



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

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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### **ABSTRACT**

**Introduction:** On March 11, 2020, the WHO formally declared the new coronavirus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) outbreaks a pandemic by publishing public health guidelines to guide pandemic response. Serious illnesses may necessitate hospitalization and ventilatory assistance. The pandemic of coronavirus disease 2019 (COVID-19) has posed new concerns for healthcare workers around the world. However, in many developing nations, including India, information is scarce concerning these issues. Healthcare facilities are one-of-a-kind and difficult to understand. The Indian healthcare system consists of both governmental and private healthcare facilities. Healthcare practitioners face a variety of obstacles daily. The unexpected appearance of COVID-19 created a new threat to an already overburdened healthcare system. The pandemic altered the healthcare dilemma by introducing new employment and societal obstacles to healthcare workers. The goal of this review research is to uncover the causes of the workplace and societal issues that healthcare workers encounter.

*Keywords: Coronavirus 2; pandemic; ventilatory support; paradox; healthcare personnel.*

## 1. INTRODUCTION

The individual movement was restricted as a result of the lockdown, which had a tremendous impact on Indian people's daily lives, disrupting economic, social, and healthcare services. People have become afraid and anxious as a result of this, and it has sometimes been difficult for them to obtain emergency treatment. In India, medical treatment is provided by a mix of government and private healthcare facilities. Many hospitals have locked their doors to patients who were attempting to use these services due to fear and the possibility of spreading the new coronavirus SARS-CoV-2 infection. This has resulted in agitation, frustration, and, at times, despair when attempting to locate medical assistance. As a result, consumers have expressed their dissatisfaction by verbally criticizing and threatening to physically assault doctors and other healthcare personnel [1].

### 1.1 Shortages of Personal Protective Equipments

Personal protection equipment (PPE), such as face masks, gowns, and respirators, is in insufficient supply in most Indian healthcare facilities. The hospitals either do not have enough of these or cannot afford to buy them. Health-care workers must adapt and be adaptable in these unique times to protect themselves, their colleagues, their families, and their patients. As the virus spreads, it is becoming increasingly critical that healthcare workers and other people of our communities protect themselves. It is required by the concept of viral load. It's very impossible to identify if someone has COVID-19 until they start exhibiting symptoms.

### 1.2 Long Working Hours

According to reports from around the world, the HCW's extended working hours are a key risk factor for infection, and it is therefore vital that they work in shorter shifts, according to a rigorous rota.

### 1.3 Violence against HCW

It is both unsettling and depressing to witness HCW on duty face aggression from some

irresponsible members of the public, both within hospitals and in community surveillance operations. It harmed and dampened the work of HCW and may eventually have an impact on public health care.

### 1.4 Increased Risk of Infection

Several HCWs have been sick or died as a result of COVID-19, according to reports from around the world. In Spain, HCW accounted for at least 14% of all COVID-19 cases. Hospitals and isolation centres are becoming overcrowded, vital medical equipment is in short supply, and doctors and nursing personnel are overworked. The increased viral load in hospital settings may render healthcare workers especially vulnerable to the disease. The consequences of infection among healthcare workers are substantial and multifaceted:

1. They have the potential to spread the infection to co-workers, family members, friends, and patients.
2. There is already a severe scarcity of HCW in India. An increase in the number of instances appears to be unavoidable. This will necessitate the use of all available human resources, but if a high number of doctors and nurses become infected, the opposite will occur. They will have to be confined and treated, which will deplete available resources.
3. The medical community's morale would suffer as a result. There have already been allegations that physicians and nurses are considering mass resignations, which the government will not tolerate. While this may appear reckless, it is crucial to remember that they are people with anxieties and fears, families, and a desire to survive. India cannot afford for its healthcare workers to be unmotivated at a time when they are needed the most.

### 1.5 Social and Family Impacts

Indeed, medicine is a humanitarian profession, and the HCW is responsible for the treatment of the sick. They have implicitly decided to accept the hazards associated with this job by willingly entering it. However, they must combine their work obligations with their responsibilities to their

family members. The risk of coronavirus infection to one's health is concerning enough, but the chance of infecting one's family as a result of occupational exposure is unnecessary and unacceptable. The HCW have also been subjected to a form of 'ostracism' by society. On the suspicion that they may carry and spread this disease from their place of employment (hospitals) to society, several HCWs have been requested to depart their rented housing.

## 2. CHALLENGES FACED BY THE DOCTORS AND HEALTHCARE WORKERS

Violence against doctors and other medical staff has escalated in recent decades, with up to 75% of doctors in India experiencing it throughout their practice [2] Doctors ascribe the increase in violence against healthcare professionals to a combination of ignorance and fear, which has been exacerbated by the pandemic [3] The lockdown has compounded the situation, with patients unable to seek treatment due to transportation disruptions, fear of police enforcement, and dissatisfaction as a result of quarantine or containment zone restrictions. In the majority of cases, the attacks have consisted of verbal abuse, verbal threats, or hostile gestures [4] However, there have been serious reports of mistreatment, kidnapping, and murder [5]

Fear, worry, panic, disinformation (about how the SARS CoV-2 virus outbreak may spread and harm persons), mistrust, and misplaced quotations in social media can all be motivations for violence against healthcare personnel [5]. Government hospitals in India are overburdened in such public health crises, with other causes cited include a lack of proper facilities, equipment, and infrastructure. Non-emergency admissions to private hospitals have mostly been discontinued, and people are finding it difficult to obtain medical treatment. The violent emotional response of relatives may occasionally boil over with frustration, manifested as destruction to healthcare facilities and verbal or physical aggression directed at healthcare professionals. The situation is exacerbated as health units and professionals in some government hospitals identify a lack of PPE but are met with hostility from unfriendly hospital administration [4]. Health practitioners are seen as the "newer untouchables". People are concerned about contracting COVID-19 from medical personnel or being stigmatized for having contracted it [6].

## 3. CONCLUSION

The COVID-19 health crisis has heightened violence against doctors and other healthcare professionals. They have emerged as unanticipated targets in the fight against the present pandemic. For the long-term protection of healthcare professionals, the current Ordinance should be expanded and merged into existing laws as strict, permanent legislation that is properly enforced. It would increase the safety of the very people who perform their tasks boldly for the benefit of sick patients, whether during a health crisis like the present epidemic or during normal times.

## CONSENT

It is not applicable.

## ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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