Review Article

Challenges Faced by Healthcare Professionals During the COVID-19 Pandemic: A Review Article

Abstract

Introduction: The WHO formally declared the novel coronavirus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) outbreak a pandemic on 11 March 2020 with the publication of public health guidelines to guide the pandemic response. Serious illness may need hospitalization and ventilatory support. The coronavirus disease 2019 (COVID-19) pandemic has caused increasing challenges for healthcare professionals globally. However, there is a dearth of information about these challenges in many developing countries, including India. Healthcare establishments are unique and complex. The Indian healthcare system comprises public and private healthcare establishments. Different challenges are encountered by healthcare professionals in their daily operations. The sudden emergence of COVID-19 posed a new threat to the already burdened healthcare system. The pandemic changed the healthcare paradox with newer workplaces and societal challenges faced by the healthcare personnel. The purpose of this study is to identify the antecedents of the workplace and societal challenges faced by healthcare personnel.

Keywords: Coronavirus 2, Pandemic, Ventilatory support, Paradox, Healthcare Personnel.

> **Comment [RK1]:** Make this past tense

Introduction

The lockdown measures reduced the movement of individuals and consequently have had a significant impact on the daily life of Indian people with disruption of economic, social and access to healthcare facilities. This has made people fearful, anxious, and sometimes they have found it difficult to access emergency treatment. India has a combination of government and private healthcare facilities for providing medical care. Due to fear and to avoid the risk of spreading the novel coronavirus SARS-CoV-2 infection, many hospitals have closed their doors to patients who have been trying to avail these facilities. This has led to restlessness, irritation and sometimes despair when trying to find medical help. As a consequence of this, people have shown their frustration by verbally abusing and threatening to physically assault doctors and other healthcare workers.[1]

Comment [RK2]: Check and revise

A) Shortages of Personal Protective Equipments

Most health care facilities in India are facing shortages of personal protective types of equipment (PPE), including face masks, gowns, and respirators. Either the hospitals do not have these available in adequate numbers or they cannot afford to purchase the PPEs. In these extraordinary times, the health care providers must adapt and be flexible so that HCWs continue to safeguard themselves, their colleagues, their families, and their patients in this crisis. As the virus spreads, it is of increasing importance that HCW and other members of our communities protect themselves. The concept of viral load demands it. It is nearly impossible to tell who has been infected with COVID-19 until he or she is displaying symptoms.

B) Long working hours

It is becoming apparent from the reports from across the world that the long duty hours of the HCWs is a major risk factor for them to acquire infection and hence it is mandatory they work in shorter shifts, based on a strict rota.

C) Violence against HCWs

It is highly disturbing and demoralizing to see the HCWs on duty are facing violence against them from some irresponsible public, within the hospitals and in the community

surveillance work. It damages and dampens the work of HCW and may ultimately affect the health care of the public.

D) Increased risk of infection

The reports are coming in from across the world that several HCWs are getting infected or dying due to COVID-19. In Spain, HCW has accounted for at least 14% of total COVID-19 cases. The hospitals and isolation centers are getting overloaded, essential medical pieces of equipment are scarce and the doctors and nursing staff are stretched thin. The high viral load in hospital settings may make healthcare workers particularly susceptible to the disease. The implications of infection in HCWs are serious and many folds:

1. They can spread the infection to colleagues, family members, friends and patients.
2. India already has a grave shortage of HCWs. Increase numbers in cases seem inevitable. This will require all the available human resources, but if doctors and nurses get infected on a large scale, the opposite will happen. They will need to be quarantined and treated, depleting resources.
3. There would be a direct blow to the morale of the medical fraternity. There are already reports of doctors and nurses contemplating mass resignations, which authorities are in no position to accept. While this may seem irresponsible, it is important to recognize that they are individuals, with anxieties and fears, families, and want to survive. India cannot afford its HCWs to be low on motivation at a time when it needs them at their best.

E) Social and Family impacts

Indeed, Medicine is a humanitarian profession, and the HCW must care for the sick. By willingly entering into this profession, they have implicitly agreed to accept the risks involved in it. However, they need to balance their obligations as professionals with their duties to their family members too. The risk to personal health from the coronavirus is alarming enough, but the risk of infecting their families because of exposure on the job is unjustified and not acceptable. The HCW have also been facing a sort of 'ostracisation' by society. Several HCWs have been asked to vacate their rented accommodation on the presumption that they may carry and spread this disease from their place of work (hospitals) to society.

Comment [RK3]: Make this plural

Comment [RK4]: cite

Challenges Faced by The Doctors and Healthcare Workers

The violence against doctors and other medical personnel has increased over the past few decades, with up to 75% of doctors facing this during their practice in India.[2] Doctors attribute the surge in violence against healthcare workers to a mix of ignorance and fear, which is amplified by the pandemic.[3] The lockdown has exacerbated the problem, with patients unable to access healthcare due to transport suspension, fear of law enforcement and frustration following quarantine or containment zone restrictions. The types of attacks have ranged from verbal abuse, verbal threats or aggressive gestures in the majority of cases.[4] However, there have also been serious reports of manhandling, abduction and murder.[5]

The reasons for violence against healthcare workers may vary from fear, anxiety, panic, misinformation (as to how the SARS CoV-2 virus outbreak may spread and affect individuals), mistrust and misplaced quotes in social media.[5] Government hospitals in India are inundated in such public health crises with lack of adequate facilities, equipment and infrastructure are other quoted reasons. The private hospital sectors have largely shut down to non-emergency admissions, and people find it difficult to access medical aid. The aggressive emotional response of relatives may sometimes boil over with frustration exhibited in the form of damage to the healthcare facilities and verbal or physical violence against the healthcare personnel. The situation is being made more difficult as health units and professionals in some government hospitals highlight shortage of PPE but do receive a hostile response from hostile hospital administration.[4] Health professionals are recognized as 'newer untouchables. People are panicked about catching COVID-19 from medical workers or being stigmatized for having contracted it themselves.[6]

Conclusion

The COVID-19 health crisis has exacerbated violence against doctors and healthcare workers. They have become unforeseen targets in the fight against the current pandemic. For the sustainable protection of the healthcare workers, the current Ordinance needs to be further extended and incorporated into existing laws in the form of strict, permanent legislation that is strictly enforced. It would improve the safety of

the very individuals who carry out their duties fearlessly for the benefit of sick patients, either during a health crisis such as the current pandemic or during traditional times.

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