**CHAPTER ONE**

**Introduction**

**Background**

The coronavirus disease (COVID-19) is an unusual epidemic that has affected millions of people worldwide, with thousands dying every day (Sharma, Basu, Shetti and Aminabhavi, 2020). The fast spread of the severe acute respiratory syndrome (SARS) coronavirus-2 and the healthcare system's struggle to meet demand for patient treatment have defined the COVID-19 pandemic (Bambi, Iozzo and Lucchini, 2020). Since the beginning of the pandemic, hospitals and community-based care institutions have been overburdened with critically ill patients. A lack of emergency readiness has reinforced the dearth of understanding about the new disease, with healthcare organizations grappling with a lack of suitable medical and personal protective equipment (PPE) (Adams and Walls, 2020). The overwhelming number of patients has forced the entrance of non-pulmonary health professionals to assist in the treatment of people infected with the respiratory virus (Bambi et al., 2020). This has put an already overworked health-care workforce under unprecedented strain.

Ghana reported its first COVID-19 cases on March 12, 2020, and as of May 25, 2020, had over 7,000 cases with 34 deaths (Kenu, Frimpong and Koram, 2020). Non-availability of personal protective equipment (PPE), extensive disinfection demands, cost escalation of care, constrained infrastructure, limited human resources, pre-existing social prejudices and environmental vulnerability make running primary care clinics in a low-resource setting like, Ghana, a significant challenge during the pandemic (George, Inbaraj, Rajukutty and de Witte, 2020).

Healthcare providers are responsible for directly providing and managing COVID-19 care processes, (Paiano, Jaques, Nacamura, Salci, Radovanovic and Carreira, 2020; Cole, Ali, Ahmed, Hamasha and Jordan, 2021) which, in the vast majority of situations, may lead to mental health problems and a failure to recognize their own psychological distress signals such as depression or anxiety (Lai, Ma, Wang, Cai, Hu, Wei et al., 2020; Sommerstein, Fux, Vuichard-Gysin, Abbas, Marschall, Balmelli et al., 2020). In the event of a major epidemic breakout, the demand for healthcare staff will increase (Chen, Liang, Li, Guo, Fei, Wang et al., 2020). A constant increase in infected patients, a rise in the incidence of mortality, a lack of particular medicine or vaccination, considerable media coverage, tremendous workload, a lack of personal protective equipment, and perceptions of inadequate support can all add to the mental strain on these health professionals (Lai et al., 2020). In these circumstances, health workers are required to work long hours while under extreme stress. When treating sick patients, they run the danger of becoming infected. On the other hand, they, like other people, are subjected to a significant amount of false news and rumors, all of which contribute to their uneasiness (Schwartz, King and Yen, 2020). Several health personnel have been reported to have contracted SARS-CoV-2 after coming into close contact with infected patients (Xiao, Zhang, Kong, Li and Yang, 2020). In the early stages of the SARS-CoV-2 outbreak, health professionals made up 29% of all hospitalized patients (Zhu, Xu, Wang, Liu, Wu, Li et al., 2020). Working in these environments puts medical personnel at risk for a variety of psychiatric and mental diseases, as well as physical and emotional suffering (Lai et al., 2020; Xiao et al., 2020).

During outbreaks of other infectious diseases, such as severe acute respiratory syndrome (SARS), Middle East Respiratory Syndrome (MERS), and the Ebola virus, research has indicated that a significant number of health professionals experience significant mental distress (Lee, Kang, Cho, Kim and Park, 2018). According to a study of 1257 health workers who treated SARS infected patients, given the rapid spread of infection in the early stages of the epidemic, feelings of uncertainty, the threat of death, and significant vulnerability characterized by somatic and cognitive symptoms of anxiety were prevalent (Chong, Wang, Hsieh, Lee, Chiu, Yeh et al., 2004). According to a study of 1257 frontline healthcare workers treating COVID patients in China, when compared to other healthcare professionals, nurses were at higher risk for depression, anxiety, sleeplessness, and psychological distress. (Lai et al., 2020). More exposure to COVID-infected persons was linked to worse mental health in another study of 994 physicians and nurses in Wuhan, the pandemic's epicenter, (Kang, Ma, Chen, Yang, Wang, Li et al., 2020), however, that study did not look into the differences between professional groups. In another study conducted among Italian health professionals, nurses were shown to have a higher incidence of severe insomnia than physicians (Rossi, Socci, Pacitti, Di Lorenzo, Di Marco, Siracusano et al., 2020).

**Problem statement**

There is a global trend of challenges that health professionals faced during the COVID 19 pandemic. These challenges had massive impact on how health workers confronted the pandemic and how affected people were handled and treated. The decisions clinical leaders took during the pandemic were influenced by the challenges faced. These challenges encountered cut across all the 220 countries that were affected by the pandemic. Irrespective of the visible global challenges faced by health professionals during the pandemic, there are very few literally works that cover this topic. These challenges, if not addressed, would lead to a surge in confirmed cases as new variants of the disease are emerging. The paper seeks to bridge this gap and outline the challenges Ghanaian health professionals faced during the COVID 19 pandemic.

Healthcare workers, especially those who may come into contact with suspected or confirmed cases, are under a lot of stress from COVID-19 because of the high risk of infection, loss of control, perceived stigma, lack of experience in managing the disease, overwork, significant lifestyle changes, inadequate protection, negative feedback from patients, less family support and quarantine (Chong et al., 2004; Kang, Hwang and Cha, 2009; Kang, Li, Hu, Chen, Yang, Yang et al., 2020). During the viral epidemics, the mental health among others of health professionals confronts serious challenges (Zhu et al., 2020). In addition, the perspectives of healthcare providers experiencing burnout during the current pandemic should thus be obtained to gain a better understanding of how they are handling such situation and to help them resolve their issues. Health professionals face the death of their colleagues and threats to their lives. Moreover, the fear of becoming infected, the absence of an effective social support system, and the high workload all increase mental disorders (Ji, Ji, Duan, Li, Sun, Song et al., 2017). However, few studies in Ghana have addressed the challenges or burden of health professionals during the COVID-19 pandemic.

**Research questions**

The research questions the study seeks to ask include:

1. What was the state of health professionals in Ghana before the pandemic?
2. What were the challenges faced by health professionals in Ghana during the pandemic?
3. What were the coping mechanisms/strategies by health professionals during the pandemic?
4. What are the recommendations to address the challenges?

**Aim**

The aim of the study is to determine the challenges encountered by health professionals in Ghana during the COVID 19 pandemic

**Objectives**

The objectives of the study were to:

1. Determine the state of health professionals before the COVID 19 pandemic
2. Determine the challenges faced by health professionals during the COVID 19 pandemic
3. Determine the coping strategies of health professionals during the COVID 19 pandemic
4. Suggesting recommendations to address the challenges.

**Significance of study**

Many research works on COVID 19 address the impact of the pandemic on the economy, sports, sanitation etc. The few that addresses the impact on the health sector are mostly conducted in China, Europe and the USA. The outcome of this study will enable policy makers, health professionals and the citizenry to know the effective roles of health professionals, as the challenges these clinicians faced during the pandemic are unraveled. Moreover, the study would aid in the planning against the pandemic.

During the SARS epidemic, between 29 and 35 percent of healthcare personnel experienced severe emotional anguish (Maunder, 2004). Even after several years, 10% of healthcare workers exhibited symptoms of post-traumatic stress disorder (PTSD) (Wu, Fang, Guan, Fan, Kong, Yao et al., 2009). People who were quarantined or worked in wards for infected patients were two to three times as likely to develop post-traumatic stress symptoms (Wu et al., 2009). As a result, gaining a better knowledge of the load or obstacles faced by various groups of healthcare workers during this time is critical for providing psychological support, increasing mental health support services, and strengthening mental healthcare globally.

The findings of the study could aid in the development of a post-pandemic return-to-work preparedness program for healthcare personnel with PTSD or other mental health concerns, allowing them to better cope with the rigors of their jobs while also managing their overall health.

**Definitions of key terms**

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| Term | Definition |
| Pandemic | “The word is commonly taken to refer to a widespread epidemic of contagious disease throughout the whole of a country or one or more continents at the same time” (Honigsbaum, 2009). |
| Health professional | Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve (Organization, 2013). |
| COVID 19 | Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus (Organization, 2020). |

**Outline of dissertation**

This dissertation consists of five chapters. Chapter one provides an introduction to the study and an overview of what is to follow. This is followed by a literature review in Chapter two. The literature review starts with a wider scope looking at the COVID 19 pandemic, its epidemiology in the world, challenges faced by health professionals in Europe and the USA. Chapter three outlines the procedure of data collection and outcome measures utilized. Chapter four presents the results of the study. A discussion will follow in Chapter five on the findings concluding remarks and recommendations.

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