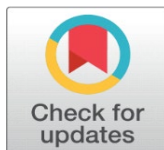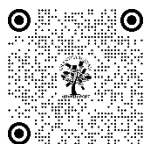# CHALLENGES AND IMPACTS OF COVID-19 ON HOSPITAL WORKERS IN INDIA: A COMPREHENSIVE STUDY ON SOCIAL LIFE, WORKFLOW PERCEPTION, AND PSYCHOLOGICAL HEALTH

Dr. Anju Sigroha[1], Soniya[2]

[1] Professor, Deenbandhu Chhotu Ram University of Science and Technology (DCRUST), Murthal, Sonipat-131039.
[2] Research Scholar, Deenbandhu Chhotu Ram University of Science and Technology (DCRUST), Murthal, Sonipat-131039.

Corresponding Author
Soniya,
soniadhillon8073@gmail.com

ABSTRACT

A cross-sectional study was conducted to identify challenges, social impacts, perceptions level, and psychological risk factors experienced by hospital workers in India during COVID -19. A pre-designed online questionnaire was shared among hospital workers to take their responses. We had collected the responses of 177 respondents. The study found that 94.9% of hospital workers in India observed staff shortages, low patient capacity, and insufficient protective equipment during COVID-19. Resource mismanagement and inadequate financial systems exacerbated these challenges, impacting patient care and hospital efficiency. Hospital workers experienced significant disruptions in their social lives, strained relationships, and fear of contamination among family and friends. Employment in the healthcare sector declined, and perceptions of daily workflow worsened, highlighting the need for advanced technology. Additionally, hospital workers faced poor psychological health, including disrupted sleep, anxiety, depression, and fear of stigmatization.

Keywords: Hospital workers, Challenges, COVID -19, India

1. INTRODUCTION

The COVID- 19 was firstly identified in Wuhan city of China in December 2019. But then the disease spread to almost all countries of the world. The World Health Organization (WHO) declared COVID-19 a pandemic on 11th march 2020. It is a contagious disease caused by Severe Acute Respiratory Syndrome` Covid 2 (SARS-CoV-2) virus. When it occurred initially in wuhan, this was called by the name "WUHAN CORONAVIRUS". The names SARS-CoV-2 and COVID-19 were given by WHO on 11th February 2020. Where Human coronaviruses were first discovered in 1960s. Coronavirues are a group of RNA viruses that causes diseases in mammals and birds. They belong to the family coronaviridae and divided into four genera: Alpha coronavirus, beta coronavirus, gamma coronavirus and delta coronavirus. This disease can spread from person to person through small droplets from nose or mouth which are spread when a person infected with

covid-19 coughs or exhales. People can also be infected by touching a contaminated surface and then their eyes, mouth, or nose.

SYMPTOMS OF COVID-19

The most common symptoms of the coronavirus include fever, cough, and shortness of breath. Some patients may also experience aches, nasal congestion, runny nose, loss of smell and taste, muscle pain, fatigue, and sore throat. Most individuals recover from the disease without requiring special treatment. However, older adults and those with underlying medical conditions such as high blood pressure, chronic respiratory disease, obesity, diabetes, heart problems, or cancer are at a higher risk of developing serious illness. The symptoms become visible in 5 days but it may vary from 1 to 14 days after exposure to virus. Incubation period is short among aged above 70 years in comparison to those who are below 70 years. The disease can lead to pneumonia, breathing problems or even death in some cases within a week. This development is related to sharp rise in inflammatory cytokines.

SYSTEMATIC DISORDERS	RESPIRATORY DISORDERS
Fever, cough, fatigue, sputum, headache	Rhinorrhea
Hypoxemia	Pneumonia
Hemoptysis	Sneezing
Dyspnea	Ground glass opacities
Diarrhoea	Acute respiratory distress syndrome

DIAGNOSIS OF COVID-19
  - ➢ Any travel history to endemic countries like China, Iran, Italy.
  - ➢ Blood testing – serology that gives us information about previous infection or exposure to the virus.
  - ➢ Chest Ct scan that gives more reliable results than chest X-ray.
  - ➢ The platelet count is generally not affected. They remain generally normal or slightly low.
  - ➢ The CPR and ESR are usually higher than normal.
  - ➢ If the levels of prothrombin time, creatinine, ALT/AST, D-dimer, CPK comes high then there may be chances of severe disease.

TREATMENT OF COVID-19
  - ➢ Supportive therapy in early stages:
    - • Provide oxygen therapy to those who are in need like patient of severe acute respiratory illness to improve their oxygen level. It must reaches > 90% in normal patients and it should be >= 92-95% in pregnant ladies.
    - • Patients suffering from SARI, not in shock should be provided with conservative fluid management.
    - • Antimicrobials should be given only with physician's prescription.
    - • Systemic corticosteroids should be avoided unless necessary and only should be taken under doctors guidance.
    - • Monitor patients regularly to check their vitals and if any change in the treatment is required.
    - • Check the patient's condition very precisely whether he/she is in danger or not. Check the ICU management of patient, which treatment therapy should be continued or which to stop immediately.
    - • Regularly give updates regarding the patient health to his/her attendants or family members. Explain the entire treatment plan to them and make them sure about everything.
  - ➢ Management of septic shock.
  - ➢ Treatment of covid-19 is supportive and essentially symptomatic. Till today nothing specific has been taught for covid-19 cure. First thing one need to do is to isolate him/her so that the infection will not spread to others who are in contact with that person. Keep the patient hydrated and well nutritious diet should be given. Avoid all the oily food stuff and avoid external activities as well. Steps should be taken to cure fever and cough and also can go for the broad spectrum anti viral drugs.

PREVENTINGS OF COVID-19
  - ➢ Clean your hands regularly and thoroughly with soap or hand sanitizer.

➢ Keep your distance of at least 1m from anyone who is coughing or sneezing.
➢ Ensure that your mask covers your nose and mouth to protect yourself and others.
➢ Take the COVID-19 vaccine as soon as you can and complete all required doses.
➢ Stay home if you are unwell.
➢ Monitor your health daily.
➢ Consult your physician as early as possible if you are facing any of the symptoms like shortness of breath, cough, fever etc.

Covid-19 which was firstly identified in Wuhan city of China. WHO declared it as a pandemic as it spreads globally. This pandemic affected almost all the sectors of society like healthcare, agriculture, manufacturing, education system, travel & tourism etc. The healthcare workers have gone through the psychological trauma due to overload of workforce. National shortages of healthcare equipments, PPE kits and facemask, gloves etc that directly hits frontline healthcare workers who are serving patients. Insufficient funds raised by the government for providing essentials to healthcare workers cause mental stress to the workers. Due to spread of covid-19 pandemic the healthcare workers are socially stigmatized. They are unable to work remotely. There is decrease in productivity and revenue and increased use of resources. According to World Bank global growth shrinks by 8%. There are very less research studies regarding the social and economic impacts of covid-19 on hospital workers till now. So here we performed a study to evaluate the socioeconomic impact of covid-19 on hospital workers.

2. REVIEW OF LITERATURE

Aduhene & Osei-Assibey (2021) discussed the socio-economic impact of covid-19 on Ghana's economy and its challenges and prospects. The findings revealed that approximately 42000 people lost their lives in the last three months due to partial lockdown, closure of tourism and hospitality. Manufacturing sector was on rise in Ghana. Healthcare system of Ghana was so fragile and highly vulnerable and it faced shortages of PPE kits, N95 face masks, ICU beds, testing kits, medical hospitals and ventilators which exposed the real picture of healthcare system in the country. At the end it was concluded that the govt. involved the private sector in the establishments of health care units across the country. Also the govt. has announced 110 hospitals for the care of residents of the country.

Aristodemou et al. (2020) discussed the covid-19 crisis in the EU: the resilience of healthcare systems, government responses and their socio-economic effects. In this study three indices were studied, first was health system preparedness index (HSPI), second was Government Response Confinement Index (GRCI) and third was Socio-economic impact index (SEII). The results obtained from HSPI were varying at the beginning in EU. France and Germany were at the top ranking while the Croatia, hungary, Portugal and Greece were at the lowest. Health expenditure was highest in france, germany, Sweden, and Austria. Testing capacity was highest in Slovenia and germany and availability of nurses was high in finland, germany, Ireland and Luxembourg. While the availability of doctors was higher in france, Austria, Poland. The results concluded from the GRC index was that workplace closing showed mixed results. And the last index SEI showed negative impacts, each of the bars represented higher expenditures on fiscal packages, higher GDP declines, more robust decreases in wages, higher public debt, higher unemployment, and higher unemployment expenditure.

Berlinger et al. (2020) studied the ethical framework for healthcare institutions responding to COVID-19, which includes guidelines for institutional ethics services. This framework aims to pose practical questions that administrators and clinicians might not have considered and to support real-time reflection and review of policies and processes. It explains three duties of healthcare leaders during a public health emergency: planning, safeguarding, and guiding. Additionally, it offers detailed guidelines to help hospital ethics committees and clinical ethics consultation services quickly prepare to support clinicians caring for patients under contingency care and, potentially, crisis standards of care.
Bhattacharya (2020) conducted a study to unravel the medical, economic, and social impacts of pandemic. The results showed socio-economic impacts of covid-19 as social distancing, self-isolation, travel restrictions which led to reduced workforce across all the economic sectors and the loss of jobs. The study concluded that people were coping with this pandemic with quality and resilience of their social and psychological framework.

Bostan et al. (2020) explored the impact of the COVID-19 pandemic on Turkish society, focusing on three dimensions: sensitivity to the pandemic, protective measures, and social trust. The results indicated that people demonstrated high

sensitivity to the pandemic, put in maximum effort to protect themselves, and had above-average social trust, although it was slightly lower than the other two dimensions.

Cavallo and Forman (2020) examined the economic impact of COVID-19 on radiology practices. The study found that policy measures to curb the spread of the virus are reducing the demand for imaging services unrelated to COVID-19. Additionally, hospital efforts to expand crisis capacity are further limiting the amount of safe, appropriate medical imaging. Although economic recessions typically lead to decreased healthcare expenditures, radiology groups are facing an unprecedented economic shock due to the simultaneous need to restrict imaging availability. Anecdotal evidence suggests that radiology practices should anticipate a 50%-70% decrease in imaging volume, lasting at least 3-4 months, depending on the location and severity of COVID-19 in each region.

Chakraborty and Maity (2020) aim of this study was to investigate the effects of COVID-19 on society and the global environment. The main findings indicate that COVID-19 has spread rapidly worldwide, presenting significant health, economic, environmental, and social challenges to humanity. The study concluded that, despite these challenges, the pandemic has led to substantial environmental recovery, which is likely to have a positive impact on global climate change.

Chan et al. (2020) studied an update on COVID-19, focusing on the epidemiological, clinical, preventive, and therapeutic evidence, as well as guidelines for integrating Chinese and Western medicine in managing the disease. The latest national and provincial clinical guidelines, retrospective cohort studies, and case series on the use of Chinese medicine as an adjunct in COVID-19 treatment were reviewed. Additionally, clinical evidence from SARS and H1N1 management, hypothesized mechanisms, and recent in silico findings to identify potential treatment candidates were also examined. The conclusion was that Chinese medicine could be considered a complementary therapeutic option in managing COVID-19.

Cutler & Summers (2021) studied how covid-19 changes the economics of healthcare in US. It was observed that in 2020 healthcare spending was down related to 2019. Dental spending declined the most -12% from Jan 2020 through may 2021, nursing home spending declined by -5% and physician spending -2%. While some components of care rose marginally like prescription drugs 2%, home healthcare 1%. During that time health care employment was also reduced to 10%.

Digby et al. (2020) conducted a study on hospital staff well-being during the first wave of COVID-19, gathering staff perspectives through an online survey. The findings revealed that hospital staff were concerned about patient care, adjusted working conditions, the hospital environment, the pandemic's impact, feelings of isolation and uncertainty, leadership and management, and the additional support needed for staff.

Eddy (2021) conducted a study on the social impact of COVID-19 as perceived by the employees of a UK mental health services. Results obtained were pre-pandemic 82% people preferred to meet personally while this dropped to 44% at the time of survey. Due to technology 56% of the respondents believed they talk to people less since the pandemic and 66% felt more socially isolated. 80% felt that PPE and social distancing affects the well being of employees at the workplace. According to respondents, there was a 80% rise in the mental health problems.

Florin et al. (2020) evaluated the socio-economic and psychological impact of the covid-19 on private practice and public hospital radiologists. Results obtained were 12.3% expressed insomnia, 14.6% anxiety and 12.5% depression symptoms. Conversely, working in a public hospital was a protective factor against insomnia, anxiety and depression.

Gautam et al. (2021) analysed the impacts of COVID-19 on health, economic and environmental in Bangladesh. According to Priority Intervention Areas (PIA) it was concluded that doctors and nurses didn't get sufficient unsealed PPE and there was deficiency of ICU, doctors and nurses. Also concluded that there was mismanagement and lack of coordination among the authorities. Almost 20 million workers lost their jobs from informal sector and brought a disaster in the education sector as well.

Gopalan et al. (2020) researched the challenges posed by the COVID-19 pandemic on socio-economic issues, healthcare, and national health programs in India, particularly focusing on the low socio-economic strata. The findings revealed that the nationwide lockdown resulted in financial losses affecting all segments of society. Additionally, the consequent ripple effects on health, healthcare, and nutrition threaten to undermine the previously attained successes of national healthcare programs.

Khoo and Lantos (2020) aim of the study was to outline some potential lessons and its ethical dilemmas. This study stated that there must be a financial limit in every nation's healthcare budget. Ethical principles of utility and equity should be followed by all the stakeholders in allocation of resources. Balance of utility and equity must be maintained.

Maduke et al. (2021) conducted a study on psycho-social impact on the front-line healthcare workers. 54% strongly agreed that they had increased anxiety because of pandemic, 31.1% felt overwhelmed in which mostly women were faced more workplace related anxiety and disruption in sleeps as compared to men. 84.1% rating was given to the support of hospital administration during pandemic by the different occupation holders. At the end it was concluded that significant proportion of healthcare workers perceived increased anxiety, fear of dying and disruptions in their workflow from covid-19 pandemic.

McKinlay et al. (2021) aim of the study was to find out the impact of covid-19 pandemic on the working lives, mental health and well-being of non-healthcare workers in UK. Results obtained that, there was a feeling of disempowerment, lack of public and organizational recognition and support among key workers. Also they faced increased workload burden, fear of covid-19 exposure and subsequent transmission to others especially their family members.

Sim (2020) conducted a study on major risks to healthcare and other workers on the frontline during covid-19. This study revealed that fewer cases were reported in low-income and medium-income countries such as Africa. But there was a sharp increase in the deaths and cases in the countries where testing and healthcare facilities were limited.

Xiao et al. (2020) investigated the impact of social support on the sleep quality of medical staff caring for COVID-19 patients in China between January and February 2020. The study measured levels of anxiety, self-efficacy, stress, sleep quality, and social support using standardized scales: the Self-Rating Anxiety Scale, General Self-Efficacy Scale, Stanford Acute Stress Reaction Questionnaire, Pittsburgh Sleep Quality Index, and Social Support Rate Scale. Findings indicated that the sleep quality, anxiety levels, and self-efficacy of medical staff were significantly influenced by the amount of social support they received during this critical period.

OBJECTIVES OF THE STUDY
1) To find out the challenges faced by hospital workers during COVID-19 in India
2) To determine the impacts of COVID-19 on social life of hospital workers
3) To assess the perception of hospital workers on the daily workflow system of hospitals
4) To determine the risk factors towards the psychological health of hospital workers

3. RESEARCH METHODOLOGY

This study was conducted to determine the impacts of COVID-19 on the social life of hospital workers, to find out the challenges they faced, and to assess the perception level and risk factors towards the psychological health of hospital workers. A cross-sectional study was conducted from 20th June 2022 to 8th July 2022. A pre-designed online questionnaire was shared among hospital workers to take their responses and those involved medical doctors, dental, nurses and midwife, management and administration, other health professionals including pharmacy and laboratory staff, and other supportive staff. Their privacy and confidentiality was properly maintained. The medical doctors, dental include specialty from all units and were asked to become respondents of the study on the basis of proportionate random sampling. We had collected the responses of 177 respondents. The five-point Likert scale (strongly disagree, disagree, neutral, agree, strongly agree) was used to measure the aspects of hospital workers. Descriptive statistics (Mean and standard deviation) was calculated through SPSS software.

DATA ANALYSIS

From a total of 177 respondents 53.7% were male and 46.3 were female. Most of the responses we got from the age group between 31-40 years that is 56.5%. And least responses from the age group above 60 years. Marital status of the respondents was like this 45.2% were married and 54.8% were unmarried. From these respondents 66.7% were from the background of medical doctors, dental, general physician, all specialists etc. 9.6% responses comprises of nurse and midwife and 14.1% respondents were from management and administration background. Only 2% responses were from other supportive staff members. Working experience among these respondents greatly varied as 60.5% were having experience below 5 years and 32% were between 5-10 years. Educational status of the respondents was most of the people were undergraduates with 48.0% and post graduates with 48.6% (see table I).From this we can see that demographic profile of these respondents is mainly linked to a medical doctors and dentals and general physicians and their work experience is mainly of under 5 years.

Table I. Demographic profile of respondents

| Items	N= 177 (per cent)
Gender	
male	95 (53.7)
Female	82 (46.3)
Age in years	
21-30	23 (13)
31-40	100 (56.5)
41-50	42 (23.7)
51-60	10 (5.6)
More than 60	2 (1.1)
Marital status	
Married	80 (45.2)
Unmarried	97 (54.8)
Job category	
Medical doctors and dental (physician, GP, all specialists etc)	120 (67.8)
Nurse and midwife	17 (9.6)
Other health professionals (laboratory staff, pharmacy staff, physiotherapy etc)	13 (7.3)
Management and administration	25 (14.1)
Other support staff (cleaners, kitchen staff, guards ,laundry staff, drivers etc)	2 (1.1)
Working experience in years	
Below 5	107 (60.5)
5-10	32 (18.1)
Above 10	38 (21.5)
Educational status	
Primary school	2(1.1)
High school	3 (1.7)
Under graduate	85 (48.0)
Post graduate	86 (48.6)
Others	1 (.6)

- **Gender**
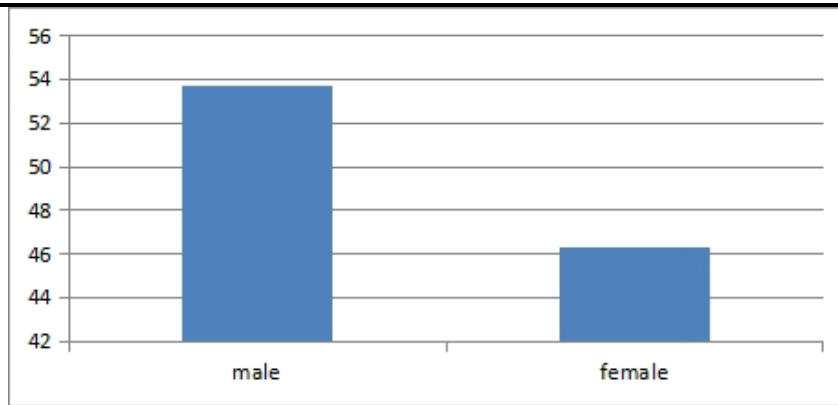
From this we interpreted that there are 53.7 % respondents are male and 46.3% respondents are female. These respondents are from hospital workers only.
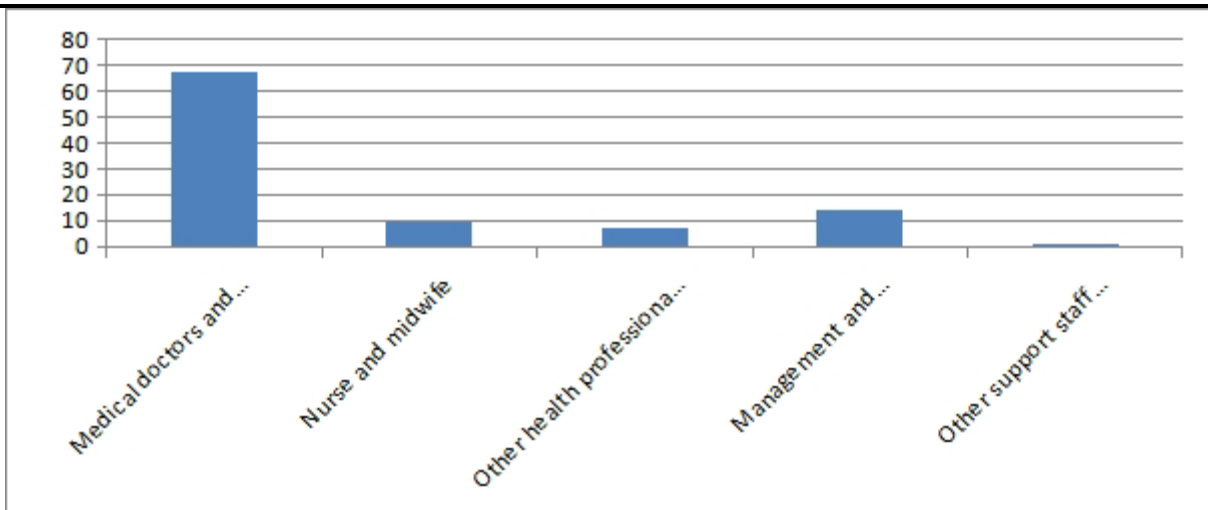
- **Age in Years**
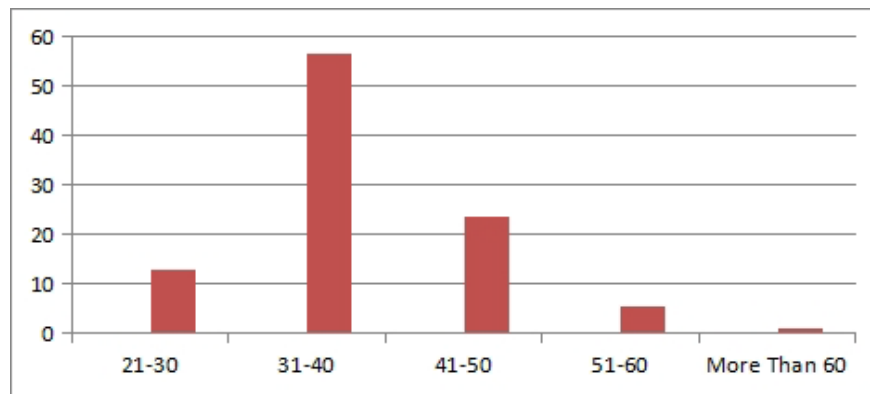
From this we interpreted that there are more respondents from 31-40 years age group. And least responses came from above 60 years aged group.

- **Marital Status**
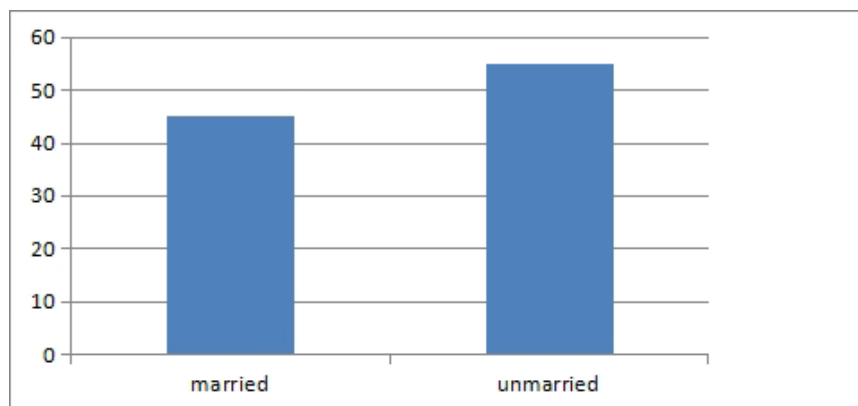
From these results we can interpret that ratio of married respondents is less than unmarried that is married (45.2%) and unmarried (54.8%).

- **Job Category**

From the results we have obtained the interpretations would be like there are more medical doctors and dental with 67.8% and least respondents were from other support staff which included cleaners, kitchen staff, guards, laundry staff, drivers etc. i.e 1.1%.

- **Working Experience in Years**
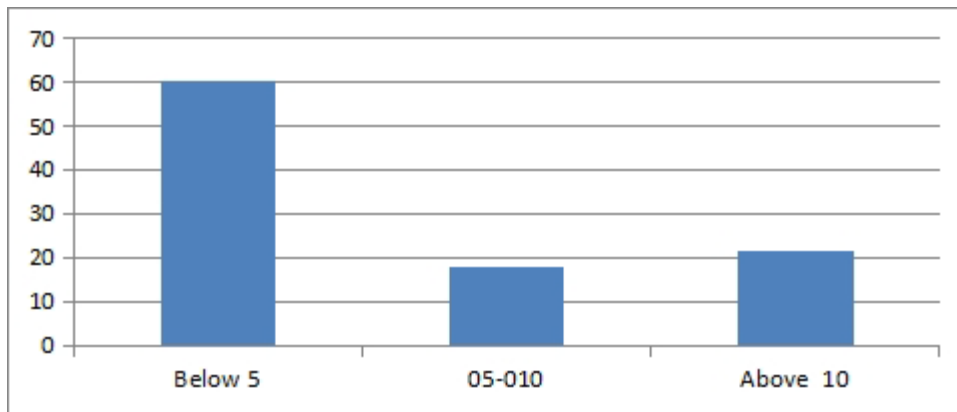
Interpretation will be like most of the respondents are of below 5 years experience i.e 60.5%. Above 10 years experience are 21.5% and between 5-10 years of experience are18.1%.**Education**
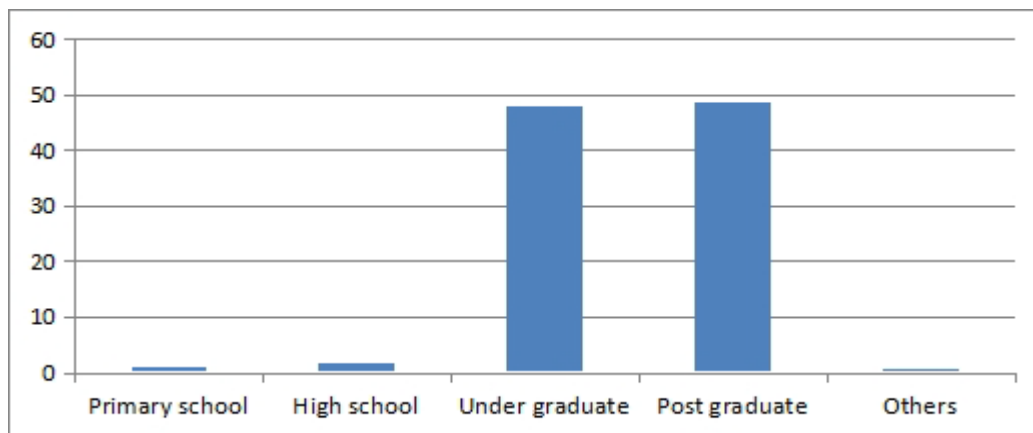
Most of the responses come from under graduates and post graduates. These are the findings from our online survey regarding the demographic profile of the respondents.

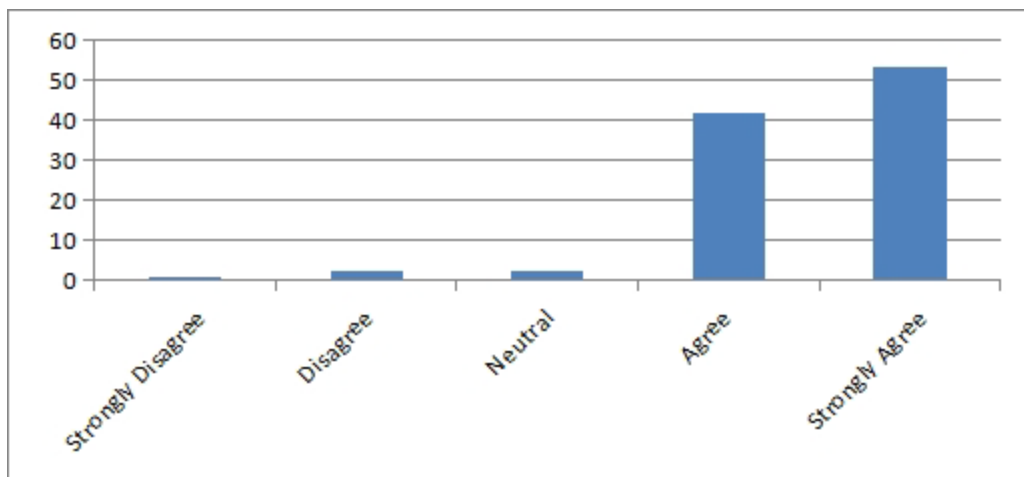**Table II. Percentage, mean and standard deviation of respondents challenges faced in covid-19 Pandemic**

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
Low capacity for patients in COVID-19 pandemic (LCP)	1.1	5.6	8.5	47.5	37.3	4.1412	.87733
Shortage of hospital staff including doctors, nurses others in such situation	0.6	2.3	2.3	41.8	53.1	4.4463	.68192
Insufficient personal protective equipments (PPE) at the workplace	.6	7.3	11.9	48	32.2	4.0395	.88781
Improper distribution of hospital resources at the time COVID-19 pandemic	.6	5.1	7.3	52.5	34.5	4.1525	.80792
Need of financial management in healthcare sector in India	.6	1.1	2.8	38.4	57.1	4.5028	.62256

84.8 % respondents agreed that there was low capacity for patients in covid-19 pandemic. During pandemic there was a shortage of hospital staff which adversely effected the situation that time and for this 94.9% respondents agreed which means this was really the most critical challenge for workers .The results also shows that more than 85% of hospital workers agreed that there were insufficient personal protective equipments in the pandemic with (X= 4.0395,S.D = .88781). Also the most observed challenge faced during covid-19 pandemic was the deficiency of financial management in healthcare sector with respond of 95.5% (X= 4.5028, S.D= .62256). About 87% respondents reported that there was improper distribution of resources at the time of covid-19 (X=4.1525, S.D= .80792).
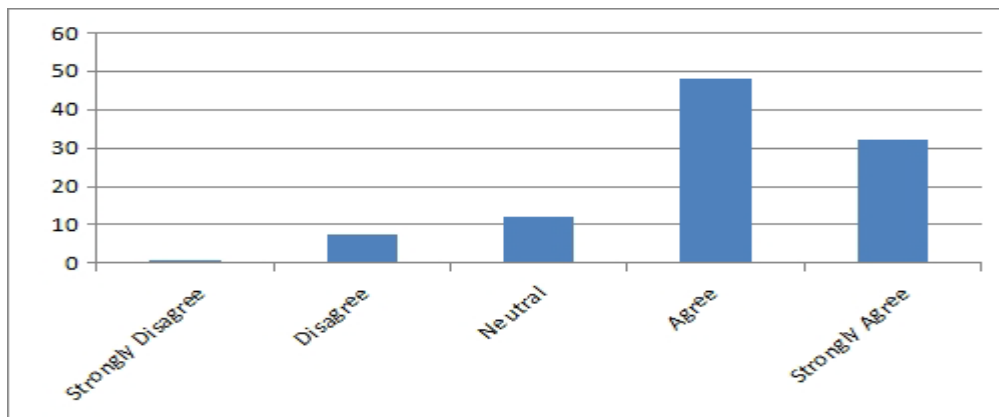
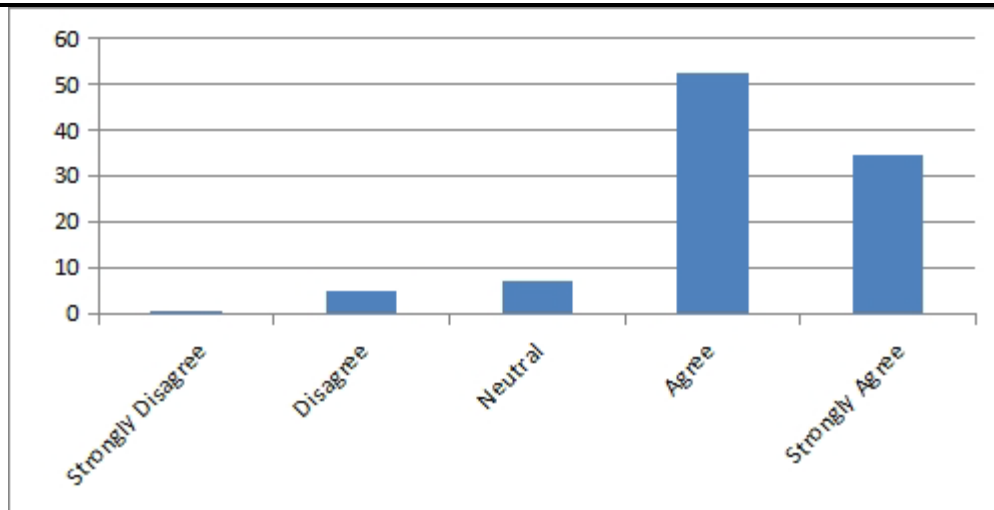- **Low capacity for patients in COVID-19 pandemic(LCP)**
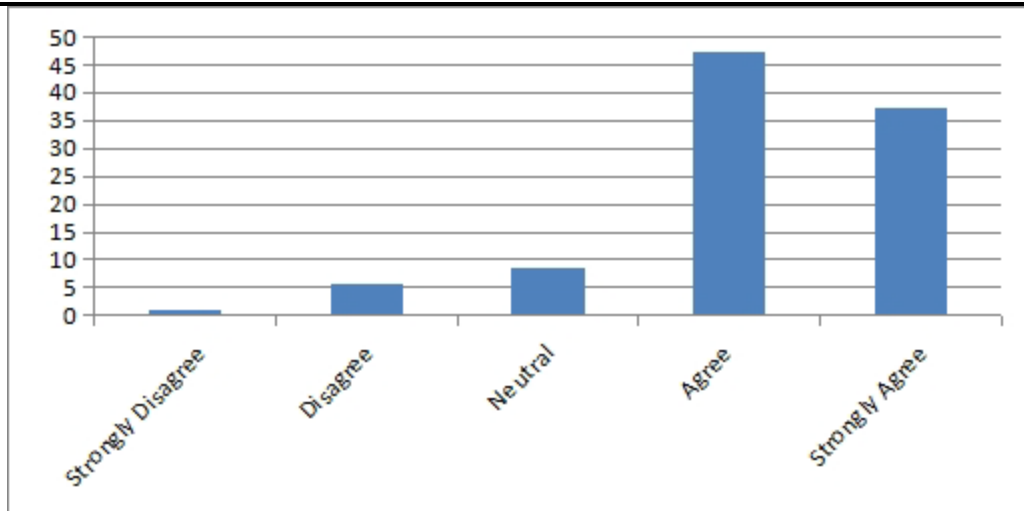
- **Shortage of hospital staff including doctors, nurses others in such situation**
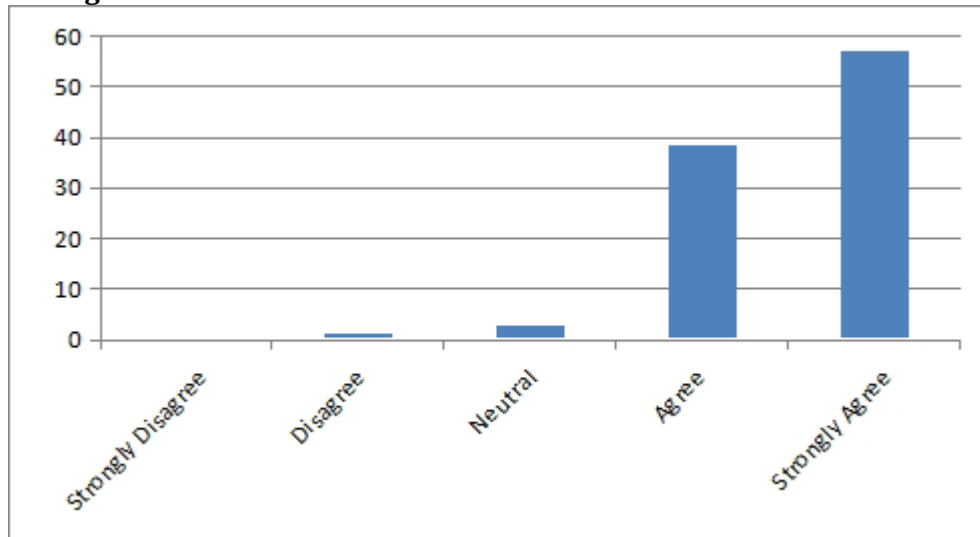

- **Insufficient personal protective equipments (PPE) at the workplace**

- **Improper distribution of hospital resources at the time COVID-19 pandemic**

- **Need of financial management in healthcare sector in India**

- **Table III. Percentage, mean and standard deviation of impacts of COVID-19 on social life of respondents**

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
My family and friends are supportive and considerate at work this time	1.1	1.1	9.0	54.8	33.9	4.1920	.66504
Negative impact on relation with co-workers	1.1	19.8	27.1	39.0	13.0	3.4294	.98675
Fear of contamination among family, friends or relatives	1.1	1.1	3.4	40.7	53.7	4.4463	.72198

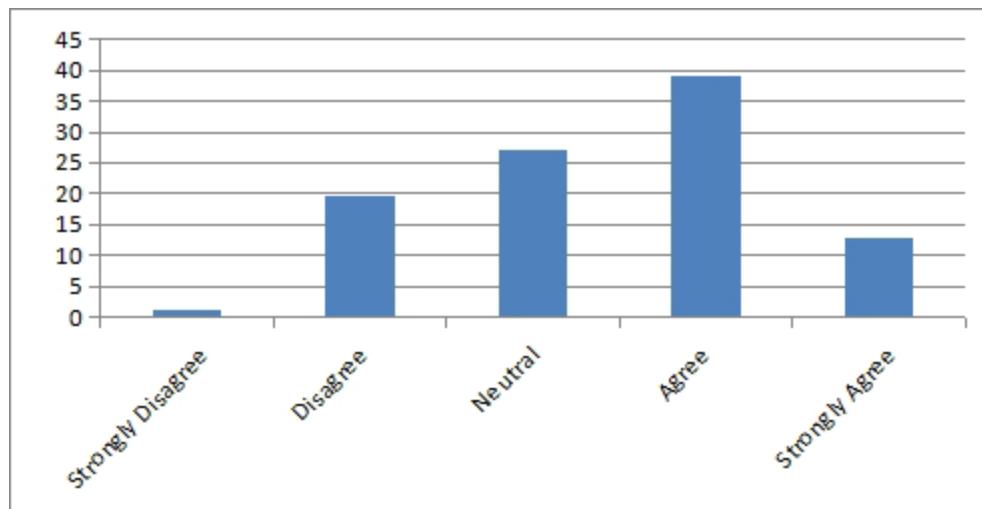|							
Reduction in employment in healthcare sector	3.4	20.3	7.9	39.0	29.4	3.7062	1.1887

Table III shows that 94.4% hospital workers had a fear of contamination among family, friends or relatives in COVID-19 pandemic (X=4.4463, S.D= .72198). The results shows that 80% feel that there had a negative impact on relation with co-workers (X= 3.4294, S.D= .98675). Acc to data obtained this was concluded that hospital workers family and friends were very supportive and considerate at work during pandemic and its score obtained was 88.7% with (X=4.1920, S.D= .66504). Due to COVID-19, 68.4% respondents observed that there was reduction in the employment in healthcare sector

- **My family and friends are supportive and considerate at work this time**
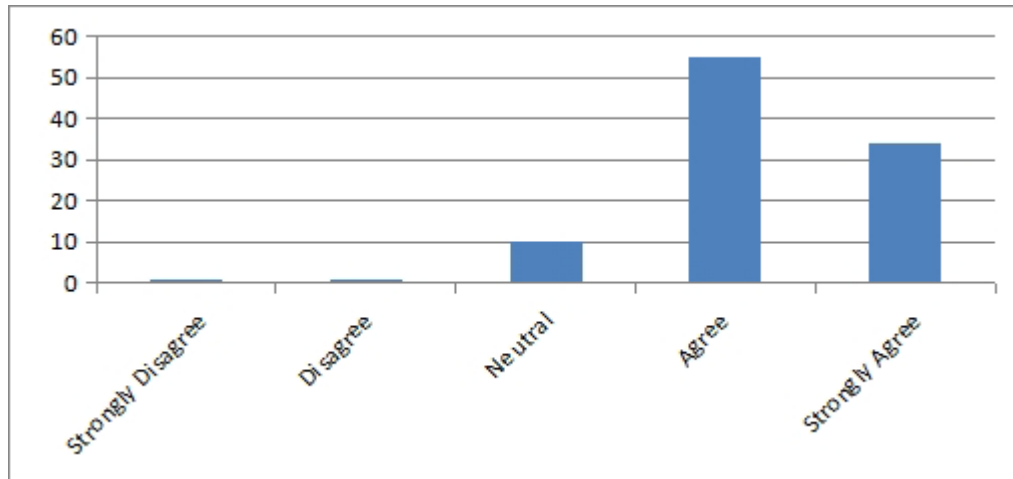
This interpretation is about the impacts on the social life of hospital workers that is most of the respondents felt their family and friends were supportive and considerate at work during covid-19 pandemic time.
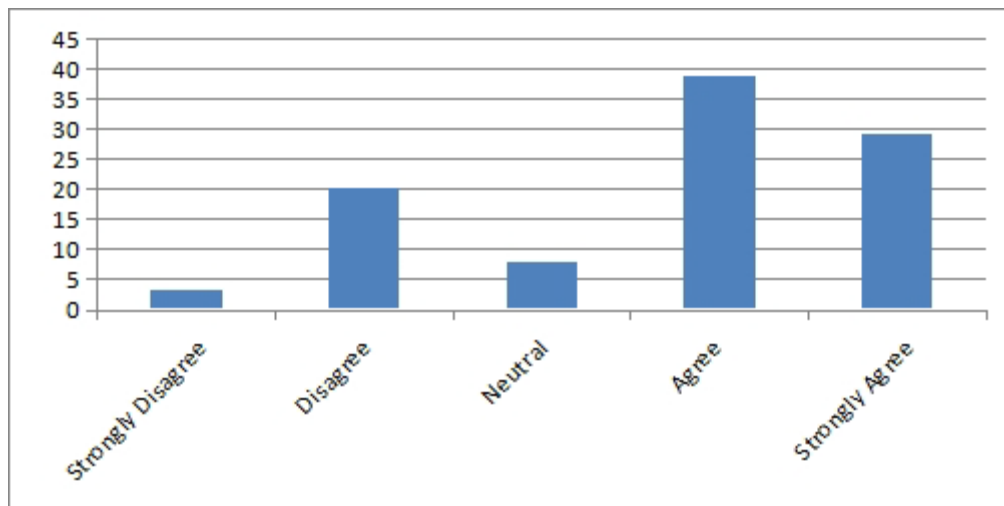
- **Negative impact on relation with co-workers**

- **Fear of contamination among family, friends or relatives**
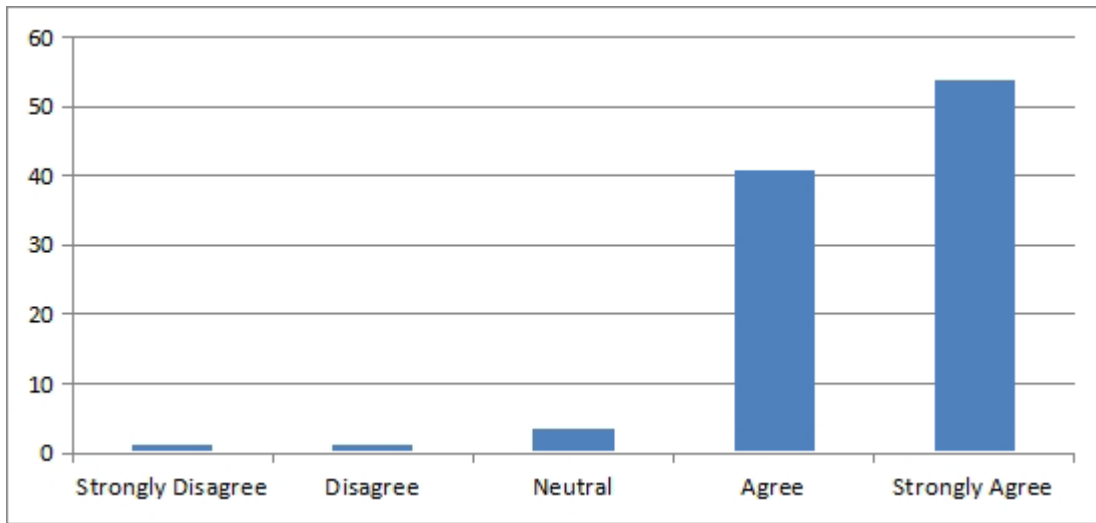
- **Reduction in employment in healthcare sector**

Table IV. Percentage, mean and standard deviation of respondent's perception on daily workflow system

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
Covid-19 pandemic has significantly impacted my daily workflow	.6	2.2	9.0	53.7	34.5	4.1920	.70178
Negative impact on non-covid patients management	0.6	8.5	9.6	49.7	31.6	4.0339	.8975

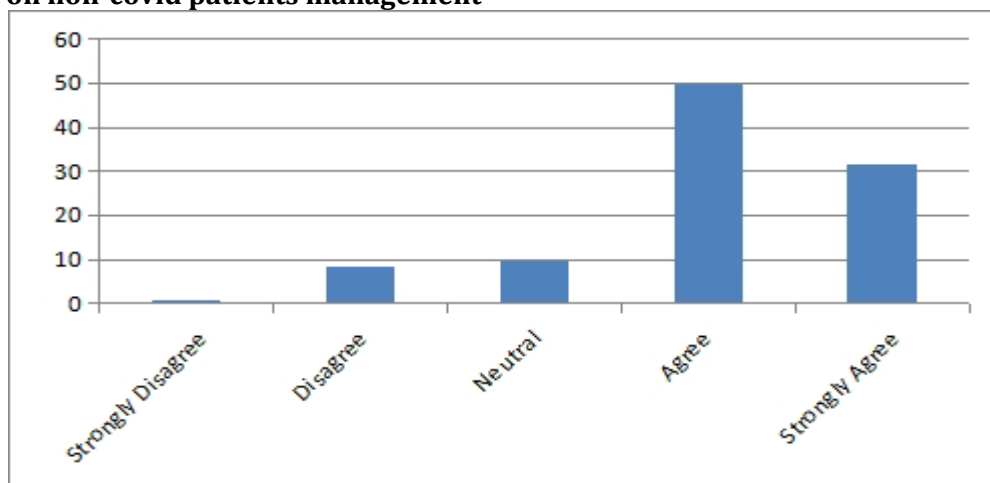|							
i would prefer to take time off work at this time	8.5	23.2	23.2	31.1	14.1	3.1921	1.19056
Hospital administration is supportive at work this time	1.1	7.3	23.7	49.7	18.1	3.7627	.87267
Need of advanced technology in hospitals	0	0	.6	38.4	61.0	4.6045	.50179

Table IV shows that about 80% of the respondents feel that there is a significant impact on the daily workflow system of the hospitals. Acc to the results it was observed that about 80% respondents perception was that there had a negative impact on non-covid patients management at that time. 99.4% respondents became very conscious about the need of advanced technology in hospitals with (X= 4.6045, S.D= .50179). At the time of covid-19 pandemic hospital administration was quite supportive in their work with 67.8% responses (X= 3.7627, S.D= .87267).
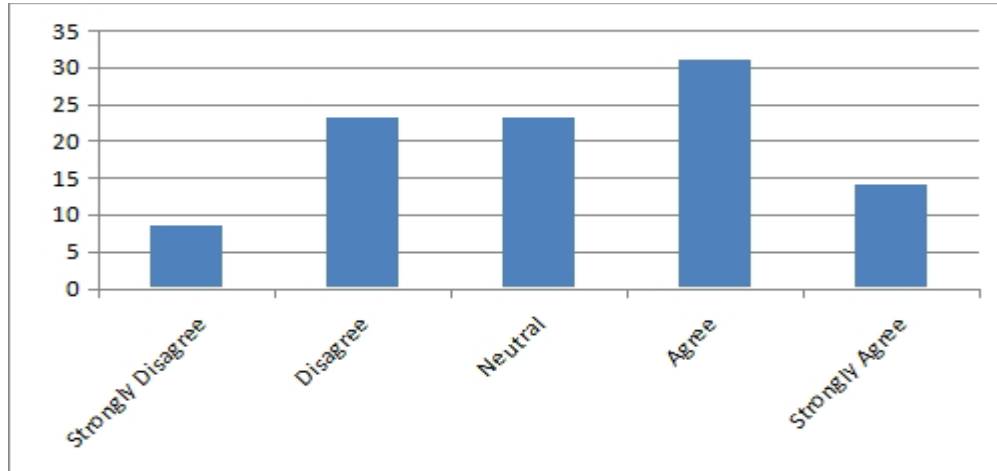
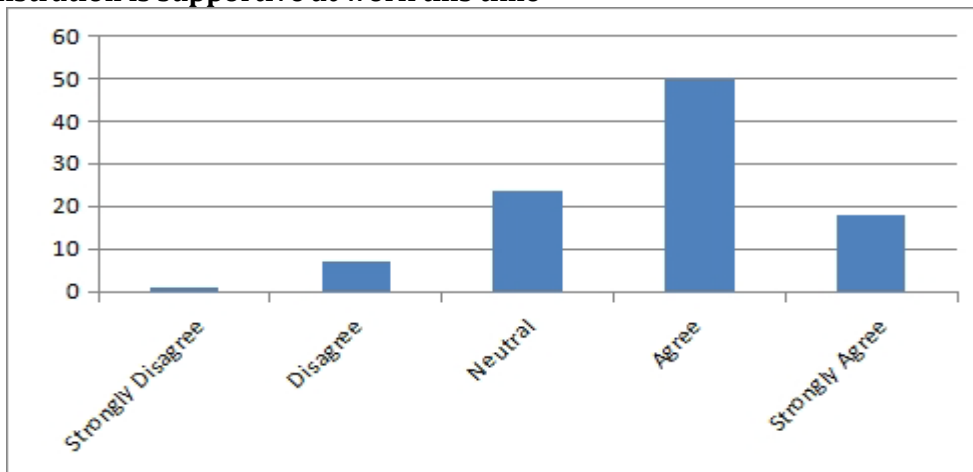- **Covid-19 pandemic has significantly impacted my daily workflow**
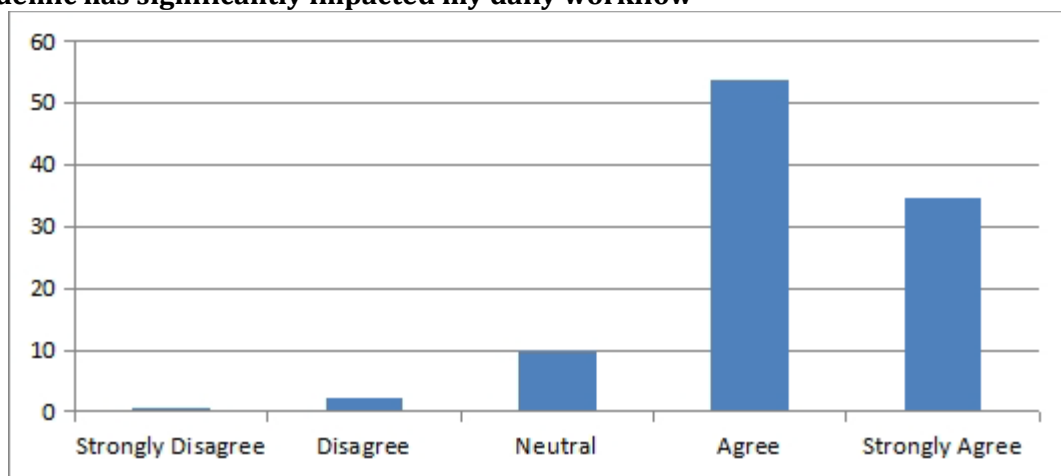
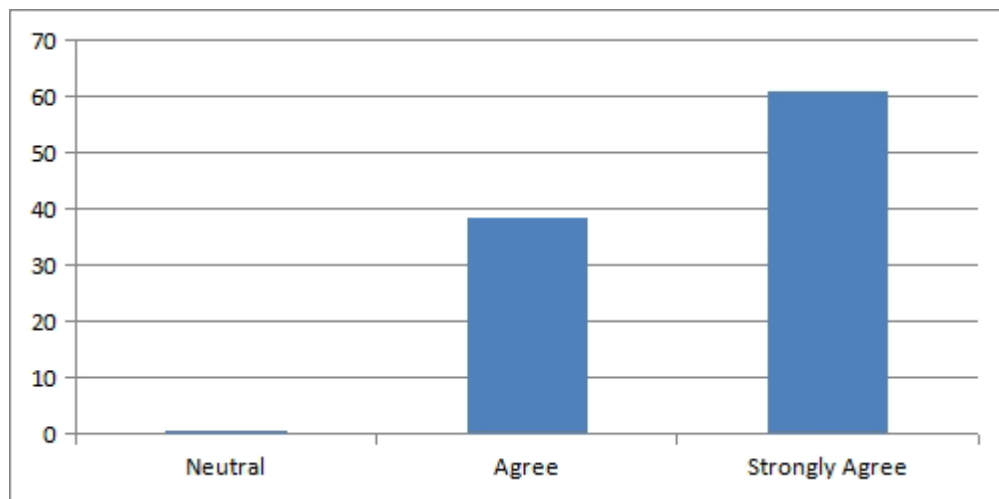- **Negative impact on non-covid patients management**

- **I would prefer to take time off work at this time**

- **Hospital administration is supportive at work this time**


- **Need of advanced technology in hospitals**

Table V. percentage, mean and standard deviation of respondent's psychological health risk factors

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard Deviation
my sleep is effected by covid-19 pandemic	.6	6.2	16.9	48.6	27.7	3.9661	.86536
I am more anxious at work during COVID-19 pandemic	1.1	4.0	13.0	46.3	35.6	4.1130	.85858
I am facing anxiety, depression due to COVID-19	2.3	15.8	24.9	41.2	15.8	3.5254	1.0116
Fear of being stigmatized from society	1.7	11.9	20.3	44.6	21.5	3.7232	.98695
I am worrying about patient care and changed working conditions	.6	4.0	13.0	55.9	26.6	4.0395	.77871

Table V depicts that, more than 80% respondents were worrying about patient care and changed working conditions (X= 4.0395, S.D= .77871). Out of total respondents 81.9% were anxious at workplace and 57% were facing anxiety , depression due to pandemic. Approximately 65% respondents were having a fear of being stigmatized from society with (X=3.7232, S.D= .98695)

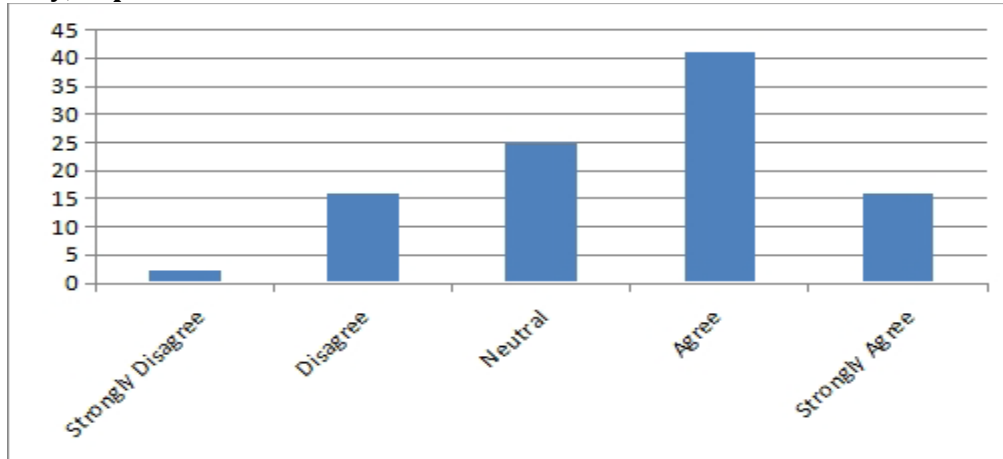- **My sleep is effected by covid-19 pandemic**
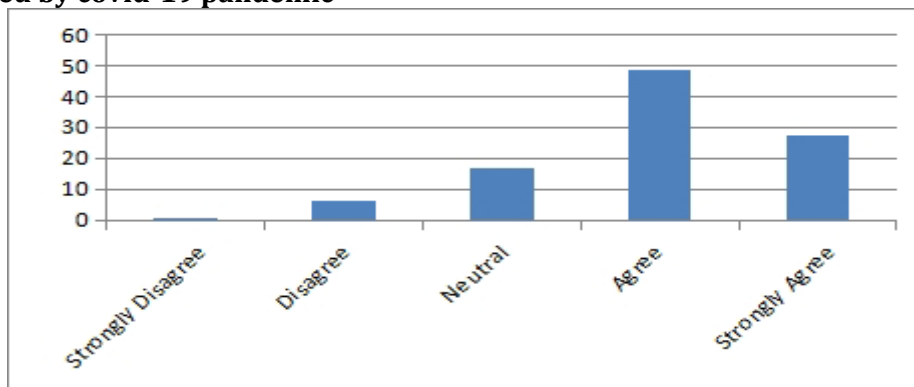
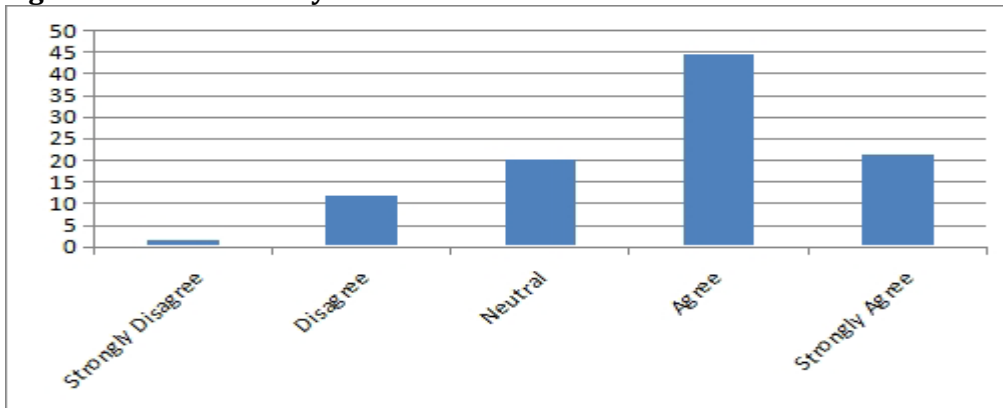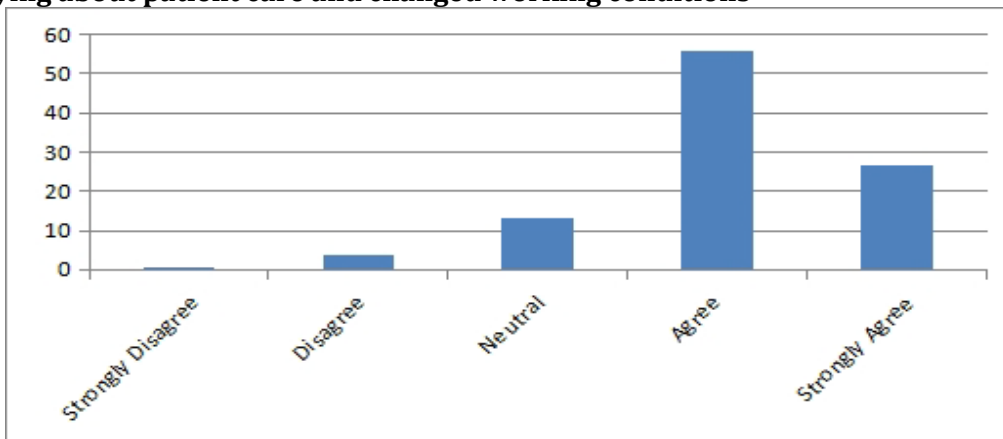- **I am more anxious at work during COVID-19 pandemic**
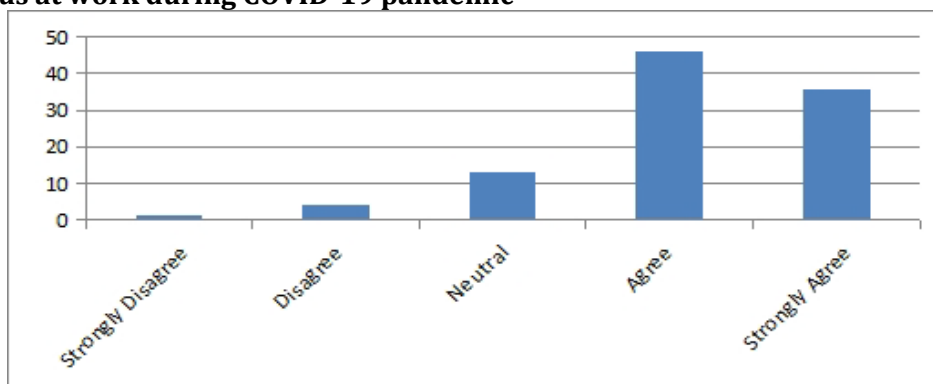
- **I am facing anxiety, depression due to COVID-19**

- **Fear of being stigmatized from society**

- **I am worrying about patient care and changed working conditions**

4. CONCLUSION

The study revealed that 94.9% of the hospital workers observed shortage of hospital staff including doctors, nurses, others during COVID-19. Also there was low capacity for patients and insufficiency of personal protective equipments at the workplace. During COVID-19 there was improper distribution of hospital resources which created a challenge in front of hospital workers to deal with the critical situation. As the situation was very drastic so hospital workers felt the dire need of financial management as the finance system of healthcare sector in India was not upto. If finances are managed then a hospital can maintain high level of patient satisfaction along with its competitive advantage. Also a

hospital will work more effectively and efficiently. Another conclusion came from this study was that social life of hospital workers got very disturbed due to COVID-19 pandemic. They had a negative impact on relation with co-workers. Also there created a fear of contamination among family, friends and relatives. This study revealed that there is a reduction in employment in healthcare sector. And the perception of hospital workers on daily workflow system has also been changed. As they observed negative impact on the non-covid patients management. Hence this situation created the extreme need of advanced technology in hospitals. The results of this study depicted that the psychological condition of hospital workers was not good because their sleep cycle was disrupted and also they faced anxiety and depression. There was a big fear of stigmatization from society among healthcare workers. Also they were worrying about patient care and changed working conditions.

5. SUGGESTIONS

➢ On the basis of data collected there is a need of hiring more and more hospital staff including doctors, nurses, and other paramedical staff.
➢ Healthcare sector needs to take prompt actions to manage the finances in healthcare services. If finances are managed then a hospital can improve patient satisfaction along with maintaining competitive advantage.
➢ Healthcare sector needs to take necessary actions to provide and facilitate sufficient personal protective equipments and required resources to work smoothly.
➢ Hospitals need to widen their infrastructure and to add advanced facilities at their workplace to enhance their working system in today's era.
➢ There is need to create awareness in the society to use proper precautions to safeguard all.
➢ There is need to uplift the respect and dignity of healthcare workers in the community.
➢ Healthcare sector in India is in extreme need of advanced technologies that results in improved care coordination, support provider decision making, improve patient health management and also educate patients.
➢ We need to pay more attention towards our healthcare ecosystem particularly the critical care segment. We also need to increase our health budget and invest more on primary healthcare.
➢ The government should also work towards creating more job opportunities as lakhs of people are looking towards a dark future in the absence of employment in healthcare sector.

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CONFLICT OF INTEREST:
None.

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