ISSN : 2350-0743

www.ijramr.com

International Journal of Recent Advances in Multidisciplinary Research
Vol. 09, Issue 06, pp.7807-7811, June, 2022

REVIEW ARTICLE

CHALLENGES FACED BY FRONT LINE WORKERS ACROSS THE GLOBE DURING COVID -19 PANDEMIC

***Dr. Milu Anna Ittycheria**

Rajiv Gandhi Institute of Public Health & Centre for Disease Control, Rajiv Gandhi University of Health Sciences, 4 T Block Jayanagar, Bengaluru, Karnataka

ARTICLE INFO

Article History:
Received 15th March, 2022
Received in revised form
24th April, 2022
Accepted 27th May, 2022
Published online 30th June, 2022

Keywords:
COVID 19,
Frontline workers,
Challenges, Mental Health.

ABSTRACT

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak hit the world with unprecedented consequences on global health, economy and people's lives. Going to work during this pandemic has placed frontline workers under immense and unprecedented pressure, putting their physical, mental and social well-being at risk. Exposure to excessive stress, for prolonged periods can have many harmful consequences on the emotional and mental well-being of frontline workers.The objective of this paper is to explore the challenges faced by the frontline workers (doctors, nurses and community health workers) during COVID 19 in different countries across the world.The literature search analyzed only peer-reviewed papers associated with challenges faced by frontline workers during COVID 19 pandemic across the globe.This study reports on the psycho-social health and well-being of front line health workers during this pandemic. It is important that employers and organisations recognise the challenges this vital workforce face in times of pandemics and implement appropriate support for these workers.

INTRODUCTION

The Covid-19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 caused by severe acute respiratory syndrome coronavirus 2(SARS-CoV-2).Health workers across the world have risen to the demands of treating COVID-19 patients, potentially at significant cost to their own health and well being. There has been increasing recognition of the potential mental health impact of COVID 19 on frontline workers and calls to provide psychosocial support for them.[1]

METHODS

The literature search analyzed only peer-reviewed papers associated with challenges faced by frontline workers during COVID 19 pandemic across the globe and the scope of the research was determined by the following parameters: language: English, period: from March 2020- November 2021,key descriptors: frontline health workers, COVID 19,challenges,mental health,well being. Databases used are Google Scholar, PubMed, Medline, Science Direct and Scopus. These were selected as sources of information due to their size and the quality of the publications found in them, however for future research other sources may be considered.

Corresponding author:* **Dr. Milu Anna Ittycheria,
Rajiv Gandhi Institute of Public Health& Centre for Disease Control, Rajiv Gandhi University of Health Sciences, 4 T Block Jayanagar, Bengaluru, Karnataka

Epidemiology of covid-19 pandemic: On 31 December 2019, the People's Republic of China notified a cluster of pneumonia cases with unknown etiology, later identified on 9 January 2020 as a novel coronavirus by the Chinese Center for Disease Control and Prevention. On 11 February 2020, WHO named the disease "coronavirus disease 2019 (COVID-19)," and the International Committee on Taxonomy of Viruses (ICTV) named the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)." On 11 March 2020, COVID-19 was declared a pandemic by the WHO Director-General.[2]Imported cases were reported from Thailand, Japan and Republic of Korea by January 2020.[3] By mid-March 2020, Europe became the new epicentre apart from China with Italy and Spain reporting the highest number of cases.[4,5] By April 2020,the region of Americas reported the highest number of cases with USA (United States of America), Brazil and Canada on the top of the list. [6] As of May 2021, there have been over 167 million confirmed cases of COVID-19, and nearly 3.4 million deaths reported to WHO, with India, reporting the highest number of new cases followed by Brazil, Argentina and USA.[7,8] Globally, new cases and deaths have been on a declining trend since mid-May2021.[8] The first lab confirmed COVID-19 case in India was reported in the state of Kerala on January 30th, 2020, who had travelled from Wuhan. The first COVID-19 death from India was reported on 10th March 2020 from Kalburgi district of Karnataka, a 76-year-old man who had a travel history from Saudi Arabia, whose COVID positive status was confirmed on March 13th 2020 post death.[10] The first wave of the COVID-19 pandemic peaked in India in mid-

September 2020, when the number of active cases crossed 1 million. It continued to decline for about months touching a low of 9,110 new cases per day on February 08, 2021.[11]

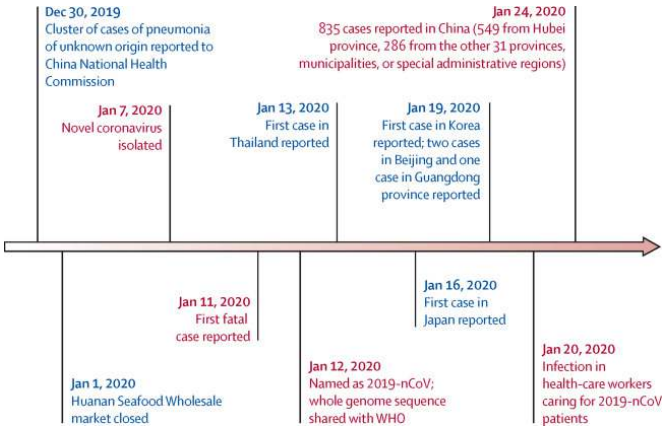


Figure 1. Timeline of early stages of 2019-nCoV outbreak[9]

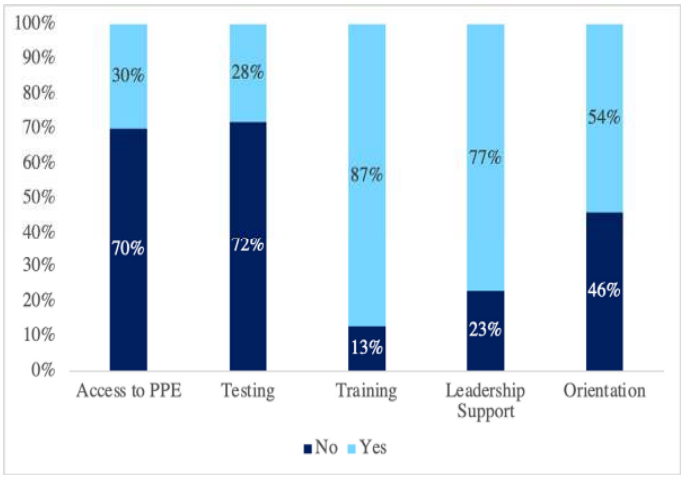
Challenges faced by front line workers: An already overburdened, understaffed and under-resourced health system faced severe repercussions in the wake of the pandemic. Those at the forefront of health and nutrition service delivery at the community level are struggling due to increased work burden and low compensation received, particularly since most of them are not formally recognised as workers.

India's front-line work force: The front-line women workers, especially accredited social health activists, anganwadi workers and their supervisors (Integrated Child Development Services supervisors, auxiliary nurse/midwife and ASHA facilitators)were overworked and underpaid even before the pandemic and continue to remain so even after. Since the beginning of the nationwide lockdown to curb the health crisis in March 2020, these female workers have undertaken a broad range of tasks. This includes conducting surveys, making door-to-door visits, assisting with contact tracing, testing and spreading awareness. Needless to say, they have contributed not only towards curbing the spread of the infection but also in helping people to access treatment in both urban and rural areas. The burden of work on these women is not something that would qualify as being part time or voluntary. Despite being overworked, women in these roles are also overwhelmingly underpaid. To make matters worse, they have to cope with delays in payment, poor infrastructure and transport and so on.. Owing to pressure from government officials, they often worked over time. Transportation was a huge problem for women during the lockdown days. Many also faced additional pressure from their households to stop doing this work as it is seen to be too risky with few benefits. Community members were also hostile towards these health workers owing to the fears of being forcefully quarantined in government facilities. People often stopped them from entering their homes and made them stand outside while answering their questions for fear that they may infect them. Despite the higher risk of contracting COVID-19, front-line workers had limited or no access to basic PPE, such as masks, gloves and hand sanitisers, let alone visors and scrubs. AWWs and ASHAs (alongside supervisors and ANMs) deliver services crucial to the health and well-being of the population. The chronic lack of attention to their working conditions only serves to weaken policy outcomes, women's empowerment and community development over all.

Moreover, then there have been stories of ASHA workers attacked while collecting COVID data and the last straw was the mob attack in Chennai to stop the burial of a doctor who, a frontline worker, died due to COVID infection.[12]

Middle East health care work force: Cross sectional surveys conducted among health care workers in Dubai found out that the knowledge gap is quite vast with only 57.4% scoring a sufficient level of knowledge.[13]Second is the infodemic phenomenon that has led to a campaign of misinformation and anecdotal evidence that is widespread amongst the public and HCWs.[14,15]For instance, we recognize a pattern in the knowledge section that when the participants were asked about facts that either kept on changing as the evidence changed or had misinformation circulating related to it, they did not score high enough. The weaker their knowledge, the less likely they will be able to fight this misinformation. Furthermore, they could be the ones who are unintentionally spreading it.There was a significant level of anxiety amongst the health care workers regarding contracting the disease themselves or their relatives and some degree of hesitancy to take the vaccine once it became available.

Brazilian front line health workforce: In order to collect "real time" data about how frontline workers experienced the pandemic, between 15th June and 1st July 2020 we carried out an online survey with 1120 Brazilian frontline PHC professionals, including 870 CHWs, 151 Nursing staff and 99 physicians. Survey results indicate that during the pandemic CHWs were experienced poor working conditions, and our research suggests that some of their previously existing vulnerabilities were exacerbated.[16]Graph 1presents the perception of CHWs about working conditions during the pandemic. Only 30% of these CHW claimed to have received adequate PPE; only 28% said they had received testing materials; and only 13% reported that they had undergone some type of training on how to act during the pandemic. During the first six months of the pandemic, the federal government failed to ensure distribution of PPE, tests or other protective measures for CHWs.



Graph 1. CHWs Working conditions during the COVID-19 pandemic. Source: Online survey: Effects of coronavírus in health workers work conditions. June 2020 (n = 870)

The pandemic reduced the confidence and impacted on the mental health of CHWs. Issues predating the pandemic, related to precariousness of work, hierarchical work dynamics, quality

of life, low pay, lack of training and psychological distress were reported.[17,18]Perceptions of fear and lack of preparedness were also evidenced among health workers. The pandemic impacted upon interactions between CHW and citizens. The need for physical distance and masks, new hygiene habits and work protocols, fear and distrust, use of PPE created a hostile scenario for CHWs to work. The pandemic brought about changes in the working practices of CHWs as they could not do home visits and other collective activities and became responsible for some activities of telemedicine.[19] These changes affected the power dynamics in PHC teams..The pandemic is also endangering the very role of CHWs in PHC provision, as the nature of CHW activity relies on interactions with citizens, mainly conducted inside homes. At a time when their role in the health system is being questioned, with ongoing changes in PHC policy which aim to reduce their role, the inability on the part of CHWs to fulfill their function during the pandemic adds further risks to the profession.[20]

New Zealand healthcare and other essential health care work force: A cross sectional survey found out that healthcare workers had higher anxiety and poorer well-being than nonessential workers during the COVID-19 pandemic lockdown in NZ. In the context of the COVID-19 pandemic, significant additional challenges include increased risk of infection because of potential exposure, workload demands and challenges (with exposure to potentially traumatic events, grief and ethical dilemmas) and social change including stigmatisation. Some or all of these factors may be associated with detrimental psychological outcomes.[21]Compared with nonessential workers, healthcare workers were also more likely to report experiencing increased workload and less likely to report concern about finances and employment than nonessential workers. Social isolation has been consistently identified as a risk factor for negative psychological impacts,[22] and although not different from nonessential workers, about one-third of healthcare workers reported decreased contact with family and friends outside of their 'bubble'. This included not just face-to-face contact (which was reduced for everyone), but contact by video link, telephone, email or letter. Similar to those in healthcare, 'other' essential workers may face increased work demands and feel at increased risk of infection because of potential exposure during their work. These workers were also at greater risk of experiencing increased workload and less likely to report concern about finances and employment compared with nonessential workers. Interestingly, they were at less risk of reducing their social contact compared with nonessential workers. This may have impacted on well-being because it is established that social connectedness promotes well-being.[23]

Australian frontline health work force: The fear of infectious disease transmission among healthcare workers during pandemic response (and COVID-19 response specifically) is well documented. Fear of spreading the virus to family members remains one of the primary concerns expressed by frontline healthcare workers when working during pandemics.[24,25,26,27]Doctors were more concerned about shortages of PPE compared to paramedics. PPE access was inadequate to safely perform their job, with the biggest shortages being face mask and face shield protection.[28,29] Lack of PPE access led some to appropriate unregulated and/or improvised forms of PPE, such as makeshift face masks and surgical caps. Torso and leg protection (i.e. gowns, suits, aprons), hand sanitiser and goggles were also suggested to be in short supply. Other research conducted in June–September 2020 (two to five months following data collection for the present study) similarly suggested many emergency frontline healthcare workers felt workplace/organisation communication lacked clarity and oftentimes was not timely.[30]

DISCUSSION

The COVID-19 pandemic exposed the difficulties faced by frontline health workers around the world. The disease has been associated with increased mortality amongst physicians and other health care workers. Other physical symptoms such as exhaustion, pain and discomfort resulting from the new work routine and from prolonged personal protective equipment (PPE) usage have been reported by health workers. Psychological problems such as depression, anxiety, insomnia and post-traumatic stress have become widespread, stemming from traumatic situations, exhaustion, isolation, social distancing, and lack or inadequate PPE – all of this exacerbated by unrelenting media reporting. There have also been reports of harassment, abuse, discrimination and stigmatization of frontline staff These impacts are not limited to frontline workers, as the pandemic is having knock on effects across health systems. The government's recognition of front line workers and their contribution to human development is an urgent requirement. The COVID-19 pandemic has presented a unique opportunity to highlight the working conditions of the vast reserve of women front-line workers employed under various government schemes in India. Such workers play a critical role in the government's efforts towards improving human development outcomes. Globally, this role has been recognised as being crucial for better implementation and outreach of health services to the population. Expanding better opportunities with decent wages for front-line workers is not only necessary for acknowledging their rights as workers, but could also contribute to the revival of the rural economy by putting wages into the hands of many, and take us closer to achieving our health and nutrition goals. HCWs in the PHC sector in Dubai had a significant level of anxiety amongst the study participants regarding contracting the disease themselves or their relatives and some degree of hesitancy to take the vaccine once it became available. And thus further training be provided to the HCWs to increase their confidence in battling the current outbreak and preparing them for any future surges of the disease. The impact of the pandemic among Brazilian health professionals has been profound. The failure of leadership and coordination at the level of the federal government during the pandemic created a scenario of ambiguity and tension around the work of CHWs. In the Brazilian response to COVID-19, the absence of clear decisions on the part of the government to coordinate and guide the work of health professionals endangered the health and safety of CHWs and of the wider population.

In New Zealand the essential workers (both those in healthcare and those providing other essential work) were at increased risk of anxiety compared with nonessential workers. In addition, healthcare workers (but not 'other' essential workers) were at increased risk of poor well-being. During the first wave of the COVID-19 pandemic in Australia, doctors, nurses and paramedics had concerned about colleagues contracting the virus than themselves personally. Fear of spreading the virus to family members remains one of the primary concerns expressed by frontline healthcare workers when working during pandemics.

Every dark cloud has a silver lining and this situation has highlighted the indispensable role of health-care professionals and need for strengthening the health-care systems.

Conclusion

Person-directed interventions (such as cognitive-behavioral training and relaxation) and organizational-directed measures (such as task restructuring, decreased job demand, increased job control) should be specifically promoted. Indeed, flexible scheduling, tele working through telemedicine, back-up/emergency childcare and eldercare may facilitate female employees in combining personal life chores and work duties. These types of services are routinely offered by most businesses in the industry area but occasionally in healthcare workplaces with great heterogeneity among countries. Technological devices and robots may support health care professionals facilitating some operational tasks during the pandemic, performing risky procedures and diverting some of the responsibilities from their shoulders. All health-care workers should be protected against the pandemic, leaving no one behind.

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