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OCCUPATIONAL CHALLENGES FOR HEALTHCARE WORKERS DURING PANDEMIC

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<p>Special Issue Editors ¹Norvy Paul ²Johnson Mavole ³Arya Chandran</p> <p>¹The Catholic University of Eastern Africa, Nairobi ²St. Augustine University of Tanzania, Mwanza City ³Bharathamatha School of Social Work, Kochin, India</p> <p>Chief Editor Web: www.ijfdc.org Email: info@ijfdc.org</p> <p>Editing Oversight Impericals Consultants International Limited</p>	<p>Abstract: <i>"A pandemic is a disease outbreak that spread across countries or continents. It affects more people and takes more lives than an epidemic" (WebMD,2009). The World Health Organization (WHO) declared COVID-19 to be "a pandemic when it became clear that the illness was severe and that spread quickly over a wide area". During the epidemics, Community Health Workers promoted pandemic preparedness by acting as community-level educators and mobilisers, contributing to surveillance systems, and filling health service gaps. The ethics manual of the American College of Physicians, for example, states that the ethical imperative for physicians to provide care overrides the risk to the treating physician, even during epidemics. The American Medical Association asserts that individual physicians' should provide urgent medical care during disasters, emphasising that this duty persists even in the face of greater than usual risks to physicians' safety, health, or life (The New York Times - Breaking News, US News, World News and Videos,2020). The objective of the paper is to know about the role of institutionalised health workers in the critical Pandemic period and later for its preparedness, too, and to identify the concerns related. The study was conducted by interviewing professionals, especially nurses, in pandemic duty and data by gathering secondary sources like books, journals, periodicals and newspapers, etc. It is found that by liberating Medical Practitioners, clinicians and health workers from other tasks and commitments, they focus more on their immediate needs. Taking adequate precautions like wearing masks and other personal hygienic methods can improve combating the COVID pandemic effectively. Provision of food, decompression time, and adequate time is also equally crucial as protective equipment.</i></p> <p>Keywords: Pandemic, Health, COVID, Preparedness, Precautions</p>
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Introduction

The World Health Organisation (WHO) describes an influenza pandemic as an event in which "a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness (BMC Public Health,2008). Estimates of the impact of such an event vary. Today a pandemic is likely to result in 2 to 7.4 million deaths globally. In high-income countries alone, accounting for 15% of the world's population, models project demand for 134233 million outpatient visits and 1.55.2 million hospital admissions. However, the next pandemic's impact is likely to be the greatest in low-income countries because of different population characteristics and the already strained health care resources.

"A pandemic is a disease outbreak that spread countries or continents. It affects more people and takes more lives than an epidemic" (WebMD,2009). The World Health Organization (WHO) declared COVID-19 to be a pandemic when it became clear that the illness was severe and spread quickly over a wide area. During the epidemics, Community Health Workers promoted pandemic preparedness by acting as community-level educators and mobilisers, contributing to surveillance systems, and filling health service gaps.

Influenza pandemics, whether mild, moderate, or severe, affect a large proportion of the population and require a multisector response over several months or even years. Thus, countries develop plans describing their strategies for responding to a pandemic supported by operational plans at national and sub-national levels. Preparing for an influenza pandemic is a continuous process of planning, exercising, revising, and translating into action national and subnational pandemic preparedness and response plans. A pandemic plan is thus a living document reviewed at intervals and revised if there is a change in global guidance or evidence-base; lessons learned from a pandemic, an exercise, or other relevant outbreak; or changes to national or international legislation related to infectious disease prevention and control.

Healthcare-workers will be critical players in any response to pandemic influenza and will be in the front line of exposure to infection. Responding effectively to a pandemic relies on the National Health Service (NHS) staff continuing to work usually. Planning assumes that regular health care service levels will be provided in the UK during the pre-pandemic phase. Once the outbreak reaches the UK and a pandemic is confirmed, the NHS "plans to care for large numbers

of cases and only provide essential care. Around double, regular staff absenteeism is estimated, including those who have to care for their sick family members. The NHS's ability to provide even primary care is entirely dependent upon the remaining (HCW) continuing to work as usual.

In the United States, it has been argued that of the 12 disaster scenarios recently assessed by the US Department of Homeland Security, pandemic influenza is the most likely and perhaps the deadliest. A draft form of the US pandemic influenza plan was made public in August 2004, and an updated project is anticipated by September 2005.

1. Health Worker's Occupational Health

Unsafe working conditions contribute to health worker attrition in many countries due to work-related illness and injury and the resulting fear of health workers of occupational infection, including from HIV and Tuberculosis. The 2006 World Health Report Working Together for Health reported "a severe health workforce crisis in fifty-seven countries, most of them in Africa and Asia. Protecting the occupational health of health workers is critical to having an adequate workforce of trained and healthy health personnel" (WHO, 2020).

The WHO Global Plan of Action on workers' health calls on all member states to develop national programs for health worker occupational health and create national campaigns for immunising health workers against hepatitis B. Among health workers infected with hepatitis B, the WHO global burden of disease from sharps injuries to healthcare workers showed that 37% of hepatitis B among health workers resulted from occupational exposure. Infection with hepatitis B virus is 95% preventable with immunisation, but less than 20% of health workers in some world regions have received all three doses needed for immunity.

While less than 10% of the HIV among health workers is the result of exposure at work, needle stick injuries, the cause of 95% of the HIV occupational seroconversions, are preventable with practical, low-cost measures and have the co-benefit of preventing exposure to other blood-borne viruses and bacteria (WHO, 2020)

Health care facilities around the world employ over 59 million workers who are exposed to a complex variety of health and safety hazards every day, including, physical threats, such as noise, radiation, slip, trip and falls; biological hazards, such as TB, Hepatitis, HIV/AIDS, SARS; chemical hazards, such as glutaraldehyde, ethylene oxide; psychosocial risks, such as shift work,

violence and stress; ergonomic hazards, such as heavy lifting; fire and explosion hazards, such as using oxygen, alcohol sanitising gels; and electrical hazards, such as frayed electrical cords.

Healthcare workers (HCWs) need protection from these workplace hazards, just as mining or construction workers do. Yet, because their job is to care for the slip and injured, HCWs are often viewed as immune to injury or illness. Their patients come first. They are often expected to sacrifice their wellbeing for the sake of their patients. Indeed, health-protecting healthcare workers have the added benefit of contributing to quality patient care and health system strengthening. Some of the same measures to protect patients from infections, such as adequate staffing, protect healthcare workers from injury.

2. Review of Literature

The ethics manual of the American College of Physicians, for example, states that "the ethical imperative for physicians to provide care overrides the risk to the treating physician, even during epidemics". The American Medical Association asserts that individual physicians should provide urgent medical care during disasters, emphasising that this duty persists even in the face of more significant than usual risks to physicians own safety, health, or life. (The New York Times - Breaking News, US News, World News and Videos, 2020)

In 2006 World Health Report Working Together for Health on human resources reported a global shortage of health personnel, which had reached a crisis level in 57 countries. Moreover, called for the support and protection of the health workforce. A recent COVID-19 survey of National Nurses United (NNU) members in the United States of America revealed that "only 30% believed their healthcare organisation had sufficient inventory of personal protective equipment (PPE) for responding to a surge event" (Health workers are the frontline soldiers against COVID-19,2020)

Nursing is the main active partners in any primary and secondary infectious disease prevention efforts. In every country, regardless of their socio-economic development, nursing is considered the top first line dedicated profession in preventing diseases and alleviating suffering during and after a treatment of any disease, including the COVID-19(WHO, 2020a).

The American Medical Association asserts that individual physicians should provide urgent medical care during disasters," emphasising that this duty persists "even in the face of more

significant than usual risks to physicians' safety, health, or life (The New York Times,2020).

The American Nursing Association's (ANA, Silver Spring, MD) position statement on risk versus responsibility, revised in 1994, states that "Nursing is resolute in its position that care should be delivered without prejudice, and it makes no allowance for the use of the client's attributes, socio-economic or health status as grounds for discrimination" (ANA 1994), the 2002 edition of the American College of Physicians Ethics Manual states that "the denial of appropriate care to a class of patients for any reason, including disease state, is unethical" (ACP 2002). This view also gave legal support when the United States (US) Supreme Court ruled that persons with AIDS are persons with disabilities are thus protected under the Americans with Disabilities Act (Bragdon v. Abbott 1998, White 1999)(Ethics, pandemics, and the duty to treat,2008).

3. Methodology of the Study

The Methodology is the theoretical, systematic analysis of the methods and interventions applied to a study field. It comprises the theoretical analysis of the body of methods and principles is associated with a branch of knowledge. The researchers adapted qualitative research design and conducted by in-depth interview of nursing professionals in pandemic duty and data by gathering secondary sources like books, journals, periodicals, newspapers, etc. The study was guided by the following objectives.

1. To know about institutionalised health workers' role in the critical Pandemic period and later for its preparedness.
2. To know about the Impacts of the period on their family and other acquaintances.
3. To determine factors that might positively or negatively affect Health Workers' willingness to continue working during an influenza pandemic.

4. Findings and Discussion

Nurses have proved to be the health warriors who have very willingly, with their heart and soul took on the responsibility. The profession is central to tackling the pandemic and, nurses in every country have "stepped up and stepped beyond" their calling. The participants are working at the forefront and are managing patient screenings, placement and the care of patients in the COVID zone. They are working round the clock, pushing themselves to the limit and putting their lives on the line, very often with limited resources.

While telephone interviewing four Nurses, who are presently working in the Trichur district of Kerala, researchers concluded that their family and social life are affected by occupational work. The workload against their work involves their family life. The participants feel insecure about their work as they are more vulnerable and have thought that they are unsafe. Most of them lack time with their family and are bothered about their children. Half of the respondents are Mothers and are thus afraid of working in pressure full conditions. There are chances of spreading to their family members if they are affected by their workplace and since there are no symptoms shown in the incubation period.

The participants are willing to work, and they think their duty to save humanity from the pandemic. Their willingness to work is somehow challenged due to the unsafe working condition and the contagious nature of the novel coronavirus. It is seen there at sometimes an isolating behaviour from the public, which makes them more pressured. To enhance nurses' 'overall productivity effectiveness' (OPE) to pandemics, there is a need to raise their capacity to respond to the demand pressure that usually comes with fierce pandemics with minimal errors or malpractice. This means the nurses' psychological stress needs to be managed while enhancing their preparedness for different types of outbreaks and raising their resilience capacity. The study also identified the emerging concerns faced by the participants of the study.

1. Relieving Medical Practitioners, clinicians and health workers from other commitments and tasks them to focus on the immediate needs.
2. Around double, regular staff absenteeism is estimated, including those who have to care for their sick family members.
3. Staff shortages and scarcity of resources may lead to the drop drop-down standards of care.
4. Time-consuming, unnecessary consent procedures may have to be abandoned. In an emergency, situ of these may well be ethically justified.
5. The motivation of Health Workers during pandemics encourages them to articulate their arguments and justifications, which will help determine the basis and strength of Health Workers' sense that they have or lack an obligation to work usually these days.
6. Vaccine development plans are the critical missing link in pandemic preparedness and response.

7. Rapid containment efforts are not significant, and instead, mitigation efforts should lead to pandemic control efforts.
8. When dealing with the healthcare and pandemic, healthcare staff are at increased risk of moral injury and mental health problems.
9. More senior staff should recognise their inherent risks and be prepared to let the next generation take the front line whenever possible.

With the increase in global transport, communications, urbanisation and overcrowding conditions. Any novel influenza strain would be likely to spread quickly around the world with the rise in worldwide transportation and communications, as well as urbanisation and overcrowding conditions. This has been the case with the novel H1N1 swine influenza (2009). E-Health promises both at the local site and at a distance to facilitate responses to a pandemic as a whole; by using digital data transmitted, sorted, and retrieved electronically. Outside healthcare who have healthcare jobs have the same pandemic-related stressors like everyone else. On top of these worries come added challenges, including;

1. the fear and uncertainty of a heightened risk of infection
2. worry that they may carry the COVID-19 coronavirus home and infect loved ones
3. a dwindling or already inadequate supply of PPE needed to minimise the risk of infection
4. ever-changing recommendations from local leadership, medical and public health experts, and political leaders
5. unusually high and increasing demands to work longer hours as their colleagues become sick or quarantined
6. balancing their commitment to helping others (which likely led them to their current profession in the first place) with an understandable loyalty to protect themselves and their loved ones.
7. Nurses, healthcare and other healthcare workers did not sign up for such a dangerous job. So, take a mental health of the healthcare workers and know personally or see for medical care.

5. Suggestions

1. Taking adequate precautions like wearing masks and other personal hygienic methods can improve combating the COVID pandemic effectively. Provision of food, rest breaks, decompression time, and adequate time is also equally crucial as protective equipment.
2. Psychological stress needs to be managed while enhancing their preparedness for different types of outbreaks and raising their Healthcare capacity.
3. Healthcare managers need to take steps proactively to protect the mental wellbeing of staff. Managers must be aware of the situations that staff are likely to face both in family and work setting.
4. Staff can be supported by reinforcing teams, providing regular contact to discuss decisions, and checking on their wellbeing.
5. Staff must be actively monitored, supported, and, where necessary, provided with evidence-based treatments once the crisis healthcare recede.
6. Healthcare workers are at the forefront of the war; health workers also face considerable mental stress. They will also naturally be fearful that the virus might infect through Healthcare workers.
7. Health care workers should have access to counselling services to recharge their mental health and move on
8. to healthcare to protect healthcare workers from this new virus, fixing the unavailability of masks and other protective equipment. If healthcare workers get sick, it leads to the healthcare of the healthcare system. This will become even more important in the coming period when the rate of COVID-19 cases in many areas is expected to peak.
9. Local health departments have an integral role in responding to an influenza pandemic in current national preparedness plans. They are one of the significant public health threats that the World Health Organization(WHO) mentioned as "inevitable and possibly imminent".
10. Well planned and practical measures like quarantining a healthcare delivery can significantly reduce the impact of a pandemic, including widespread infection, high-level morbidity, and mortality rates.

11. E-Health promises to facilitate responses to a pandemic as a whole by using digital data transmitted, sorted, and retrieved electronically both at the local site and at a distance suggest that the development of vaccine/antiviral deployment plans is a crucial preparedness step that allows nations identify logistic gaps in their Healthcare capacity.
12. Healthcare managers in supervisory positions must acknowledge the challenge staff face nowadays and minimise the psychological risks inherent in dealing with dilemmas. The opportunity to do the same should be provided to those in charge of resources.
13. To shield all pregnant frontline workers from exposure to COVID-19, government officials world wide should act more dedicating today and respect pregnant women's autonomy to choose whether to continue working during the pandemic. By providing pregnant workers in conventionally public-facing roles and alternative means to contribute, such as through teleworking opportunities.
14. Screening clinics provide an area for evaluation of patients with COVID-19 and allow for PPE conservation by staff. The FDA has approved Emergency Use Authorization for the Battelle CCDS Critical Care Decontamination System to decontaminate compatible N95 or N95-equivalent artificial respirator equipment. This may assist with N95 shortages in those areas where this technology is available.

Conclusion

The Researcher concluded that better preparedness could mitigate its impact on a pandemic. Many countries have already started developing and implementing national influenza pandemic preparedness plans for a long time. The preparedness level varies among countries and developing countries in preparing for a pandemic, encountering more unique and challenging issues and challenges.

Pharmaceutical interventions such as vaccines and antiviral agents are less likely to be available in developing countries. Developing countries' public health and clinical infrastructure are often inadequate to deal with a widespread health crisis such as an influenza pandemic. Such an event will inevitably have a global effect. Therefore, improving pandemic preparedness in every country, particularly developing ones, is urgent healthcare need.

Some healthcare workers have potentially greater than normal health risks, which are

working during a pandemic. These workers may also be much concerned about infecting their family members and friends. Health Workers will be as accountable or liable to an extent as other workers to care for those sick family members and friends. It is important to have information about how motivated Health Workers will continue to work during this crisis and the factors that might influence their decision to work or not to work. Through the identification and subsequent management of such factors, it may be possible to implement those strategies which can improve the concerns and fears of Health Workers. However, it must be made possible that Healthcare workers have adequate access to counselling services to recharge before moving on again since this could be a long battle. Current national preparedness plans need local health departments to play an integral role in responding to an influenza pandemic. It is one of the significant public health threats that the World Health Organization(WHO) has mentioned as "inevitable and possibly imminent".

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