



# **STUDY ON THE PERCEIVED IMPACT OF COVID -19 PANDEMIC ON THE DELIVERY OF HEALTHCARE AND MANAGEMENT OF HOSPITAL SERVICES IN BHUBANESWAR AND CUTTACK**

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## **INTRODUCTION**

Deaths due to approximately 10-18 percent of the total economic impact of viral transmission is caused by Coronavirus disease 2019 (COVID-19). Putting an end to the inevitable economic downturn must be a priority for governments. Isolating infected populations, implementing quarantine, and segregating infected populations helped eradicate the disease in China. Public health epidemiologists ought to assist policymakers in making decisions about how to reduce morbidity and associated mortality, prevent epidemic peaks that would overwhelm the health care system and keep the economy from suffering devastating effects, and as vaccines are developed and manufactured on a large scale, and antiviral drugs are developed, the epidemic curve will flatten. Public communication strategies that inform the public how to avoid infection, along with additional assistance to manage the economic downturn, are essential. Governments must make difficult decisions, but, if not more, what individuals do in response to government actions is crucial [1].

The corporate output of several multinational companies has been reduced or operations have been suspended because travel restrictions and social distancing have been enforced. In coordination with federal, state, and local authorities, annexures can serve as powerful mechanisms. A firm's resilience planning includes business continuity, disaster recovery, and crisis management, but cyber risk is relatively new in this area. Businesses may experience disruptions caused by natural disasters, technological failures, or operational problems, as well as pandemics. Continuity for the most critical products and services can only be achieved when pandemic planning is incorporated into existing resilience management efforts. Organizations must extend their planning beyond traditional resilience strategies due to the potential occurrence of large-scale, severe, and long-lasting pandemic events [2]. Scientists, researchers, and health agencies globally are actively engaged in a race to combat COVID-19. Their focus is on developing suitable vaccines and therapeutics to prevent any potential pandemic scenario that could emerge if the spread of the SARS-CoV-2 virus is not effectively halted. Intensive efforts are being made to prevent and control the further

transmission of the virus through vigilant monitoring, intervention strategies, and the implementation of rigorous prevention and control policies [3].

## **RESEARCH OBJECTIVES**

1. To understand the perception of healthcare providers on the impact of COVID-19 on hospital services.
2. To understand the perspectives of hospital management staff on the impact of COVID-19 on the functioning of their facilities.
3. To map the change in functioning of hospitals due to COVID-19.
4. To suggest possible solutions for better preparedness in future.

## **RESEARCH METHODOLOGY**

This was a descriptive study, using a mixed method approach. Primary data collection was planned thorough a self-administered questionnaire which was shared on google forms to all the healthcare workers working in the hospitals at Bhubaneswar and Cuttack. Due consent was taken, and confidentiality and data security were ensured. Secondary Data Review was also done. Relevant reports, past studies and peer reviewed research articles on related areas were included for the review. Google forms derived data from healthcare workers were analyzed using MS Excel and this was triangulated with the findings from the desk review of relevant reports and research publications.

## **RESULTS & DISCUSSION**

From the data derived from the healthcare workers, it was found that more than 87% of the hospitals in Bhubaneshwar and Cuttack were COVID treating centers. When the number of bed strength compared with the beds utilized for COVID treatment, it was found that in most of the hospital all the beds were occupied by the COVID patient. As per the data it showed that most of the hospital had less than 30 oxygen, ICU and general beds, hospitals with more than 100 were those which had the normal bed strength of 1000 and more. The psychological status of the

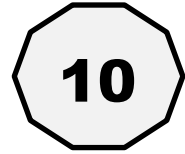
healthcare workers at peak of COVID was found to be stressed most of the time, somewhat emotional and sometime satisfied and sometime dissatisfied across the parameter. Excessive mental stress was the most prominent challenge perceived by the respondents followed by shortage of ventilators, shortage of beds and shortage of staff in that order which caused a lot of chaos. Other challenges faced by the healthcare workers were insufficient medical equipment, fluctuation in working hours and use of PPE caused tremendous frustration and unwillingness to work during this pandemic.

## **CONCLUSION**

A lack of adequate facilities, equipment, and infrastructure was another reason cited for the government hospital in India to be in such public health crisis. It was difficult for individuals to get medical aid, and private hospital areas have generally closed to non-emergency admissions that were not life-threatening. In some cases, family members' aggressive emotional reactions could manifest as threats against medical services facilities or verbal or physical abuse of medical professionals. There was a problem when certain government hospitals' wellness units and specialists did not have protective equipment, but hostile administrations took an antagonistic stance in response. Health experts were perceived as new untouchables. COVID-19 was a particularly dreadful disease that people fear getting from clinical specialists or being stigmatized for having contracted it themselves.

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# **PROCESS RE-ENGINEERING TO ELEVATE CUSTOMER EXPERIENCE WITH CASHLESS CLAIMS**

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