DOI: 10.22270/jmpas.VIC2I2.1835 ISSN NO. 2320–7418

International peer reviewed open access journal

Journal of Medical Pharmaceutical and Allied Sciences

Journal homepage: www.jmpas.com CODEN: JMPACO

Review article

Public behavioural design for corona health care professionals during covid-19

Pankaj Nainwal*[1], Shatakshi Lall[1], Jyotsna Bhatt[1], Nidhi Dobhal[1], Akbar Nawaz[2]

[1]Graphic Era Hill University Dehradun, Uttarakhand, India
[2]Graphic Era Deemed to be University, Dehradun, Uttarakhand, India

ABSTRACT

Pandemics are known to cause a slew of disasters and are devastating to human life. As the Corona virus spread, it caused the same, as well as a slew of additional issues in the lives of the general population and the healthcare industry. It's a disease that started in Wuhan and has spread relentlessly over the world. Covid-19's impact would be felt in almost every country. People working in the healthcare sector work nonstop, day and night, to ensure the safety of individuals who are afflicted by the disease. These health-care personnel put their lives in jeopardy when they come into touch with the virus while servicing patients since they don't have enough personal protection kits. Patients abuse them and torture them. Various variables, such as social, psychological, and economic issues, are to blame for the current state of health of these Health upkeeping fighters.

Keywords: Pandemics, Healthcare, Personnel, Patients

Received - 03-09-2021, Accepted- 26/12/2021

Correspondence: Dr Pankaj Nainwal* ✉ slall@gehu.ac.in

Graphic Era Hill University Dehradun, Uttarakhand, India

INTRODUCTION

Coronavirus, the current epidemic, has spread throughout practically the entire globe, affecting all facets of human life. COVID-19 will be declared a worldwide emergency by the World Health Organization on January 30, 2020. It has had a long-term impact on everyone in the globe, and it would not be incorrect to say that the greatest victims are those who provide therapy to the sick. [1] These individuals devote their entire day and night to the treatment of these patients. COVID-19, often known as SARS-CoV-2, is a coronavirus that was examined and discovered by the International Committee on Taxonomy of Viruses study group. In reality, it was first brought to public attention in 2002, and ten years later, it reappeared with a new name, the Middle East respiratory syndrome coronavirus [2]. According to reports, there are 12,170,408 people in the world as of this writing, however the world has seen 552,112 people die prematurely. In total, 7,069,188 people have been rescued. The rapid increase in the number of cases around the world prompted the World Health Organization to declare it a pandemic, drawing public attention to the issue. The concerns and difficulties faced by health care workers have intensified as a result of the epidemic's development, as these individuals must come into intimate contact with these patients in order to treat them, putting them at danger of infection. Surgical interventions, patient examinations, and health care workers' inability to maintain a safe distance from patients are all potential dangers [3]. As a result, if adequate precautions are not taken, health care personnel become infected, exposing themselves to patients. Front-line health-care providers have a death rate of up to 1.4 percent, whereas other countries, such as Italy, have a rate of up to 9%. 8. It was just the health care providers who were exposed to the patients when they were being treated [5]. Despite following all WHO and CDC regulations and carefully handling patients, healthcare professionals and workers are nevertheless caught up in the pandemic problem. Mental stress and anxiety, weariness, professional load, long working hours, smirch, mental and physical cruelty, as well as the threat of virus exposure, are among issues that health care employees face. The current study focuses on various hazards and challenges that health care personnel face as actual soldiers.

Impact on health care personnel

The healthcare experts and workers who are dealing with the COVID-19 pandemic are under a lot of stress. They are also noted to be in a high state of distress and mental stress. Doctors, nurses, and healthcare staff such as ward keepers and attendees are terrified of CORONA because of the increased danger of infection from the virus, which they may contract because they must come into touch with patients to treat them [6]. They are concerned about bringing the infection home and infecting their family members. While dealing

with non-cooperative patients who do not follow safety instructions, healthcare staff have observed an increase in mental stress. They also expressed their frustration with their inability to cope with patients who act erratically and insult them. Because resources are limited during this vital moment, proper beds and resources are not available to all patients, nonetheless, those who do receive this service do not take it seriously and do not cooperate [7].Constant or prolonged wakefulness is also linked to a loss of concentration, amnesia, decreased attentiveness, and diminished recall ability. Exhaustion, headaches, backaches, irritable bowel syndrome, anxiety, and other health problems are all symptoms of persistent stress. Other health issues and disorders that result from it include chronic respiratory disease, hypertension, diabetes, and the risk of corona-related issues [8]. As a result, it is critical that the government implement stress management seminars and counselling in all health sections, and that it be done on a regular basis, in order to protect the health of healthcare professionals and workers.

Unworthy treatment

Despite treating patients in the pandemic Covid-19, healthcare professionals and staff misbehave, putting their lives at risk. The physicians have also been spat at and told to return home, according to reports. Some doctors and their family have been eschewed by their neighbours and landlords because of their interaction with Covid-19-infected patients. Videos on social media were uploaded where people misbehaved, using abusive languages with the health care professional, who were working dedicatedly by putting their life in danger. As a result, it is the admirable obligation to provide protection to healthcare professionals and workers, and the perpetrators must be held accountable for their actions.[9] Only then can healthcare professionals and staff be able to function without distraction and stress in the face of this epidemic. Healthcare professionals and workers should be offered a specific insurance policy as well as a health package at the same time to give them a sense of security. In response to this outbreak, the Indian government has passed an amendment bill to ensure the safety of healthcare professionals and workers. There have been numerous reports from various parts of the country that doctors, nurses, and staff have been assaulted by a large number of people, but it is worth noting that a small number of people and societies have shown their affection for these brave warriors by greeting them with garlands and cheering in their respect.

Effect on female professionals

Female healthcare professionals and workers are disproportionately affected by this pandemic, since they bear a double burden of labour at home and long hours in hospitals. In healthcare centres around the world, women make over 70% of the staff, especially midwives, community health professionals, and nurses. Despite these members, females are rarely acknowledged globally, such as when it comes to COVID-19 decision-making. In Spain, 72 percent of female healthcare professionals and workers are infected, compared to 28 percent of male healthcare professionals and workers, according to reports. Infected female health care professionals had the same proportion ratio as infected male health care workers. So, in order to handle the challenging burden of dealing with COVID-19 while also caring for their families at home, female healthcare workers must continue to collaborate [10]. Our female healthcare professionals and workers are experiencing long-term economic, social, and psychological consequences. Working in healthcare facilities during the COVID-19 epidemic appears to us to be connected with both immediate and long-term severe risks.

Struggle in conveying safety material

Healthcare workers and professionals rely on safety equipment to protect themselves and their patients from becoming infected and spreading infection. Doctors, nurses, and other frontline workers are unable to care for COVID-19 patients due to a lack of these instruments. Because of a lack of personal safety equipment like as goggles, face shields, N-95 medical masks, and other items, healthcare providers are more vulnerable to the current epidemic virus. According to the World Health Organization, 90 million masks are needed each month for the COVID-19 response [11,12]. The estimated number of gloves to inspect has risen to 78 million, while the international demand for goggles has increased to 1.65 million every month. After seeing increased global demand, the World Health Organization predicted that the sector would need to increase production by much to 45 percent to meet demand. In the United Kingdom, there has been widespread concern that front-line medical personnel and employees are not receiving genuine personal protective equipment. [13,14] If the mask does not fit well or the kit is used for a lengthy period of time, there is a considerable risk of infection and contusion. Inappropriate use of safety equipment causes respiratory problems, as well as a lack of access to a bathroom and water, leading to physical and mental tiredness. It is a moral and ethical dilemma for healthcare professionals and workers who are the centre of the patient's attention. Because of rising demand, the WHO has issued a warning that there would be a significant and increasing disruption to the universal supply of PPE kits. [15,16] The issues are that people are panicking to buy, hoard, and misuse all of these products, putting people's lives at risk of coronavirus and other infectious diseases. The directions for putting on and taking off personal protective equipment (PPE) are also not fully understood by professionals. It is critical to give sufficient employee training on how to use the PPE gear. There should be an adequate quantity of PPE kits on hand, as well as clear instructions on how to control infections.

CONCLUSION

This COVID-19 epidemic has wreaked havoc on the global health system. During COVID-19, the present pandemic has exposed a faulty health system, affecting healthcare professionals and employees. Persons get infected when they come into touch with infected people. Due to a lack of protective equipment, these healthcare personnel have become sick. The ever-increasing demands on healthcare facilities, as well as the threat to healthcare professionals and workers, pose a significant challenge to healthcare systems

DECLARATION

Conflict of interest: None

Source of funding: None

REFERENCE

1. Nicola M, Zaid A, Sohrabi C, et al, 2020. The socio-economic implications of the coronavirus pandemic (COVID-19): A review. Int J Surg 78, 185–193.
2. Sohrabi C, Alsafi Z, O'Neill N, et al, 2020. World Health Organization declares global emergency: a review of the 2019 novel coronavirus (COVID-19). Int J Surg 76, 71–76.
3. Gorbalenya AE, Baker SC, Baric RS, 2020. The species severe acute respiratory syndrome related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. Nat Microbial. 99.
4. Brian Meneses Claudio, Nahuel Gonzalez-Cordero, Witman Alvarado-Diaz, et al, 2021. Stress, Nursing Professional, Pandemic, Coronavirus, Occupational Stress, Mental Health, J. Med. P'ceutical Allied Sci. V 10 (6), 1732, P- 3937 - 3941.
5. Fehr AR, Perlman S, 2019. Coronaviruses: an overview of their replication and pathogenesis. Methods Mol Biol 1282, 1-23.
6. Tsamakis K, Rizos E, Manolis AJ, et al, 2020. COVID-19 pandemic and its impact on mental health of healthcare professionals. Experimental and Thera. Medicine 19, 3451-53.
7. Venkatesan S, Myles PR, Leonardi-Bee J, et al, 2017. Impact of Outpatient Neuraminidase Inhibitor Treatment in Patients Infected with Influenza A (H1N1) pdm09 at High Risk of Hospitalization. An Individual Participant Data Meta-analysis Clinical Infectious Diseases 64(10), 1328–34.
8. Wang Chen, Horby Peter W, Hayden Frederick G, et al, 2020. A novel coronavirus outbreak of global health concern. The Lancet 395 (10223), 470–473.
9. Ahorsu DK, Lin CY, Imani V, et al, 2020. Fear of COVID-19 scale: development and initial validation. International J. Mental Health and Addiction 78(S9), 2700-2708.
10. Brooks SK, Webster RK, Smith L, et al, 2020. The psychological impact on females in quarantine and how to reduce it, rapid review of the evidence. The Lancet 395, 912–920.
11. Durham DP, Casman EA, Albert SM, 2020. Deriving behavior model parameters from survey data, self-protective behaviour adoption during the 2009–2010 influenza a (H1N1) pandemic. Risk Analysis 32(12), 2020–31.
12. Cella D, Yount S, Rothrock N, et al, Promis Cooperative Group, 2019. The Patient-Reported Outcomes Measurement Information System (PROMIS): progress of an NIH roadmap cooperative group during its first two years. Medical Care 45, S3–S11.
13. Chen N, ZhouM, Dang X, et al, 2020. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan., China: a descriptive study. The Lancet 395, 507–513
14. Colder CR, Scalco M, Trucco E M, et al, 2018. Prospective associations of internalizing and externalizing problems and their co-occurrence with early adolescent substance use. Journal of Abnormal Child Psychology 41, 667–677.
15. Leppin A, Aro AR, 2019. Risk perceptions related to SARS and avian influenza, theoretical foundations of current empirical research. International journal of behavioural medicine 6(1), 7–29.

How to cite this article

Pankaj Nainwal, Shatakshi Lall, Jyotsna Bhatt, Nidhi Dobhal, Akbar Nawaz, 2022. A review on public behavioural design for corona health care professionals during covid-19. J. Med. P'ceutical Allied Sci. VIC 2 – I 2, P- 232 - 234. doi: 10.22270/jmpas.VIC2I2.1835