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Front Line Workers and Covid-19: A study on few Global Challenges

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Abstract

The COVID-19 pandemic, sometimes referred to as the coronavirus pandemic, is an ongoing worldwide illness outbreak brought on by the coronavirus 2 that causes severe acute respiratory syndrome (SARS-CoV-2). The outbreak's impact on the world's health, economy, and people's lives was unparalleled. Frontline employees are under extreme and unprecedented pressure from reporting to work during this epidemic, endangering their physical, emotional, and social well-being. Long-term exposure to severe stress can have a number of negative effects on frontline employees' emotional and mental health. This essay's goal is to examine the difficulties experienced by front-line personnel (doctors, nurses, and community health workers) during COVID 19 in several international locations. Only peer-reviewed articles about the difficulties experienced by front-line personnel during the COVID 19 outbreak were examined in the literature study. This study examines the psycho-social wellbeing and health of front-line medical personnel throughout the epidemic. Employers and organisations must understand the difficulties this essential workforce faces during pandemics and provide the right kind of assistance.

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

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Introduction

The Covid-19 pandemic, sometimes referred to as the coronavirus pandemic, is a persistent global outbreak of coronavirus illness 2019 brought on by the coronavirus 2 that causes severe acute respiratory syndrome (SARS-CoV-2). Health professionals all throughout the world have responded to the challenges of caring for COVID-19 patients, often at great personal cost to themselves. Frontline workers may be affected by COVID 19's possible effects on their mental health, and demands have been made to offer them psychosocial help.

Methodology:

The research's scope was established by the following criteria, which were used to assess only peer-reviewed studies about the difficulties experienced by front-line personnel during the COVID 19 epidemic worldwide: Key terms:

frontline health professionals, COVID 19, difficulties, mental health, and well-being; language: English; time frame: from March 2020 to November 2021. Google Scholar, PubMed, Medline, Science Direct, and Scopus are some of the databases used. Due to their quantity and the calibre of the papers they included, they were chosen as information sources; however, in the event that more study is conducted, other sources could be taken into account.

Epidemiology of covid-19 pandemic:

A cluster of pneumonia cases with an unknown aetiology was reported by the People's Republic of China on December 31, 2019, and the Chinese Center for Disease Control and Prevention later identified the cause as a new coronavirus on January 9, 2020. The International Committee on Taxonomy of Viruses (ICTV) and WHO both designated the illness "coronavirus disease 2019 (COVID-19)" and the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" respectively on February 11, 2020. The WHO Director-General proclaimed COVID-19 a pandemic on March 11, 2020. By January 2020, imported cases have been recorded from Thailand, Japan, and the Republic of Korea. By the middle of March 2020, Europe had replaced China as the region with the biggest number of cases being reported in Italy and Spain. The Americas area recorded the largest number of cases by April 2020, with the USA (United States of America), Brazil, and Canada topping the list. Over 167 million confirmed cases of COVID-19 and almost 3.4 million fatalities have been reported to the WHO as of May 2021. India has reported the biggest number of new cases, followed by Brazil, Argentina, the United States, and Brazil. Since the middle of May 2021, new cases and deaths have been trending downward globally. On January 30, 2020, a traveller from Wuhan was reported to have the first lab-confirmed COVID-19 case in India. A 76-year-old man with a history of travel from Saudi Arabia was the first COVID-19 death reported from India on March 10, 2020, in the Kalburgi region of Karnataka. His COVID positive status was verified on March 13, 2020, after his death. Around India, the COVID-19 pandemic's first wave peaked in the middle of September 2020, when there were over a million active cases. Following a period of decline, it reached a low of 9,110 new cases per day on February 8, 2021.

Challenges faced by front line workers:

The epidemic had negative effects on the health system, which was already overworked, understaffed, and underfunded. Those who are at the forefront of providing health and nutrition services at the community level struggle because of their heavy workloads and meagre pay, especially because the majority of them are not technically recognised as employees.

India’s front-line work force:

Prior to the pandemic and even now, front-line female employees, in particular certified social health activists, anganwadi workers, and their managers (Integrated Child Development Services supervisors, auxiliary nurse/midwives, and ASHA facilitators), were overworked and underpaid. These female employees have worked on a variety of projects ever since the national lockdown to stop the health crisis started in March 2020. This involves gathering information through surveys, knocking on doors, helping with contact tracing, testing, and raising awareness. It goes without saying that they have helped to both stop the virus from spreading and to make it easier for patients to receive treatment in both urban and rural locations. These women's workloads do not meet the criteria for voluntary or part-time employment. Even if they are hardworking, women in these positions are disproportionately underpaid. They have to deal with payment delays, subpar infrastructure and transportation, and other problems, which makes things worse. Because of pressure from government authorities, they frequently put in long hours. Women had a very difficult time getting around during the lockdown era. Many also experienced increased pressure from their families to discontinue performing this employment since it is perceived to be excessively dangerous and offer little advantages. Due to their worries about being forcibly confined in government institutions, community people were also resentful toward these health personnel. For fear of being infected, people frequently forbade them from entering their houses and forced them to wait outside while they provided their responses. Front-line employees have little to no access to even the most basic PPE, such as masks, gloves, and hand sanitizers, much alone visors and scrubs, despite the elevated risk of getting COVID-19. Along with supervisors and ANMs, AWWs and ASHAs provide services that are essential to the

population's health and wellbeing. The persistent disregard for their working circumstances only works to undermine community development, women's empowerment, and policy achievements in general.

The final straw was the mob attack in Chennai to prevent the funeral of a doctor who, as a frontline worker, died from COVID infection. There have also been reports of ASHA workers being attacked while gathering COVID data.

Middle East health care work force:

Only 57.4% of health care employees in Dubai who participated in cross-sectional surveys were found to have sufficient knowledge, indicating a significant knowledge gap. The second is the infodemic phenomena, which has caused a pervasive anecdotal evidence and disinformation campaign among the general public and HCWs. For instance, we have noticed a tendency in the knowledge portion where participants did not perform well when they were questioned about facts that either changed over time as the evidence did or had rumours going around about them. The less likely they are to be able to combat this false information, the poorer their knowledge. Furthermore, they can unknowingly be the ones spreading it. The fear of catching the illness for themselves or their loved ones was quite high among the medical professionals, and some of them were reluctant to get the vaccination when it was made available.

Brazilian front line health workforce:

We conducted an online survey between the 15th of June and the 1st of July 2020 with 1120 Brazilian frontline PHC professionals, including 870 CHWs, 151 Nursing staff, and 99 physicians, in order to collect data in "real time" about how frontline workers experienced the pandemic. This was done in order to collect information about how frontline workers experienced the pandemic. The findings of the survey show that community health workers (CHWs) were exposed to difficult working circumstances during the pandemic, and the findings of our research indicated that some of the CHWs' preexisting vulnerabilities were worsened. CHWs were asked about their experiences with the working circumstances during the epidemic, and their responses are presented in Graph 1. Only 30% of these CHW indicated that they had received proper personal protective equipment; only 28% said that they had received testing materials; and only 13% reported that they had taken any form of instruction on how to respond during the pandemic. The federal government did not assure the delivery of personal protective equipment (PPE), testing, or any other protective precautions for community health workers during the first six months of the epidemic.

The pandemic had a negative influence on the mental health of CHWs and lowered their confidence levels. There were reports of problems that existed before the pandemic that concerned the precariousness of labour, the hierarchical dynamics of the workplace, quality of life, poor pay, a lack of training, and psychological discomfort. There was evidence among health personnel of both dread and a lack of readiness, according to their perceptions. The pandemic had an effect on the interactions that took place between CHW and members of the community. A hostile working environment was established for community health workers (CHWs) as a result of the requirement for physical distance and masks, new hygiene habits and work rules, fear and distrust, and the usage of personal protective equipment (PPE). As a result of the pandemic, adjustments were made to the working methods of CHWs. Because they were unable to perform house visits and other collective tasks, CHWs were given responsibility for certain telemedicine activities. The power relations among PHC teams were shifted as a result of these developments. As a result of the pandemic, the very function that CHWs play in the provision of primary health care is under jeopardy. This is due to the fact that the nature of CHW activity is dependent on contacts with residents, which are often carried out inside homes. In a time when their function within the health system is being questioned, with ongoing changes in PHC policy which aim to reduce their function, the inability on the part of CHWs to fulfil their function during the pandemic adds further risks to the profession. During the pandemic, CHWs have not been able to fulfil their function.

New Zealand healthcare and other essential health care work force:

During the COVID-19 pandemic lockdown in New Zealand, a cross-sectional study discovered that healthcare professionals had greater levels of worry and had worse levels of well-being than non-essential personnel. In the context

of the COVID-19 pandemic, significant additional challenges include an increased risk of infection as a result of the potential for exposure, increased workload demands and challenges (with exposure to potentially traumatic events, grief, and ethical dilemmas), and social change, including stigmatisation. It's possible that a few of these elements, or maybe all of them, are linked to unfavourable psychological effects. 21 Healthcare employees were also more likely to report having increasing workloads, while non-essential workers were less likely to report being concerned about money and employment. Healthcare workers were more likely to report increased workloads than non-essential workers. Although not significantly different from other professions, roughly one-third of healthcare professionals reported decreased contact with family and friends outside of their "bubble." Social isolation has been repeatedly recognised as a risk factor for severe psychological outcomes. This covered not just face-to-face interaction, which was lowered for everyone, but also communication through video connection, telephone, email, or letter. Face-to-face contact was also reduced. Workers in "other" important industries, including those in the healthcare industry, may have greater workloads and a heightened sense of vulnerability to infection as a result of the possible hazards they confront on the job. In comparison to workers who weren't vital to the operation, these employees had a higher chance of having their workloads raised, but they were less likely to report being concerned about their money or jobs. It is interesting to note that they were at a lower risk of decreasing their social interaction when compared to people whose jobs were not vital. Because it is commonly known that having strong social connections is beneficial to one's well-being, this may have had an effect on well-being.

Australian frontline health work force:

The anxiety that healthcare personnel experience over the spread of infectious diseases during pandemic reaction, and more especially the response to COVID-19, has been widely documented. When working during a pandemic, one of the key worries that frontline healthcare professionals express is the worry that they would pass the virus on to their family members. In comparison to paramedics, doctors were more concerned about the lack of personal protective equipment (PPE). Access to personal protective equipment (PPE) was insufficient for them to execute their job in a safe manner, with the greatest shortages being in face mask and face shield protection. Due to a lack of availability to personal protective equipment (PPE), several individuals resorted to using suitable but unregulated or improvised types of PPE, such as handmade face masks and surgical caps. Hand sanitizer, goggles, and torso and leg protection (such as gowns, suits, and aprons), as well as torso and leg protection, were also thought to be in low supply. In a similar vein, additional research that was carried out between June and September of 2020 (two to five months after the data collection for the current study) suggested that a large number of emergency frontline healthcare workers believed that the communication at their workplace or organisation lacked clarity and was frequently delayed.

Discussion

The global health care crisis brought to light the challenges experienced by frontline workers during the COVID19 epidemic. Physicians and other medical professionals have a higher death rate due to this illness. Health care professionals have reported experiencing physical symptoms like fatigue, soreness, and discomfort as a result of the new work pattern and from wearing PPE for extended periods of time. Traumatic events, weariness, loneliness, social alienation, and a lack of or inadequate personal protective equipment (PPE) have all been linked to the rise in prevalence of mental health issues such melancholy, anxiety, sleeplessness, and post-traumatic stress. According to some reports, frontline workers have also been subjected to forms of abuse, discrimination, and stigmatisation. Workers in support roles are also feeling the repercussions of the pandemic's ripple effects. There is an immediate need for the government to acknowledge frontline employees for the important role they play in advancing human development. The COVID-19 outbreak provides a timely opportunity to shine a focus on the precarious working circumstances endured by India's large pool of female frontline workers who are engaged via a variety of government programmes. Such professionals are crucial to the government's attempts to boost people's lives through better human development policies and programmes. This position's importance in expanding access to health care services and improving their delivery has been acknowledged across the world. Expanding better opportunities with decent wages for front-line workers is not only necessary for acknowledging their rights as workers, but it also has the potential to contribute to the revitalization

of the rural economy by putting wages into the hands of many, bringing us closer to achieving our health and nutrition goals. Healthcare workers in Dubai's primary care (PHC) sector were very worried about getting the disease or having a loved one get it, and they were also hesitant to get the vaccination when it was finally made accessible. HCWs should get further training to boost their self-assurance in the face of the ongoing outbreak and to better equip them to deal with any potential future epidemics. Those working in the medical field in Brazil have been profoundly affected by the pandemic. Due to a lack of federal leadership and coordination during the epidemic, a confusing and tense environment developed surrounding the activities of community health workers (CHWs). Due to a lack of government-made choices to coordinate and lead the work of health experts, the health and safety of CHWs and the general populace were put in jeopardy during Brazil's reaction to COVID19.

There was a higher anxiety risk among critical employees in New Zealand, including those in the healthcare industry and those delivering other important services, compared to those in the general workforce. Additionally, the likelihood of poor well-being was higher for healthcare employees than for "other" critical occupations. While treating patients during the initial wave of the COVID-19 epidemic in Australia, medical professionals were more worried about their coworkers catching the virus than they were about themselves. In the midst of a pandemic, one of the biggest worries voiced by frontline healthcare professionals is the fear of bringing the virus home to their families.

Conclusion

It is important to encourage both individual therapies (such cognitive-behavioral therapy and relaxation) and organisational ones (like reorganising tasks, reducing job demands, and giving workers more say over their work). It is possible that women in the workforce may benefit from more options to balance work and family responsibilities, such as more flexible scheduling, teleworking via telemedicine, backup/emergency childcare, and eldercare. Most companies in this sector provide these services consistently, with notable exceptions being made in healthcare settings where there is substantial variation between nations. During the pandemic, technological equipment and robots may aid health care personnel by easing some operational chores, conducting riskier operations, and shifting some responsibility off their shoulders. Nobody in the medical field should be left unprotected during a pandemic.

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