



## Challenges faced by Healthcare Workers during the COVID-19 Pandemic: A study on Public health workers in Kozhikode Corporation, Kerala, India

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### Abstract

The COVID-19 pandemic has greatly affected healthcare systems around the world and it has placed heavy physical, emotional, and psychological burdens on healthcare workers. This study looks into the many challenges HCWs faced during the pandemic, focusing on their mental health, workload, resource shortages, and social stigma. Using primary data collected through structured questionnaires and backed by a thorough literature review, the research shows the psychological impact of working in high-risk environments, facing inadequate protective gear, and dealing with moral dilemmas in patient care. The findings indicate high levels of anxiety, depression, and burnout among healthcare workers. These issues are worsened by long working hours, fear of transmitting the virus to loved ones, and social isolation. The study also examines gender-specific vulnerabilities, especially among female healthcare workers, and highlights the issues with institutional support. The methodology includes a descriptive research design with quantitative analysis of responses from frontline workers in Kerala, India. The study combines global perspectives with local realities, highlighting the need for psychosocial support, policy changes, and efforts to reduce stigma. The conclusion calls for a complete approach to improve the well-being of healthcare workers. It advocates for mental health support, better working conditions, and protective legislation. This research adds to the on-going conversation about occupational health during pandemics and highlights the important role of social work in tackling systemic inequalities and fostering resilience among healthcare professionals.

**Keywords:** COVID-19, healthcare workers, stress, psychological impact, workload, social recognition

### Introduction

The COVID-19 pandemic, caused by the new coronavirus SARS-CoV-2, signifies one of the most disruptive global health emergencies of modern history. The outbreak began in Wuhan, China, in December 2019 and quickly spread globally, embarrassing healthcare systems and revealing weaknesses in public health systems. While the general public endured social lockdowns, economic straits, and fears of infection, healthcare workers (HCWs) served on the frontline of an extraordinary battle. HCWs' responsibilities included not only clinical care but also emotional support, public health advocacy, and crisis management. Overall, HCWs therefore included doctors, nurses, technicians, paramedical staff, and community health workers, and have carried the most burden through the pandemic. As the first line of defense against COVID-19, they were in charge of diagnosing, treating, vaccinating, and containing the virus—often facing the challenges of fear and ambiguity. The nature of HCW practice is uniquely vulnerable to biological, psychological, and social challenges. The World Health Organization (WHO) published that almost 115,000 health care workers died of COVID-19 between 2020 and 2021. This statistic further highlights HCW vulnerability and commitment and service to public safety (WHO, 2021).

It is important to recognize the psychological demands placed on healthcare workers during the pandemic. Elevated rates of anxiety, depression, post-traumatic stress disorder (PTSD), insomnia, and burnout in healthcare professionals have been recorded in studies worldwide. Healthcare workers engaged in repeated awareness of risk of infection while worrying about infecting family members, bringing about acute psychosocial distress. Healthcare workers

experienced emotional trauma by witnessing high mortality rates, making ethically challenging decisions about allocation of resources, and providing care amidst a myriad of constraints, including a shortage of personal protective equipment and staff. The burden of working long hours, the exhaustion of wearing protective equipment, and isolation from social contacts aggravated already diminished mental health.

Global patterns were made worse in India by issues at the local level. In response to the increasing violence against health care workers (HCWs), the government amended the Epidemic Diseases Act 1897 to make violence against HCWs a non-bailable offense. This change may have prevented some acts of violence motivated by panic and false information. Nonetheless, there were ongoing reports of denial of services, verbal abuse, and eviction in Delhi and other urban areas. The stigma associated with infections is always present and can lower healthcare workers' morale and care efficiency. Women make up 70-90% of the healthcare workforce globally, and they face most of the burden seen at the start of the pandemic. Data from Italy, Spain, and the United States demonstrated 69-75.5% infection rates for female HCWs. In low- resource settings, such as Nepal and Africa, lack of personal protective equipment (PPE) and training in cases of increased risk, created vulnerabilities with studies in Africa reporting transmission from patient to HCWs in settings with inadequate PPE. The circumstances in Kerala, India, were similar to those around the world.

High levels of stress fear of infection, and difficulties juggling work and personal obligations were reported by healthcare workers in both the public and private sectors. Although some risks were reduced by the state's proactive health policies, the psychological toll was still high. Social workers were essential in helping HCWs by providing counseling, making resources accessible, and pushing for structural changes.

The study emphasizes that managing workforce issues successfully depending on understanding the interrelatedness of occupational, social, and psychological factors. It is essential for policymakers and health organizations to provide national guidelines and programs on protective equipment, mental health supports, or public incentives that acknowledge the important roles of health care workers, particularly during crisis situations. As the pandemic proceeds in some areas, evaluation and continuous support for health care workers is critical to health system resilience and trust of the public.

### Objective

The main objective of the proposed study is to analyze the occupational, psychological, social, and workload-related challenges experienced by healthcare workers within Kozhikode Corporation during the COVID-19 pandemic.

### Methodology

The purpose of this is to examine the difficulties faced by health-care workers in Kozhikode Corporation in India during the COVID-19 pandemic. Primary data were collected from various HCWs in Kozhikode corporation including Junior Public Health Nurses (JPHNs), Junior Health Inspectors (JHIs), and Health Inspectors (HIs). The study included the JPHNs, JHIs, and HIs, excluding doctors and nurses at hospitals, as participants. Out of a target population, 300 samples were obtained through a stratified random sampling selection process. Data were collected with structured, and close ended questionnaires following a pretest process to establish reliability and validity. Secondary data involves analyzing existing sources such as hospital records, government health databases, published research articles, and media reports. Ethical considerations were made by obtaining informed consent, confidentiality, and using of data exclusively for research purposes. Data were analyzed by editing, coding, and tabulating, and the data were examined as percentages and derivatives presented as figures and charts.

### Results and Discussion

- **Demographic Profile:** With 88% of the respondents being female and only 12% being male, the demographic analysis showed a largely female workforce, confirming the gendered nature of primary healthcare work worldwide.
- **Infection Status:** It was found that 13.3% of the respondents tested positive for COVID-19 during the pandemic, which was a concerning one but much lower while compare to other international rates of infection.

- **Social Recognition:** During the pandemic, 89.33% of respondents said that society had recognized their commitment and service, a significant 14.67% avoided social situations because of worries about the spread of the virus.
- **Adherence to COVID-19 Protocols:** All the respondents reported strict adherence to COVID-19 protocols, recognizing their role as models for community behaviour.
- **Workload and Work-Related Stress:** One of the most notable findings was that 100% of participants said they experienced an increased workload during the pandemic situation.
- **Family Support and Personal Relationships:** 91% of respondents said that, they get a good support from their families for their professional work during the pandemic time.
- **Training and Capacity Building:** A positive finding was that 94.67% of respondents participated in COVID-19 training programs, indicating strong institutional efforts to build capacity among frontline workers.
- **Work Completion and Resource Constraints:** 56% of respondents reported successfully completing their assigned work, while 44% indicated only partial completion. A critical finding was that 92% of respondents faced difficulties accessing emergency services when needed, compared to only 8% who received timely emergency services.
- **Self-Care and Personal Health:** 84% of respondents reported inability to maintain adequate self-care, with only 16% able to properly attend to their personal health needs. The primary reasons for this self-care deficit included improper work schedules (32%), lack of leisure time (29.33%), excessive workload (22.67%), and various other factors (16%).
- **Community Cooperation:** 95% of respondents reported full cooperation from the public during COVID camps and health activities, while only 5.33% experienced non-cooperation
- **Institutional Recognition and Benefits:** 45.33% of respondents received increased allowances or salary increments as recognition for their pandemic service, while 41.33% benefited from reduced working hours.
- **Professional Attitude and Resilience:** Despite inadequate support in some areas, 82.67% of respondents reported no change in their professional attitude, while 17.33% felt their commitment was affected by insufficient support.

The research highlighted that a majority of the primary healthcare workforce is female, which reflects gender trends seen globally. Health care workers remained steadfast during the COVID-19 pandemic by following safety protocols and serving as role models to their communities. While workers faced increasing workloads, limited

emergency services, and difficulty maintaining personal health, they remained resilient and professional. The role of institutional training and capacity building was visible, and many workers felt recognized through financial or structural support. The support of family and society was also vital for workers' morale, as well as the cooperation of the community. Overall, the findings reflect the commitment, adaptability and endurance of frontline health workers in the face of extraordinary circumstances.

### Conclusion

The COVID-19 pandemic has highlighted the resilience and vulnerability of healthcare workers, especially in resource-poor contexts such as the Kozhikode Corporation. The study's results strongly indicate that a shared experience involved excessive workload, psychological fears of the unknown, associated normalization of stigma, yet outweighed by family support and societal recognition of sacrifices and complexities of the role. Workers neglected many self-care activities and postponed multiple emergencies, yet showed obvious commitment to the work it performed and, without significant confirmation, have maintained a balanced attitude toward the profession of healthcare; meaning caring for patients and ensuring wellbeing was more significant than personal distress. Implications indicate that there is a continuing need for healthcare system-wide across various forms of care path reforms through creating three areas: mental health programs; availability of adequate PPE, & campaigns for stigma mitigation. Structures that compile these elements would provide healthcare professionals with variously managed workloads for burnout prevention. Future studies should consider longitudinal outcomes of healthcare professionals and consider developing formats to include non-clinical and non-physician roles in research. Ultimately, protecting healthcare professionals is important to managing sustainable health systems over current and future health crisis.

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