



CHALLENGES FACED BY THE HEALTH CARE WORKERS SERVED DURING COVID-19 PANDEMIC ON SOCIO-DEMOGRAPHIC VARIABLES

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Abstract:-Millions of people's lives have been impacted as a result of COVID-19 global expansion. The pandemic has strained India's healthcare infrastructure, impacting the psychological health and efficiency of healthcare workers. The aim of this study is to determine the levels of burnout and psychological distress risk variables among healthcare workers (HCW) in India overseeing COVID 19. The results reflect the typical difficulties faced by medical personnel during the COVID-19 outbreak. This suggests the necessity of supporting proper safety supplies, procedures, and care for the medical professionals' physical and mental well-being.

Keywords: COVID-19, psychological health, well-being

1. Introduction:

The COVID-19 pandemic has posed an unprecedented challenge to the healthcare industry worldwide. Healthcare workers, including doctors, nurses, and support staff, have been on the frontline of the battle against the pandemic, risking their lives to save others. However, the pandemic has also taken a significant toll on the mental health and well-being of healthcare workers, particularly in the state of Maharashtra. This exploratory study aims to assess the emotional exhaustion and impact on social life among healthcare workers during the COVID-19 pandemic in Maharashtra.



The COVID-19 pandemic has affected people's lives in many ways, from physical health to mental well-being. Healthcare workers, who have been working tirelessly to treat COVID-19 patients, have been particularly affected. The high workload, long hours, and risk of exposure to the virus have led to emotional exhaustion, burnout, and mental health problems among healthcare workers. In Maharashtra, the state with the highest number of COVID-19 cases in India, healthcare workers have been under immense pressure to cope with the pandemic. The COVID-19 outbreak was declared a global pandemic on March 11, 2020 (1). Although social distancing is the most effective way to contain the outgrowth of this virus, this is not easy to implement for healthcare professionals who must have direct contact with COVID-19 patients and puts them at a high risk of contracting the virus themselves (2). Frontline healthcare professionals are particularly vulnerable during this pandemic due to their commitment to contain the outbreak. Besides physiological threats, such public health emergency affects the psyche of healthcare workers, including professional stress, fear of infection, and feeling helpless. Amit Kumar (2022) It is important to know how satisfied health-care workers are with their jobs and overall quality of life, as well as the factors that influence their quality of life, to meet the challenges that exist within the health-care delivery system, as well as to guarantee the quality of care that is provided and to ensure that patients are satisfied with the care they have received. Rony Moral (2021) The COVID-19 pandemic has had several repercussions on healthcare workers (HCWs), which has contributed to the overburdened state of healthcare systems throughout the world.

Chew et al. (2020) since their employment require them to have close contact with patients who have COVID-19, which is caused by the virus that also causes SARS-CoV-2 infections, healthcare professionals have a higher risk of contracting SARS-CoV-2 infections than the general population does. SumalathaRyali (2018) It is important to know how satisfied health-care workers are with their jobs and overall quality of life, as well as the factors that influence their quality of life, to meet the challenges that exist within the health-care delivery system, as well as to guarantee the quality of care that is provided and to ensure that patients are satisfied with the care they have received. The frequency distribution of health care workers served



during COVID-19 pandemic on socio-demographic variables namely socio-demographic variables of age, gender, marital status, job profile, years of experience, work environment, work hours/week, hospital setting, attending number of patients per day, training received on care of COVID-19 patients, support system available, attended any resilience course and any medical/psychological comorbidities are shown in the below Tables.

2. OBJECTIVE

- To assess the Challenges Faced By The Health Care Workers Served During Covid-19 Pandemic On Socio-Demographic Variables
- To associate Emotional Exhaustion (EE) and Impact on social life with selected socio demographic variables.

3. HYPOTHESIS

H1: There is an association between Emotional Exhaustion (EE) & socio demographic variables.

H0: There is no association between Emotional Exhaustion (EE) & socio demographic variables.

4. Scope of the study

- The study will help to identify the psychological impact of the pandemic on the healthcare workers
- Attempts to highlight the contentious mental health issues and provides future directions concerning Indian context and other low resource countries.

5. Research Methodology

Research methodology refers to the systematic approach and techniques used to conduct research and gather information to address research questions or objectives. It encompasses the overall framework and procedures employed in the research process. Research methodology refers to the "how" of conducting a research study. It refers to how a researcher systematically designs a study to ensure valid and reliable results that address the research goals, objectives, and queries.



5.1 Research Approach: Mixed Research Method

5.2 Study Design: Concurrent Embedded-Mixed Method Design Quantitative- Descriptive cross-sectional Design

Qualitative- Phenomenological Design

5.3 Study Setting: Selected hospitals In Pune, Maharashtra

5.4 Study population: Healthcare Workers Involved in Management of COVID-19

5.5 Sample size: Quantitative-271

Qualitative-Till saturation attained

5.6 Data analysis: Quantitative: Descriptive and Inferential Statistics

Qualitative: Theme Identification & Analysis Approach

5.7 Sample of the Study

A sample is a group of individuals, things, or things chosen for measurement from a wider population. While choosing the sample, it is important to place a strong emphasis on choosing a sample that really represents the population and ensures that results from the sample can be generalized to the population at large.

For the present study, a sample of 271 health care professionals was randomly selected from the population of healthcare workers involved in management of COVID-19 from selected hospitals in Pune, Maharashtra. Out of 271 respondents, 10% of the sample i.e. 27 respondents who agreed to give interview were taken as purposive sample for qualitative data.

6. Results:

Table 1: Respondent’s Demographic Profile based on Age

Demographic	Classification	Frequency	Percentage
Age	21-30	108	39.9
	31-40	126	46.5
	41-50	31	11.4
	51-60	6	2.2
	Total	271	100.0

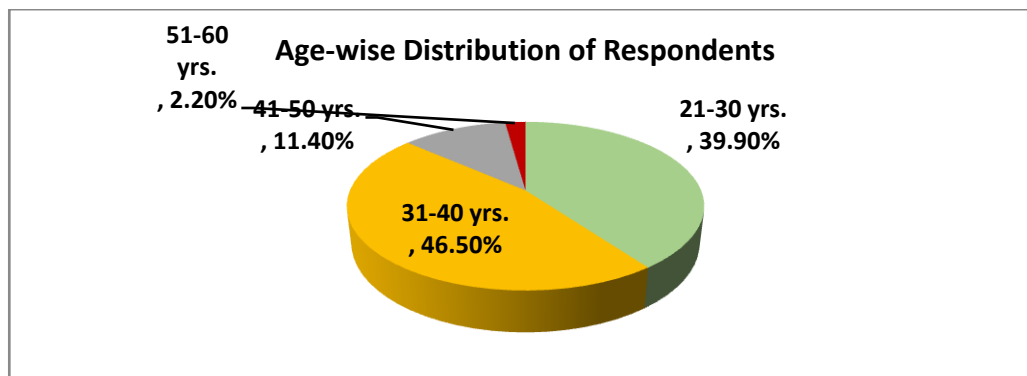


Fig. 1: Age-wise Percentage Distribution of Respondents

Table 1 indicating demographic profile of health care workers served during COVID-19 pandemic based on age shows that 108 (39.9%) health care workers were of 21-30 years of age, 126 (46.5%) were of 31-40 years, 31 (11.4%) were of 41-50 years whereas remaining 6 (2.2%) were of 51-60 years of age.

Table 2: Respondent’s Demographic Profile based on Gender

Demographic	Classification	Frequency	Percentage
Gender	Male	170	62.7
	Female	101	37.3
	Total	271	100.0

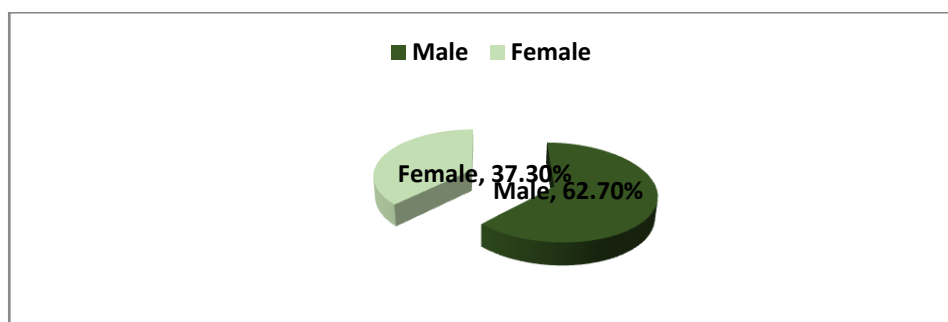


Fig. 2: Gender-wise Percentage Distribution of Respondents

Table 2 indicating demographic profile of health care workers served during COVID-19 pandemic based on gender shows that 170 out of total 271 respondents were male which constituted 62.7% of the total sample whereas the remaining 101 respondents were female constituting 37.3% of sample.

Table 3: Respondent’s Demographic Profile based on Hospital Setting

Demographic	Classification	Frequency	Percentage
Hospital Setting	Government Sector	247	91.1
	Private Sector	24	8.9
	Total	271	100.0

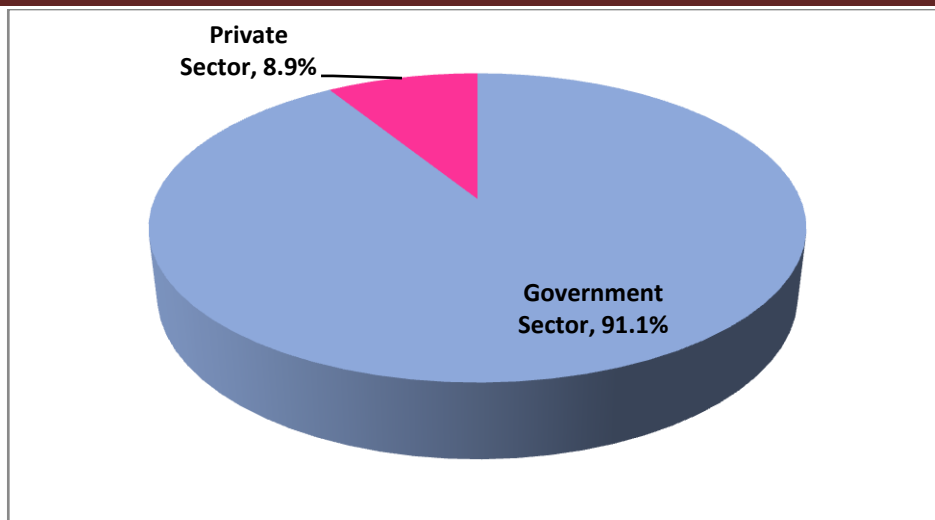


Fig. 3: Percentage Distribution of Respondents based on Hospital Setting

Table 3 shows the demographic profile of health care workers served during COVID-19 pandemic based on the hospital setting in which they worked in. Out of total 271 respondents, 247 (91.1%) had worked in government hospital whereas the remaining 8.9% had worked in private hospital.

Table 4: Respondent’s Demographic Profile based on being on Direct Covid-19 care

Demographic	Classification	Frequency	Percentage
Direct Covid-19 care	No	49	18.1
	Yes	222	81.9
	Total	271	100.0

Table 4 shows the demographic profile of health care workers served during COVID-19 pandemic based on their being direct Covid-19 care. Out of total 271 respondents, 222 (81.9%) had worked in direct Covid-19 care whereas the remaining 18.1% had not worked in direct Covid-19 care.



Table 5: Respondent’s Demographic Profile based on training received on care of Covid-19 patients

Demographic	Classification	Frequency	Percentage
Training received on care of Covid-19 patients	No	71	26.2
	Yes	200	73.8
	Total	271	100.0

Table 5 shows the demographic profile of health care workers served during COVID-19 pandemic based on whether they received any training to care Covid-19 patients. 73.8% respondents reported to had received training to care Covid-19 patients whereas the remaining 26.2% did not receive any training.

Table 6: Respondent’s Demographic Profile based on Support System available

Demographic	Classification	Frequency	Percentage
Support System available	Family	158	58.3
	Friends	66	24.4
	Spirituality	47	17.3
	Total	271	100.0

Table 6 shows the demographic profile of health care workers served during COVID-19 pandemic based on support system available during pandemic. 58.3% respondents reported to have their family as support system available, 24.4% had their friends to support them whereas 17.3% found support in spirituality.



Table 7: Respondent’s Demographic Profile based on attended any Resilience Course

Demographic	Classification	Frequency	Percentage
Direct Covid-19 care	No	263	97.0
	Yes	8	3.0
	Total	271	100.0

Table 7 shows the demographic profile of health care workers served during COVID-19 pandemic based on attending any resilience course. 97% had reported not attending any resilience course whereas 3% said they had attended such course.

Table 8: Respondent’s Demographic Profile based on having any Medical/Psychological comorbidities

Demographic	Classification	Frequency	Percentage
Having Medical/Psychological comorbidities	No	219	80.8
	Yes	52	19.2
	Total	271	100.0

Table 8 shows the demographic profile of health care workers served during COVID-19 pandemic based on having any Medical/ Psychological comorbidities for which 80.8% had answered in negative whereas the remaining 19.2% had reported to have one or other Medical/ Psychological comorbidities.



7. Conclusion:

The present study explores the challenges faced by healthcare professionals during COVID-19 pandemic in India. We found that insufficiency of medical staff as well as medical equipment was common and resulted in increased workload. Apart from this, shortage of PPE, fear of being infected, social exclusion, and mismanagement contributed further to put the healthcare professionals in adversity. Although the National Health Policy of India (2011) recommends enhancing skilled manpower and logistic support, we found the actual scenario to be different. Especially during the COVID-19 outbreak that put the healthcare sector into unprecedented challenge, the promised coordination and support in the healthcare sector rather reflects a disparity between the policy and the practice. Despite the recently introduced National Infectious Diseases Act (2018), lack of a standardized COVID-19 protocol kept the medical professional under constant risk of infection and mental pressure. We conclude that the healthcare professionals need to be supported with adequate resources for both physical and mental health. While workloads need to be lessened, a proper coordination and access to information as promised in the National Health Policy during this public health emergency should be put in practice to ensure quality healthcare services.

References:

- Gupta, S., &Sahoo, S. (2020). Pandemic and mental health of the front-line healthcare workers: a review and implications in the Indian context amidst COVID-19. *Psychiatry*, 33, 100284. <https://doi.org/10.1136/gpsych-2020-100284>
- Elhadi, M., Msherghi, A., et al. (2020a). Burnout Syndrome Among Hospital Healthcare Workers During the COVID-19 Pandemic and Civil War: A Cross-Sectional Study. *Frontiers in Psychiatry*, 11.
- Khasne, R. W., Dhakulkar, B. S., Mahajan, H. C., &Kulkarni, A. P. (2020). Burnout among Healthcare Workers during COVID-19 Pandemic in India: Results of a Questionnaire-based Survey. *Indian Journal of Critical Care Medicine*. <https://doi.org/10.5005/jp-journals-10071-23518>



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- Varshney Id, M., Thomas, J., Id, P., Raizada, N., & Sarin, S. K. (2020). Initial psychological impact of COVID-19 and its correlates in Indian Community: An online (FEEL-COVID) survey. <https://doi.org/10.1371/journal.pone.0233874>
 - Giusti, E. M., Pedroli, E., D'Aniello, G. E., StrambaBadiale, C., Pietrabissa, G., Manna, C., StrambaBadiale, M., Riva, G., Castelnuovo, G., & Molinari, E. (2020). The Psychological Impact of the COVID- 19 Outbreak on Health Professionals: A Cross-Sectional Study. *Frontiers in Psychology*, 11.
 - Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social stigma during COVID-19 and its impact on HCWs outcomes. *Sustainability (Switzerland)*, 12(9). <https://doi.org/10.3390/su12093834>