

**“The impact of the Covid-19 pandemic on the quality of service
provided to the patient by health sector workers”**

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Abstract:

Healthcare professionals have faced increased risks to their health and welfare throughout the COVID-19 pandemic as steps have been taken to both stop the spread of COVID-19 and treat individuals who become ill. Health policies do not often take a gendered approach, despite the fact that female healthcare professionals are disproportionately exposed to these dangers. This review's goals included identifying the gendered impacts of crises on the health and wellbeing of female healthcare workers and advising policymakers on health system policies and initiatives that could better support female healthcare employees. We did qualitative study with medical staff from several hospitals and clinics. The risk of COVID-19 for front-line HCWs was shown to be higher. The good result was that there was no mortality. The sharp decline in hospital admissions and likely substandard healthcare delivery during the lockdown may have been caused by the failure to replace the infected HCWs. For nations experiencing COVID19 crises or in the event of a future pandemic, understanding SARS-CoV2 among HCWs and their influence on the health-care system will be vital for delivering proper health services.

Keywords: COVID-19, Health professionals, Workload, Health worker .

Introduction:

Healthcare professionals have faced additional risks to their health and wellbeing throughout the COVID-19 pandemic, including increased vulnerability to infection and stress as steps have been taken to both limit the spread of COVID-19 and provide care for those who become ill. In addition, due to disruptions in the education system, facilities, and services, there are additional pressures that fall disproportionately on women. These include childcare and eldercare duties. Women make up 75% of the workforce in the health and social care sectors globally, and the percentages are much higher in some occupations like nursing and midwifery. Healthcare personnel who are women therefore experience the effects of crises to a greater extent (Morgan, Tan, Oveisi, & Memmott, 2022).

Nearly 9 million people have been infected with COVID-19 to this point, and there have been nearly 500,000 fatalities globally (Derseh Mebratie, Nega, & Gage, 2022). These numbers are still rising, albeit more slowly, and because of the crisis's widespread effects, comparisons to the effects of war have unavoidably been made. All facets of society have been affected by the crisis, but health and social care workers in particular have been shown to be under significant physical and mental strain (ahman Razu1, Yasmin, Binte Arif, & Islam, 2021).

Globally, the coronavirus disease 2019 (COVID-19) pandemic has posed more and more difficulties for medical personnel. (Ul Haq1, Rahman, Imran, & Romman, 2022) However, many poor nations, like Bangladesh, lack information on these difficulties. The purpose of this study is to examine the difficulties faced by medical staff members (nurses and doctors) during COVID-19 (A Tessema, Kinfu, Dachew, & Tesema, 2021). Due to their heavy workloads and associated stress, healthcare professionals also experienced mental distress, loneliness, sleep disorders, and sleeplessness. They were having anxiety attacks and dissatisfaction as a result of their ignorance, the changes in their environment, and their own and their family members' fears of infection. Currently, healthcare providers are required to keep their family members physically apart in order to decrease the danger of infection, which causes further psychological pain. As a result, it is increasingly important to pay close attention to the psychological problems of high-risk populations exposed to COVID-19. (Ul Haq1, Rahman, Imran, & Romman, 2022)

To limit the nosocomial spread of SARS-CoV2 and other respiratory viruses, health care personnel must utilize personal protective equipment (PPE) properly. However, a global shortage of masks, face shields, gowns, and respirators brought on by supply chain interruptions and higher demand has had a detrimental impact on HCWs' best practices. N95 respirators are typically only meant to be used once before being discarded, although SARS CoV2 inactivation techniques for N95 respirators have been created (Leszczy´nski, Sobolewska, & Muraczy´nska, 2022).

These programs appear to have prevented a significant initial increase in unemployment in these nations by allowing businesses facing a temporary downturn in business to receive support for a portion of the earnings of employees working fewer hours (Chemali, Mari-Sáez, El Bcheraoui, & Weishaar, 2022). In many nations, the coverage and amount of paid sick and care leave were expanded, and this had a significant impact on preserving employees' salaries, jobs, and health. The demand for commercial and state employment service providers (PES) skyrocketed in the early months of the crisis, but their capacity was severely hampered by the necessity to reduce face-to-face interaction with job searchers. This put PES providers under a severe stress test .(ahman Razu1, Yasmin, Binte Arif, & Islam, 2021)

Impacts of crises on healthcare workers

1. Workers frequently take on high-contact care roles in the healthcare system, such as nursing, and in the home, such as acting as carers, putting them at a higher risk of contracting COVID-19 (Morgan, Tan, Oveisi, & Memmott, 2022).
2. Using and having access to personal protection equipment A major issue was the lack of availability of personal protective equipment, particularly in the early stages of the pandemic.
3. Workload and personnel during emergencies. The COVID-19 pandemic caused an exponential rise in the workload of healthcare professionals during the first year of the outbreak (Zafar, 2022).
4. Negative consequences on potential for leadership and a career. In senior leadership roles across the board in health systems, women are underrepresented.
5. Increased stress on mental health. Evidence suggests that, in comparison to healthcare personnel who were men, women generally had more mental health effects from the COVID-19 epidemic.
6. Economic help: During times of crises, economic support is crucial (Tuczyn' ska1, Staszewski, Kozanecka, & 'Zok, 2022).

Related works

We analyzed the stress theories to comprehend the difficulties COVID-19 is posing for medical staff in Bangladesh. People have experienced a variety of internal and external physical and mental obstacles as a result of the COVID-19 outbreak, which has usually increased public stress.

In (A Tessema, Kinfu, Dachew, & Tesema, 2021), they discussed the study about Both industrialized and developing countries' health systems are at capacity due to the COVID-19 pandemic. The biggest hindrances to the health system's readiness for the pandemic were the lack of readily accessible health services, the absence of necessary supplies and tools, and the restricted testing capacity and surge capacity for COVID-19. One of the most frequent effects of the COVID-19 pandemic was a reduction in the flow of patients. Another was missed appointments. Africa's health systems were not well prepared for the pandemic, and it had a significant impact. Response times were long and did not reflect the severity of the issue. Interventions that will increase and reinforce the health system's financial stability and resilience through local, national, and international participation should be given priority.

(Chemali, Mari-Sáez, El Bcheraoui, & Weishaar, 2022), they presented the study about the health workforce, a pillar essential for the resilience of health systems, has been particularly challenged by COVID-19 in health systems around the world. As a result, studying health care workers' (HCWs) experiences and needs during pandemics can help to increase the resilience of the health system. The socio-ecological model was used as the analytical framework for presenting the results. The pandemic's effects on HCWs' personal and professional identities, daily routines, and well-being were manifested on an individual basis. The importance of the HCWs' interpersonal interactions, both personal and professional, was noted. Decision-making procedures, organizational elements, and the availability of support identified as significant factors influencing HCWs' experiences at the institutional level. Community morale, norms, and general knowledge were significant at the local level. Finally, government assistance and response actions influenced HCWs' experiences at the policy level.

(Cruz-Ausejo, Zegarra, Reátegui-Rivera, & Burgos, 2023), they proposed the study about healthcare professionals now have more serious health problems, which lowers their quality of life. This is due to the COVID-19 pandemic. This study aims to (i) assess the COVID-19 pandemic's effects on healthcare professionals' quality of life and (ii) pinpoint the factors that affect quality of life. When compared to their counterparts, professionals dealing with COVID-19 patients reported significantly lower levels of worry and stress as factors affecting their quality of life. Frontline COVID-19 workers reported a lower quality of life, which was mostly related to psychological issues like the ones listed above in addition to working circumstances such not having received prior training in COVID-19 situations.

(Zafar, 2022), The 2019 (COVID-19) coronavirus disease pandemic had an impact on every aspect of life. The COVID-19 epidemic has had an impact on both the health system and healthcare professionals. Due of the COVID-19 epidemic, healthcare workers (HCWs) have encountered numerous difficulties while working in hospitals. This study's goal was to assess the COVID-19 pandemic's impact on medical personnel and the healthcare system. The systematic review's findings indicated that the number of outpatients and the hospitalization rate had both increased, placing a strain on the healthcare system and healthcare workers (HCWs). The pandemic has changed the healthcare system and healthcare practice, forcing HCWs to adapt their workplaces and face new societal difficulties.

(Moynihan, Sanders., & Michaleff, 2021), they presented the study about ascertain the scope and character of adjustments in the use of medical services during the COVID-19 epidemic. Measures of results Change in service utilization between the PR pandemic and pandemic eras was the main result. Changes in the percentage of healthcare service consumers with milder or more serious illnesses (such as triage ratings) were a secondary outcome. During the pandemic, healthcare use declined by about a third, with wide variations and bigger declines among those with less severe illness. Studies of the health effects of reductions may help health systems avoid wasteful care in the post pandemic recovery while still prioritizing meeting unmet need.

(Tuczyn´ ska1, Staszewski, Kozanecka, & ´Zok, 2022), they included the study about various ways to define the standard of healthcare services. It might be described as the degree of value offered by any resource for health care, as established by some measurement. This article intends to give a brief overview of the information that is now accessible regarding the standard of healthcare during the COVID-19 epidemic in a few different European countries. In contrast to the other studies referenced, patients in the United Kingdom thought that the quality of services improved during the epidemic. Our study's findings also showed a decline in the standard of healthcare services rendered. Nevertheless, the advancement of telemedicine has improved the caliber of medical treatments.

(Leszczy ´ nski, Sobolewska, & Muraczy´ nska, 2022), The purpose of this study was to evaluate the level of help given by hospital emergency department (ED) and emergency medical service (EMS) workers. Only patients receiving EMS and/or ED support at the time when the pandemic was declared in Poland were targeted by the questionnaire. Despite severe delays in providing health treatments, patients of the ambulance service and hospital emergency rooms during the pandemic had positive opinions of the activities of medical staff.

(Derseh Mebratie, Nega, & Gage, 2022), In Ethiopia, the number of deaths related to COVID-19 and its dissemination has remained low. However, the pandemic could indirectly cause a public health emergency by disrupting crucial medical services. This study looked at changes in the use of health services during the first nine months of the COVID-19 epidemic in ten different regions of Ethiopia. The Ethiopian District Health Information System (DHIS2) was used to extract data. According to our analysis, the pandemic's effects were more severe in locations where health services were disrupted. The Ethiopian health system has to be better equipped to maintain vital services and lessen the indirect effects of pandemics on public health, especially in urban areas, during future COVID waves or pandemics.

Methodology

To get the in-depth understanding of difficulties faced by health workers, an exploratory qualitative inquiry was used. Health care workers (HCWs) are considered a high-risk population for developing COVID-19, or coronavirus illness. The healthcare system has been significantly impacted by the COVID-19 emergence. We wanted to learn more about COVID-19 among HCWs and how it affected the healthcare system.

Information was gathered via a thorough questionnaire that the author created. Participants in the study were briefly questioned to obtain information on their socioeconomic situation and demographics. Participants were questioned regarding their history of patient contact, infection symptoms, length of illness, and location of isolation during the infectious period. The question of whether participants had direct or indirect contact with an infected patient was also put to the participants.

Discussion

A higher risk of exposure and infection, difficulties obtaining personal protective equipment, increased workloads, fewer opportunities for leadership and decision-making, increased caregiving responsibilities at home when schools and childcare resources were limited, and higher rates of mental illness, such as depression, anxiety, and post-traumatic stress disorder were all observed in women healthcare workers during disease outbreaks. Prior to COVID-19, there was little focus on gender and the health workforce during crises, and there is a dearth of research on the experiences of women healthcare professionals in low- and middle-income countries during crises. The investigation revealed seven topics. During their service, participants encountered increased workload, psychological anguish, a lack of good personal protection equipment (PPE), social exclusion and/or stigmatization, a lack of incentives, a lack of coordination, and improper management. Because of the circumstances and organizational reasons, these healthcare professionals had trouble handling these issues. They claimed that having faith in God and helping one another out were the keys to overcoming difficulties. For a better overall health outcome during the pandemic, healthcare personnel must have adequate support to manage the challenges they face.

This is the first study that we are aware of that looks at how COVID-19 affects healthcare professionals in Pakistan as well as how HCWs affect the healthcare system. We discovered that frontline healthcare employees (medical doctors and nurses) employed in hospitals had a much higher COVID-19 infectivity rate than other healthcare workers (paramedics, pharmacists, and hospital cleaning personnel). In fact, the average prevalence revealed by a recent meta-analysis matches the prevalence of SARS-COV2 infection among HCWs.

Our teaching hospital's healthcare system was put to the test by the present pandemic. Our hospital had a scarcity of healthcare providers as a result of the COVID-19 outbreak among healthcare employees. There were very few HCWs who could replace the COVID-19-infected ones, which had a significant impact on the healthcare system. As a result, during lockdown, the number of patients admitted into various departments drastically fell.

The current study contains a number of drawbacks. The data collection on the HCWs was restricted to one institute and took place in a single teaching hospital. The family history was based solely on information provided by the HCWs and was thus biased by their own self-reporting. Because the study solely included healthcare professionals, we are unable to evaluate nosocomial transmission of COVID-19 to the general community. After the lockdown was lifted, data for hospital admissions were absent. Due to the nature of this retrospective analysis, the number of hospital admissions prior to the lockdown was not analyzed in relation to demographic characteristics, the precise kind of infection, and outcome.

Countries must understand how SARS-CoV2 infection affects HCWs in order to prepare for future waves of the disease as well as for the COVID-19 crisis that is presently underway. Better preparation for any pandemics or outbreaks in the future will also be made possible by such information. The results of this study are extremely important for the health authorities to understand in order to learn from past mistakes and be equipped with evidence-based data to enable better policy planning and proper health care delivery. In order to protect and safeguard all HCWs from COVID-19, the healthcare facility should also design other methods and offer an enough amount of PPE.

Conclusion

The COVID-19 conference offers a chance for the health sector to create gender-responsive crisis preparation plans. Without taking gender into account, crises will only serve to widen already existing gender gaps, having disproportionately negative effects on female healthcare employees. According to the findings, there are a number of crucial recommendations that should be made in order to better support female healthcare workers, including initiatives to support their personal caregiving responsibilities, provide financial support to close the growing pay gaps, and support workplace mental health. 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. The pandemic had a significant impact on other health services and the health systems were not well prepared. In general, the pandemic reaction was delayed and out of proportion to the severity of the issue. Priority should be given to interventions that would increase and reinforce the health system's resilience through local, national, and international engagement and better healthcare finance. To better comprehend the scope and nature of ongoing changes and responses of the African health systems to the epidemic, high-quality time-trend studies are required.

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