

DISSERTATION

at

SANAR INTERNATIONAL HOSPITAL, GURUGRAM

“Socio-Economic impact of Covid-19

on Healthcare Workers”

by

HEMLATA CHOUDHARY

Under the guidance of

DR. VINAY TRIPATHI

Post - graduate diploma in Hospital and Health

Management

2021 - 2023



**International Institute of Health Management Research
New Delhi**

Date: 14-June-2023

Training Certificate

This is to certify that **Ms. Hemlata Choudhary** has undergone training in the Department of **Medical Administration** in **Sanar International Hospitals** a unit of **PK Healthcare Private Limited** for a period of 4 Months from **20-Jan-2023** to **20-May-2023**.

Her performance has been excellent so as to fulfil all the requirements for successful completion of the training. This document is a bona fide testimony of the trainings undergone and works carried out by her in this course.

For PK Healthcare Private Limited

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Subhadeep Das

Head - Human Resource

Authorised Signatory

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Medical Superintendent
MBBS & MBA (HCA)
PK HEALTHCARE PVT. LTD.
(Sanar International Hospitals)

Dr. Sanjay Durani

Medical Superintendent

TO WHOMSOEVER IT MAY CONCERN

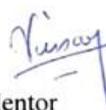
This is to certify that Hemlata choudhary, student of PGDM (Hospital & Health

Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Sanar International Hospitals Gurugram, from 20-01-23 to 20-04-23.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements. I wish him all success in all his future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi



Mentor

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled “Socio-Economic Impact of Covid-19 on Health care workers” is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Dr. Rahul Khandelwal



Dr. Punit



Ms. Divya



Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Hemlata Choudhary**, graduate student of the Post Graduate Diploma in Hospital and Health management has worked under our guidance and supervision. She is submitting this dissertation titled "**Socio-Economic Impact of Covid-19 on Healthcare Workers**" at **Sanar International Hospitals** in partial fulfillment of the requirements for the award of the Post Graduate Diploma in Hospital and Healthcare Management.

This dissertation has the requisite standards and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


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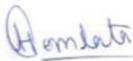

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Annexure E

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Socio-Economic Impact of Covid-19 on Health- Care Workers" and submitted by (Name) Hemlata Chaudhary Enrollment No. PG/21/038 under the supervision of Dr. Vinay Tripathi for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from ^{20th} JAN. 2023 to ^{20th} May. 2023. embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.


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FEEDBACK FORM

Name of the Student: HEMLATA CHOUDHARY

Name of the Organisation in Which Dissertation Has Been Completed:

SANAR INTERNATIONAL HOSPITALS

Area of Dissertation: MEDICAL ADMINISTRATION

Attendance: 100%

Objectives achieved: She has sincerely carried out Day to day activities efficiently.

Deliverables: Effective Communication, Great management skills.

Strengths: Punctuality, Meeting deadlines

Suggestions for Improvement: Analytical skills can be improved.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):


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Date: 14.6.2023

Place: Gurugram

INDEX

1. Acknowledgement
2. Organizational overview
3. Introduction.....
4. Aim.....
5. Objective.....
6. Methodology.....
7. Literature review.....
8. Results and discussion.....
9. Conclusion.....
10. References

ACKNOWLEDGEMENT

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ORGANIZATON OVERVIEW

Sanar International Hospitals is a 150-bedded multi-speciality hospital based in the National Capital Region of Delhi in India. Founded in the year 2022, the Hospital offers comprehensive, advanced surgical care in specialities such as Cancer, Heart, Blood and Marrow Transplant, Kidney & Liver Transplant, Bone & Joint and Neurosciences.

A commitment to providing the best healthcare services and patient experiences are at the core of the hospital's mission. With a team of experienced medical experts, state-of-the-art facilities and world-class infrastructure, the hospital has made a mark for itself not only amongst the domestic patients, but also the international patients coming to India for best medical care.

The Hospital follows stringent international practices and believes patient centricity is the cornerstone for providing high-quality care. Riding on years of experience that each surgeon brings to the table and backed by cutting-edge technologies at par with the best in the world, Sanar Hospitals is today, reckoned amongst the most well-respected healthcare providers of the country

Mission: To provide quality care with efficiency and the highest safety standards by using cutting-edge technology, human capital and seamless services.

Vision: To become a trusted and respected healthcare service provider and improve people's lives through quality, service excellence and innovation.

Values:

1. Ownership: Take initiatives, be responsible, and deliver on commitment.
2. Integrity: Honesty and a commitment to demonstrate the courage to do the right thing.
3. Team Work: Working together with proactive support as one team.
4. Excellence: Providing the best services through continuous innovation.

All facilities are based on the latest revolutionary and technological advancements of global standards particularly in radio diagnosis, research, clinical and surgical practices. Our technology & Radio Diagnostic foray is of the latest generation of MRI, CT, Digital X-Ray, Ultrasound, pharmacy, ambulance & 24 hrs. Transfusion Medicine, Laboratory & Emergency services.

Specialties:

- Anaesthesia
- Arthroscopy & Sports Medicine
- Bariatric Surgery
- Blood & Marrow Transplantation
- Bone, Joint Replacement and Orthopaedics
- Cancer Care Treatment
- Cardiac Surgery
- Cardiology
- Critical Care
- Dental & Maxillofacial Surgery
- Dermatology
- Digestive & Liver Diseases, Liver Transplant
- Emergency & Ambulance Services
- ENT & Cochlear Implant
- Gastroenterology
- GI, General Minimal Access and Bariatric Surgery
- Internal Medicine & Diabetology
- Interventional Radiology
- Kidney Transplant
- Laboratory Services
- Nephrology

- Neurosciences
- Nutrition & Health
- Ophthalmology
- Physiotherapy & Rehabilitation
- Plastic & Cosmetic Surgery
- Pulmonology
- Radiology & Imaging
- Transfusion Medicine
- Urology, Uro-Oncology, Andrology, Uro Robotics

Services for International Patients:

- Concierge Services inside the Delhi International Airport for a smooth arrival
- Complimentary Video Consultations with key doctors
- Complimentary Airport Transfers
- Arrangement of hotel and guest house services, Sim Card, money exchange
- Language Translation Assistance
- International Cuisine for patients and their attendants
- Prayer Room

- Local and surrounding sight-seeing arrangements (On-Demand)
- Valet Parking

Work Experience:

Assigned with medical administration TEAM under guidance of MS of the Hospital.

Radiology workflow and Gaps, RCA and CAPA. Morning rounds of all the departments ICU, CCU, ER, WARDS, Evening Rounds with patient, nursing staff, data collection and Audit of patient's Initial assessment done by RMO in given time period and entered it in HIMS system. Other work includes SAFETY AUDITS /JCI, HMIS , Code blue MEETING and drills, Discharge TAT.

INTRODUCTION

Life-threatening problems are always present during pandemics. The COVID-19 epidemic also caused a few more issues in the public, administrative, and healthcare sectors in addition to the ones already mentioned. Healthcare workers worked around the clock to keep the public safe despite being exposed to high-risk scenarios. Health care workers had to deal with a range of challenges, including increased

pathogen exposure hazards, long workdays, psychological stress, fatigue, and occupational burnout, as well as stigma and physical attack. On April 22, 2020, the Epidemic Diseases (Amendment) Ordinance, 2020, was published. The Epidemic Diseases Act, 1897, is modified by the Ordinance. The Act makes provisions for stopping the spread of harmful epidemic diseases. The Act is amended by the Ordinance to provide protections for medical professionals battling epidemic diseases and to increase the authority of the federal government to stop the spread of such diseases.

The challenges this group encountered included defending their patients while defending themselves, improving their knowledge and treatment plans, changing their practises, and adjusting to the idea that they posed a threat to their own families. Whatever the case, COVID-19 has completely changed the game!

Health care workers (HCWs) all across the world, especially in India, have been significantly impacted by the COVID-19 pandemic. These effects, which fall under the social and economic categories, have had a big impact on the health and productivity of HCWs.

Social impact

There has been a significant societal impact of COVID-19 on HCWs in India. Because of the lengthy working hours, demanding workload, and dangerous nature of their duties, many HCWs have gone through severe stress, anxiety, and burnout. Many HCWs experience significant stress from their fear of catching COVID-19 because they are concerned about infecting their loved ones and family members. Due to their work caring for COVID-19 patients, HCWs have also experienced stigma and discrimination. Because of their potential to spread the illness, HCWs have occasionally been prohibited from entering their own houses and neighbourhoods. The emotional and psychological strain already felt by HCWs has increased as a result of this many HCWs have also mentioned feelings of loneliness and isolation as a result of social isolation practises and long hours spent working alone, in addition to these problems. Further harm has been done to their mental health and wellbeing as a result.

Financial impact

COVID-19 has had a substantial economic impact on HCWs in India. Due to illness or quarantine, a lot of HCWs had to take time off of work, which cost them money. HCWs have also had to spend a lot of

money on personal protective equipment (PPE) and other materials in order to safeguard themselves from COVID-19. These expenses have added to the already financial burden to the HCWs.

Because of the pandemic's financial impact on healthcare facilities, HCWs have occasionally had to deal with job loss or reduced hours. In particular, this has been the case for private healthcare facilities, which have been severely impacted by the pandemic and have had to make difficult decisions regarding staffing and resources.

All elective surgeries and treatments were reduced, and the number of people seeking care for non-emergent diseases decreased. In addition, a number of physicians who worked for private hospitals had to stop their operations since the lockdown's travel limitations had an adverse effect on their employees. Additional costs for private clinics include the purchase of sanitising and protective gear for staff and patient safety. Overall, the epidemic took a financial toll on most doctors. The pandemic provided a new window of opportunity for medical education, and numerous academic meetings using webinars were held. It allowed the participants the opportunity of attending conferences with famous teachers from around the world while relaxing in their own homes. In the wake of the COVID-19 pandemic,

the Medical Council of India (MCI) recognised telephonic consultation, which had not previously been recognised as a legitimate method of consultation in the nation, and issued guidelines for the same to registered medical practitioners on March 25, 2020. This resulted in a significant shift in consultation procedures, allowing people to consult with their doctors without having to travel or expose themselves to other patients in hospitals.

While the majority of consultants agreed that teleconsultation could not completely replace in-person interactions with patients, some also felt that some consultations may be conducted online to the advantage of both patients and doctors even after the pandemic. We must, however, wait for the same post-pandemic guidelines. Numerous incidents of discrimination against doctors, including injustices in housing societies and violence by enraged patient relatives in hospitals, have been covered by the media. Some HCWs felt threatened because they were a medical practitioner, though.

AIM

The aim of this study is to analyse the impacts of the COVID-19 pandemic on the personal and professional lives of doctors, nurses and

all the frontline workers in terms of social and economic problems they faced during this pandemic.

OBJECTIVES

1.To understand the perceptions of the social aspect in a pandemic situation.

2.To investigate and compare the financial and economic impact during the pandemic among the Hospital employees.

METHODOLOGY

Design: A cross-sectional study design was employed, using a survey questionnaire to collect data.

Sample: The sample size is 50 healthcare professionals who have worked in healthcare setups. The participants were selected through purposive sampling.

Data collection: Data was collected using a structured questionnaire. It was designed to find out the social behaviour of society and organization, as well as the challenges that they faced, if any.

Data collection tools: questionnaire, MS-Excel

Inclusion criteria:

- Healthcare professionals who were working in healthcare centres during COVID-19, and
- Currently employed in Sanar International Hospital

Exclusion criteria:

- Healthcare professionals who were not working in healthcare setup during COVID-19

Quantitative study was carried out to understand the challenges dealt by health workers at the time of COVID. Doctors, nurses, technicians, and support staff who were willing and provided treatment and support services at different hospitals and clinics during the COVID-19 pandemic, and are now working in Sanar International Hospital were studied. Participants selected using purposive sampling, including doctors, nurses and supporting staff. 50 was the sample size.

The material for the interview was built through studying the broad literature. The guidance includes questions on workload-related hurdles, disease severity and stress-related barriers, access to and quality of PPE, challenges linked with COVID-19, and coping

mechanisms. We used the questionnaire forms filled by the healthcare workers and then analysed the impact.

Timeline

The timeline for this study was three months, with data collection taking place over a period of one month.

Expected outcome

- a. Thorough comprehension study of COVID-19's social and economic effects on Indian healthcare professionals.
- b. Determining the major causes of economic stress, and burnout.
- c. Knowledge of the coping strategies and resilience elements that have assisted healthcare professionals in overcoming the difficulties brought on by the epidemic.
- d. Suggestions for organisational- and policy-level actions to assist healthcare professionals and improve their wellbeing.

REVIEW OF LITERATURE

The COVID-19 pandemic has had a profound impact on healthcare workers (HCWs) around the world, including in India. The psychosocial and economic impacts of the pandemic on HCWs in India have

been significant, and research has shed light on the extent of these impacts.

1. A study conducted in India in 2020 found that 87.5% of HCWs reported experiencing stress related to COVID-19. The study also found that 64.6% of HCWs experienced anxiety, 63.7% experienced fear, and 51.4% experienced depression. The study concluded that the psycho-social impact of COVID-19 on HCWs in India was significant and that urgent interventions were needed to address these issues.

2. Another study conducted in 2020 found that HCWs in India reported feeling stigmatized due to their roles in treating COVID-19 patients. The study found that 57.4% of HCWs reported feeling stigmatized, while 69.7% reported experiencing discrimination. The study concluded that these experiences were likely to impact HCWs' mental health and well-being.

3. A study conducted in 2021 found that HCWs in India reported feeling isolated and disconnected from their families and communities due to COVID-19. The study found that 60.5% of HCWs reported feeling socially isolated, while 50.5% reported feeling emotionally isolated. The study concluded that these feelings of isolation were likely to impact HCWs' mental health and well-being.

4. A study conducted in India in 2020 found that HCWs reported a significant financial burden due to COVID-19. The study found that 64.8% of HCWs reported spending their own money on PPE, while 31.9% reported taking loans to pay for PPE. The study also found that 44.2% of HCWs reported a reduction in income due to COVID-19, while 18.7% reported job loss.

5. Another study conducted in 2020 found that private healthcare facilities in India were particularly hard hit by the pandemic. The study found that 88% of private healthcare facilities reported a decrease in revenue, while 54% reported a decrease in patient footfall. The study concluded that these financial impacts were likely to impact HCWs' job security and working conditions.

Consent form and questionnaire

Dear Sir / madam,

I am working on a project to look at the impact that Covid pandemic had on healthcare workers and their near and dear ones. This will help us in understanding the impact of Covid on healthcare workers in terms of psycho-socio and economic terms.

This is a set of 18 questions wherein most of the questions are either open ended or are single – answer questions. I request you to take out 15 to 20 minutes of your valuable time to fill in the questionnaire

Thanking you,

Mrs. Hemlata Choudhary

1. Kindly name the health care organisation that you were associated with during the period of April 2020 to October 2022.

A. _____

B. _____

C. _____

2. Kindly mention your designation during April 2020 till October 2022

A. _____

B. _____

C. _____

3. Kindly mention the salary bracket that you were in during April 2020 and October 2022

April 2020

October 2022

a) below 20,000

a) below 20,000

b) 20,000-30,000

b) 20,000-30,000

c) 30,000-40,000

c) 30,000-40,000

d) 40,000-50,000

d) 40,000-50,000

e) 50,000-80,000

e) 50,000-80,000

f) 1,00,000 or more

f) 1,00,000 or more

4. What kind of accommodation (Longest stay) did you use during the period April 2020 and October 2022.

a) Rented

b) Hostel

c) Own Home

d) Paying Guest

e) any Other

5. During the Covid pandemic, how did your immediate family members behave with you?

- a) They were very encouraging
- b) They were indifferent
- c) They were discouraging
- d) They wanted me to quit my job

6. During the Covid pandemic, how did your neighbours behave with you?

- a) They were very encouraging
- b) They were indifferent
- c) They were discouraging
- d) They wanted me to quit my job
- e) They wanted me to change my residence

7. During the Covid pandemic, how did your (workplace) colleagues (Other than healthcare workers) behave with you?

- a) They were very supportive
- b) They were indifferent
- c) They were discouraging
- d) They deliberately wanted to keep a safe distance from me

8. During the Covid pandemic, how did your management (at organisational level) behave with you?

- a) They were very supportive
- b) They were indifferent
- c) They were discouraging
- d) They deliberately wanted to keep a safe distance from me
- e) They would sacrifice our comforts for their selfish motives.

9. During the Covid pandemic, how did your management (at organisational level) behave with you?

- a) Management was supportive and rewarded our efforts with special financial benefits
- b) Management was supportive but did not rewards us financially
- c) Management was not supportive and considered our efforts as routine
- d) Management was not supportive and imposed salary cuts on us.

10. During the Covid pandemic, how did your management (at organisational level) behave with you?

- a) Management was supportive and rewarded our efforts with special duty hours

b) Management was supportive but did not reward us in terms of duty hours

c) Management was not supportive and considered our efforts as routine

d) Management was not supportive and imposed additional duty hours on us.

11. During the Covid pandemic, how did your management (at organisational level) behave with you?

a) Management was supportive and rewarded our efforts with pick and drop facility for special duty hours

b) Management was supportive but did not provide any pick and drop facility

c) Management was not supportive and considered our efforts as routine

12. During the pandemic time, was there any personal loss of close family member to covid?

a) Yes, I lost my _____

b) No, God was kind. I did not lose any close family member.

13. During the pandemic time, was there any personal loss of a relative / close friend to covid?

a) Yes, I lost my _____ b)

No, God was kind. I did not lose any relative / close friend member.

14. During the pandemic time, was there any personal loss of close family member to covid?

a) Yes, I lost my _____

b) No, God was kind. I did not lose any close family member.

15. Please answer this question if your answer was yes to question number 12 and / or question number 13 -

During your tragic moments, did you get sufficient time to grieve?

- a. Yes, management was considerate and allowed me special leave to attend to bereavement.
- b. Yes, although management was not considerate, I took time off to attend to the bereavement.
- c. Yes. Since management did not cooperate, I resigned from my job to attend to the bereavement.
- d. No. I was too pre-occupied with my job to attend to bereavement.
- e. No, I wanted to attend to the bereavement but could not as the management did not allow me to take time off.

16. How did the Covid pandemic affect your household budget?

- a) We had to cut on luxuries to match the income.
- b) There was no impact as the basic requirement could be met with the income.
- c) There was no effect as there was no impact on our impact.
- d) We saved on our budget as most of the luxurious items were not available.
- e) We saved on our budget as most of the restaurants were closed.

17) Did you contract the Covid virus during pandemic

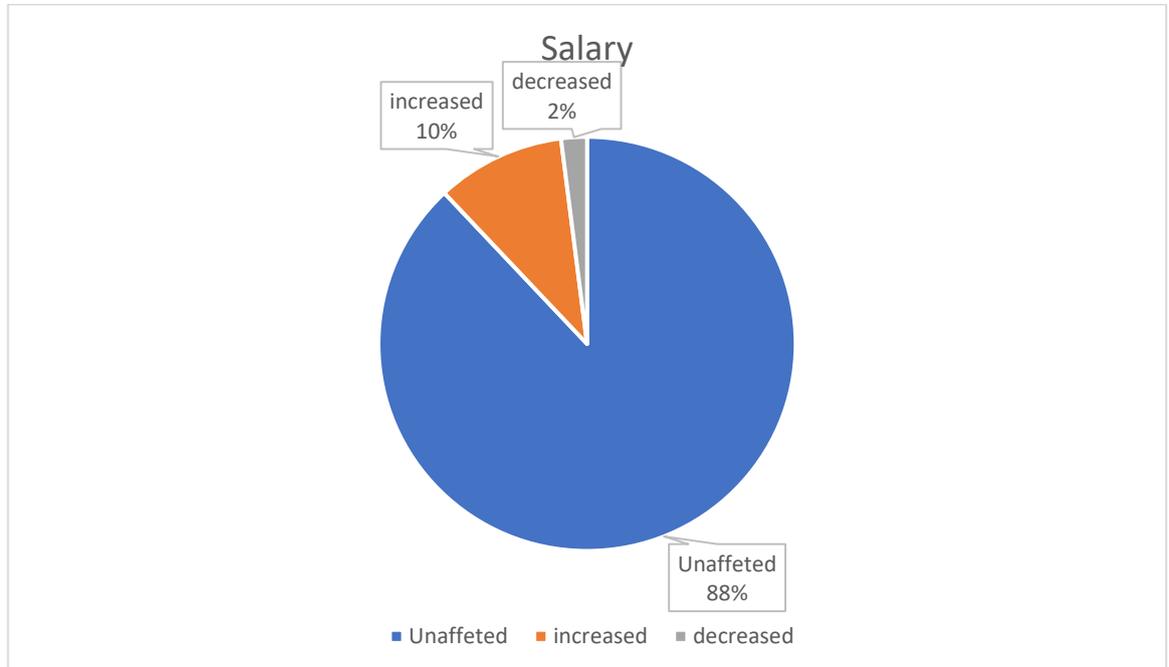
- a) Yes, it happened during my covid- ward postings
- b) Yes, it happened during my non covid- ward postings
- c) No, I did not contract the disease

18) What was the behaviour of society in general , with you (Please answer only if you have answered yes to question no 17)

- a) Everyone gave me positive vibes.
- b) It was a mixed feeling
- c) I had a terrible time

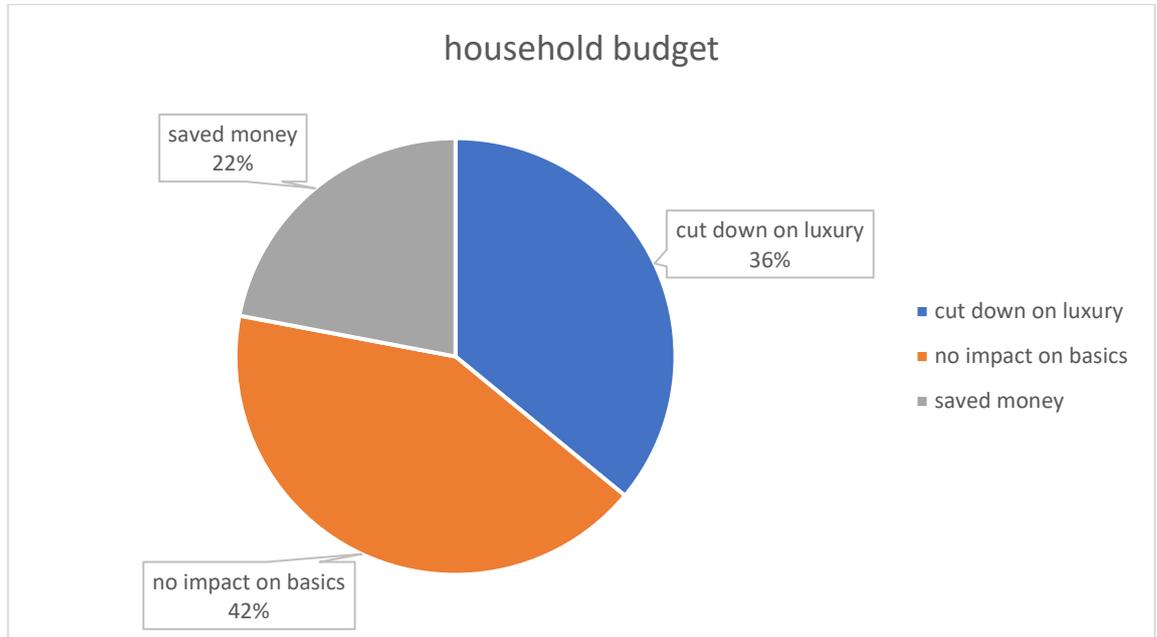
RESULTS

Salary Changes



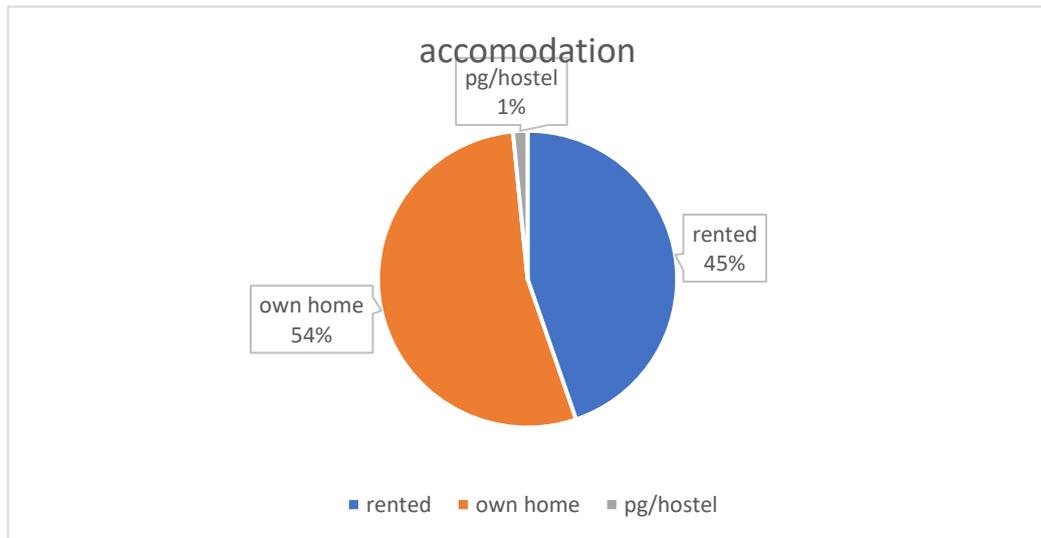
Out of the total respondents, six respondents mentioned about their salary being affected. Among them, one (nurse) mentioned about cutting down in salary, while five of the respondents (nurses and executives) mentioned about increase in their salary.

Covid impact on household budget



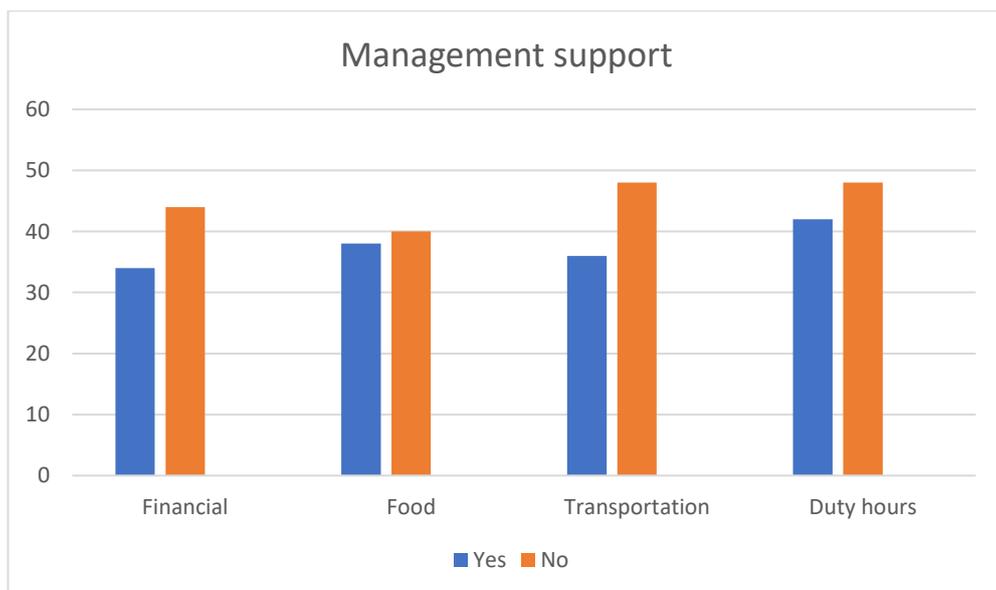
Out of total respondents 36 % cut down on luxury,42% had no impact as their basic needs met in that income and 22% saved money as the luxurious items were not available and also restaurants were closed.

Accommodation



Out of all the respondents 45% were staying in rented accommodation and 54% in their own home and only 1% in PG/hostel.

Management support



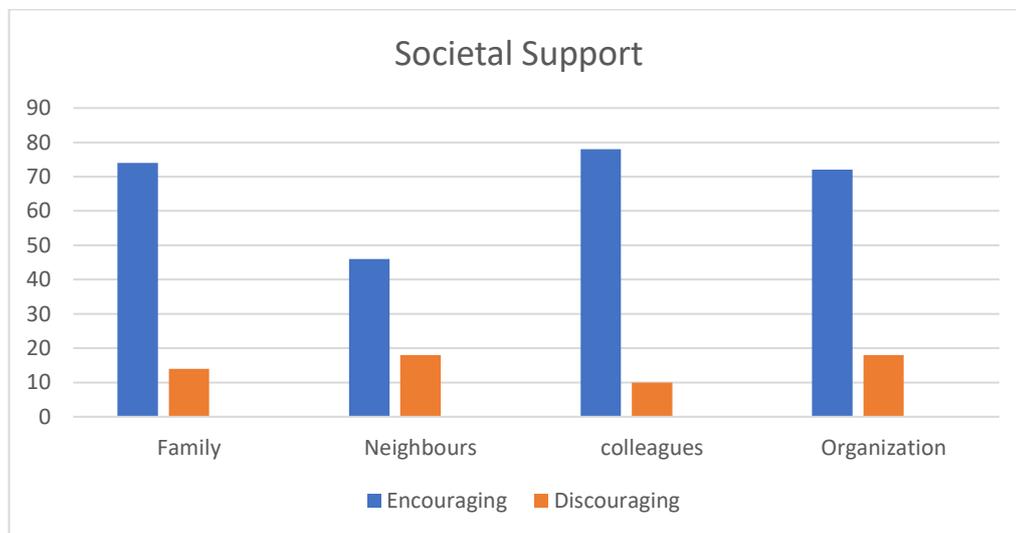
Out of all the respondents 34% received financial rewards by management, but 44% didn't get any.

If we talk about Free food by management,38% only received and 40% didn't get any free food.

42% got Special duty hours by management,48% got normal duty hours and 10% were imposed additional duty hours by management.

36% got Pick and drop facility by management.48% didn't get this facility and 16% said it was like normal routine transportation.

Societal Support



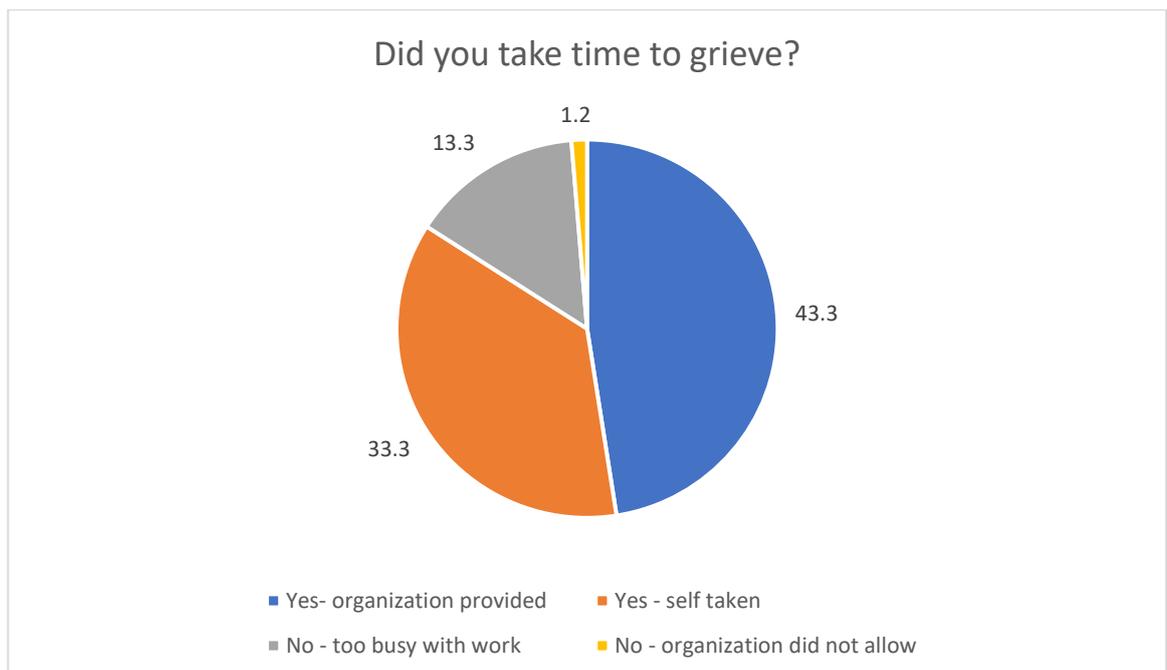
Out of all the respondent mostly felt Encouraging from their Family-74%, Neighbours-46%, Workplace colleagues-78% and Organisation-72%

Loss of life



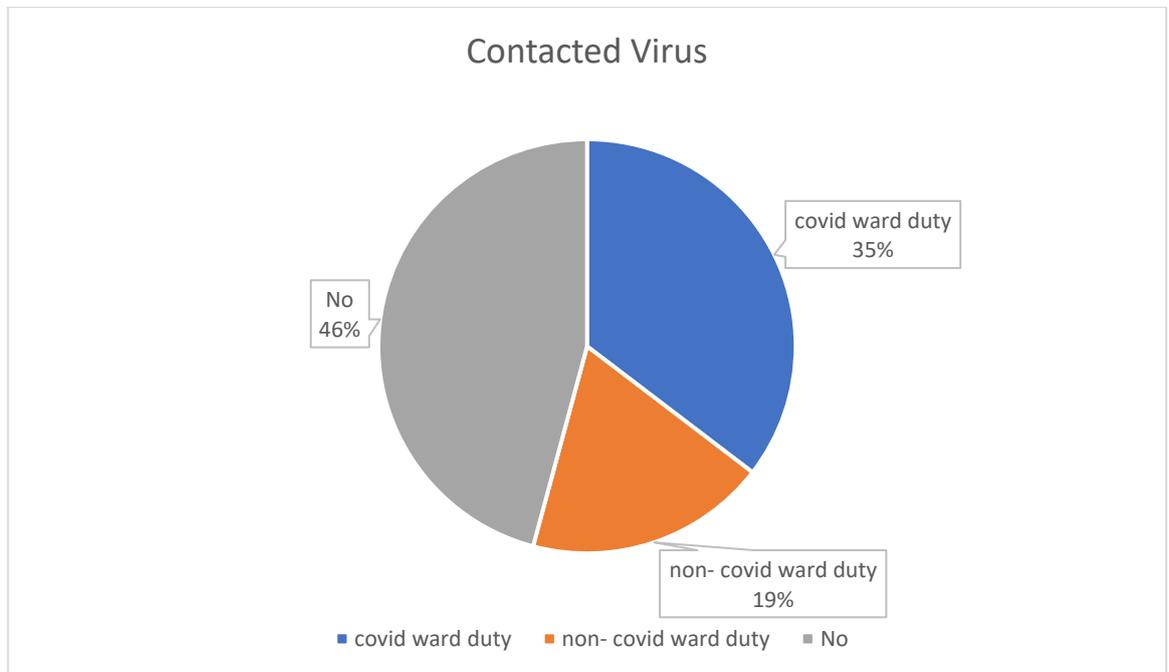
Out of all the respondents 16% lost the life of their Family members and 26% lost the life of their close friend and relatives.

Time for grieving



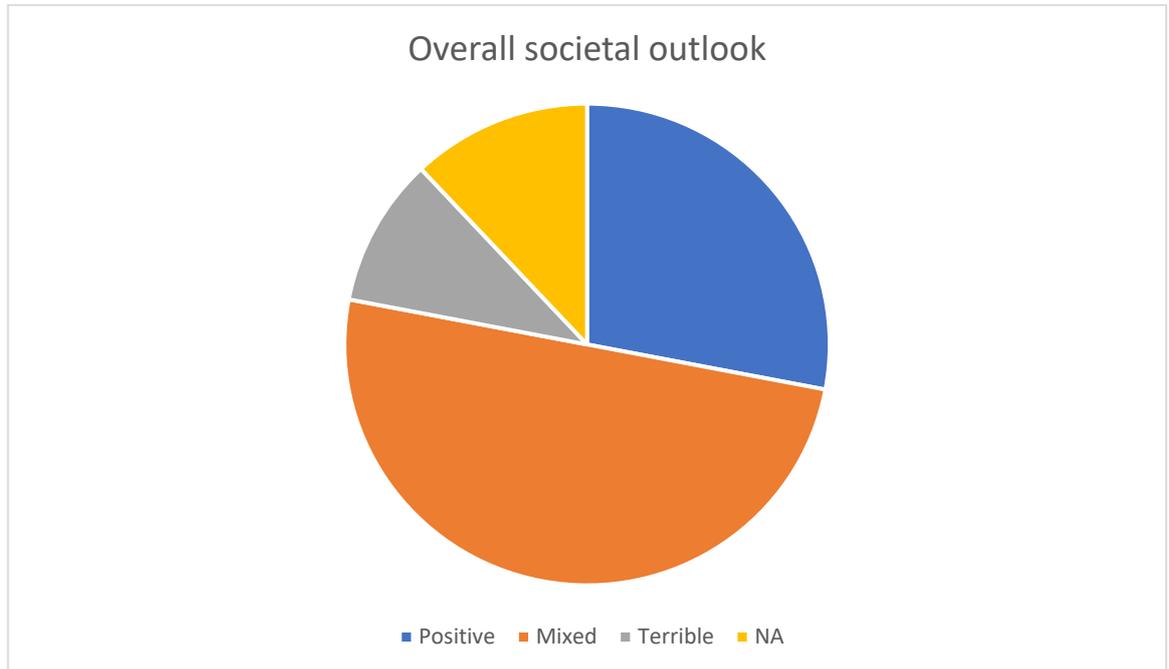
Out of all the respondents only 43.3% received support and time to grieve for their lost ones from their organisation.

Contact with Virus



Out of all the respondents 34% contacted virus during covid ward duty and 18% during non-covid ward duty.

Overall societal outlook



Out of all the respondents 28% felt positive support from society, 50% mixed feeling and 10% had terrible time during covid.

FINDINGS

If we analyse economic and financial impact on HCW, mostly stayed on same salary slab. They could meet their basic needs and saved money on luxuries as they were not available that time. They were living in their own home and some were in rented accommodation.

Social impact was that friends, family and neighbours were supportive. less than 20% faced discouragement and they were asked to change the job or the residence.

At organisation level. management was also supportive 72% answered that, although they were not rewarded with any financial benefits only 34% rewarded., neither they were imposed heavy duty in most cases. only 10% were burdened. 42% were given special duty hours.

Only 38% got free food, 36 % got transport facility as well. But 64% didn't got transport. 15 to 30 % HCW lost their close family and friends out of them 10% didn't get time off to grieve as management didn't allow to take off.

DISCUSSION

Societies, the healthcare system, and interpersonal connections were all significantly impacted by the coronavirus disease 2019 (COVID-19) pandemic. The number of hectic days and overtime hours that nurses have worked has prevented them from spending time with their families, partners, or kids. One cross-sectional study of 3116 healthcare workers during COVID-19 discovered that it delayed family-building plans, wedding plans, and childbearing decisions as well as having negative effects on mental health because of anxiety about becoming pregnant, the risk of miscarriage, or the potential for contracting COVID-19 while pregnant. [[4](#)]. More than 40% of couples who had been planning to have children admitted postponing

their plans because of the pandemic [4]. Therefore, the pandemic has had a major negative effect on family planning and reduced access to infertility treatments.

Many health-care workers experienced lost earnings because of cancellations in outpatient visits and elective procedures. The training of health-care workers (e.g., medical students, residents, and allied health learners) was also interrupted, leading to loss of tuition fees, missed learning opportunities, missed exams, and potentially delayed certification. Home health care workers encountered extra difficulties that aggravated the injustices they already confront as a marginalised workforce, such as a lack of PPE or different levels of employer assistance, as well as the tough decision of working with the associated risk or forgoing pay and benefits.[7]

Healthcare workers experienced higher workload, psychological distress, shortage of quality personal protective equipment (PPE), social exclusion/stigmatization, lack of incentives, absence of coordination, and proper management during their service. These healthcare professionals faced difficulty coping with these challenges due to situational and organizational factors. Adequate support to address the difficulties faced by healthcare professionals is necessary for an overall improved health outcome during the pandemic.[1]

In the past, health sector jobs have been relatively recession-proof. The COVID-19 recession was markedly different – as lockdowns spread across the country, health sector jobs fell sharply along with jobs in other sectors. Even so, health sector employment did not fall quite as steeply as jobs in the rest of the economy. From April of 2019 to April 2020, health employment fell by -8.2% (from 16.2 million to 14.9 million), while non-health employment fell by -14.0%. Total health employment in February 2020 was 16.5 million.[8]

CONCLUSION

In this analysis we found that Health care workers had mixed feeling with the behaviour of society in general. And their household budget also met their basic needs, they didn't have to compromise on that, they just cut down on luxuries.

Significance and implication

The research's findings give important new information about COVID-19's social and economic effects on Indian healthcare workers. The study adds to the existing knowledge in the field and offers advice to stakeholders, policymakers, and healthcare organisations on how to put into practise initiatives that will help healthcare workers, enhance their mental health, and reduce financial

stress. The study's ultimate goal is to improve healthcare professionals' overall health and ensure their continued dedication to offering high-quality care both during and after the epidemic.

Study limitation

The study was conducted in a single hospital, which may limit the generalizability of the findings to other hospitals. The study was also limited by the use of a self-reported questionnaire, which may be subject to response bias. And we can expect some recall bias as we are extracting these data from their memories of 2019 and 2020. we have only used quantitative study and avoided the qualitative to avoid complexity in analysing. Future studies could use a mixed-method approach to overcome these limitations.

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