVID-19, I would separate my dishes, spoons, and clothes from the items that belonged to other family members, but my mother would ask me not to do that because she believed that such measures would make me feel like an outcast. However, my brothers and sisters-in-law live with us in the same building. My sisters-in-law went to do a PCR test the day after I tested positive for Corona, and they cut off communication completely with me, even by phone.

The same participant stated that she was stigmatized by her brother when she contracted the virus:

The thing that has stayed with me for a long time after contracting the virus was, when I was called by my brother, he said that I was prohibited from telling anyone that I have COVID-19, as if contracting the virus is a social stigma. I fought with him, and . . . this created tension between us, and we have not talked to each other for a good period.

Other participants similarly expressed the sense of guilt that their families imparted on them for potentially exposing them to infection. Some were even directly threatened by repercussions and were pressured to quit their jobs, as explained by one female nurse:

I avoid contacting family members as I fear carrying the virus without knowing and infecting my family members with COVID-19. My parents prefer that I leave my job. They fear that I will get COVID-19. Sometimes they pressure me to leave my job, especially since my father and mother are elderly and suffer from chronic diseases.

Several participants also affirmed that they were blamed by their married siblings and other family members for not visiting them as regularly as they used to do before the upsurge of COVID-19 infections. One participant shared: "My family told me that I use COVID-19 as an excuse to avoid visiting them."

Discussion

At the start of the COVID-19 pandemic, HCWs were hailed as heroes, but this sentiment faded away once the healthcare systems across the world were put under tremendous strain and many individuals started to fear that if they contracted the virus they would not receive the necessary treatment. As a result, despite their tremendous dedication and sacrifice, HCWs started to experience mistreatment, stigmatization, exclusion, and violence at unprecedented rates. Violence against HCWs is not a new phenomenon, but as this study has shown, fear of the unknown and the lack of tolerance on behalf of friends and family, as well as work colleagues, meant that many frontline staff had to suffer in isolation. Therefore, greater effort is needed to protect these individuals from any form of antisocial behavior and to conduct additional research into factors that contribute to violence against healthcare workers, as this would lead to more targeted prevention measures. In addition, it would be beneficial to offer support to their family members, as the stigmatization HCWs experienced away from the workplace increased the risk of mental health issues, which in turn adversely impacted their ability to perform their duties.

Ethics Statement

Ethical approval for the present study was obtained from the University of Jordan IRB, Decision number 63 (2-10-2021), Session 1-2021, received in official letter number 19/2021/88, dated 2/19/2021. In addition, the nature of the study was explained to the healthcare workers, and only those who agreed and consented to the ethical requirements and informed consent participated in the study. They were also informed that their participation was voluntary, and that they could withdraw from the study at any time, while being assured that the anonymity and confidentiality of the data they provide will be protected.

Declaration of Conflicting Interests

The author declares no potential conflict of interest in the preparation and publishing of this article.

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