

Lessons Learnt From Health Care Providers In The Crisis Management Situation –Covid-19

Dr.P.S. Manjula¹ , Sindhura.K²

Assistant professor Research Scholar Department of Management Studies
University of Madras Chennai 600005

Email: write2profmanjula@gmail.com¹, sindhurakannappan2018@gmail.com²

ABSTRACT:

Crisis management is the highest talent which an individual demonstrates especially in the situation of pandemic COVID-19. Human resource managers globally have struggled to change their strategies to manage their employees in different fields of work with the outburst of the pandemic. It is interesting to understand how healthcare providers (HCPs) who are in the front, managing the resources to the optimum and helping the people affected by the deadly virus - Corona. The authors were interested to conduct qualitative study to understand how the Health Care Providers in the government hospitals (GHs) are executing and optimizing their existing Human Resources. Online in-depth interviews were conducted with 25 Health care providers. The State, Tamil Nadu has 1421 Primary Health Cares, 21 State run Hospitals, and 16 Medical Colleges which were designated for treating the patients. Snow ball technique was used to access the HCPs working in the government hospitals. The study has documented the experiences of the HCPs using different strategies to manage their human resources in the crisis situation. The medical emergency and lock down of the country came suddenly with the virus spreading in India. Panic and threat were the reactions of the people. Human resource management in all the sectors had alternative strategies to ensure personal safety and continue the work. However, the HCPs who were in the front to combat the pandemic had to face the crisis situation very efficiently. Some of the main challenges which they faced were that they did not have admission guidelines, treatment protocol, hospital space not prepared for the COVID patients, fear gripped supportive staff, fear of personal safety etc. They had to motivate their team, ensure safety of the medical team, reduce fear and anxiety, address the team's emotions, and generate timely data and network with other stake holders for follow-up. The HCPs had good psychological well-being and they were able to manage the challenges posed by the health crisis and ensured competent functioning of the government facilities. The authors conclude that HCPs in the front to combat the epidemic as heroes of crisis management.

Keywords: Human resource management, Health Care Providers, Health Care Facilities.

1. INTRODUCTION

The pandemic COVID-19 has caught the world suddenly with panic and shock with people getting infected and loss of life in great volume. It has jolted all the spheres of life of human beings globally. The day-to-day routine activities of the people came to halt in all countries after announcing lock down. On 11th March 2020, Corona virus (COVID- 19) was declared

as pandemic by World Health Organisation (WHO). The pandemic which has made the human life tremble with fear and hopelessness. Emergency measures were implemented globally to prevent the spread of virus. Countries lock down, the day-to-day activities in all spheres of lives, new terms like quarantined, containment zone, stigma and social seclusion became popular [1].

The work force of all the types of sectors private and public had to evolve efficient strategies for continuing their work. The work place safety, travel, compensations, resource planning, continuity of work etc, had to be addressed by the Human Resource (HR) management. The traditional ways of human resource management were replaced with alternative strategies. Ensure safety of the staff, transition to remote work place operation, digital transaction for monitoring, mental health issues are some of the main issues which were in front of all the human resource management (HRM). In HRM, crisis management is a specialized field which has its specific tasks and roles in an organisation. The personnel workings in this field are trained in crisis management. It refers to how the HR executives, anticipates, identifies, prevents and manages the crisis with a plan of action [2]. The main aim of the HR in the crisis management is to execute the task successfully by resolving the problems.

The medical fraternity was gripped by many challenges like space for corona infected patients, admission guidelines, testing measures, treatment protocol, Personal Protective Equipments (PPEs) availability, medicines, space for isolation ward etc. The list is exhaustive for the hospitals and health departments to manage. In the State of Tamil Nadu, India lock down was imposed on 21st March 2020. The private hospitals and clinics were also closed down. The government took intensive efforts to combat the spread of the virus. Administrative support came from senior officials of the State and it got intensified with the growing number of people tested positive. It is very important to note down that the doctors and nurses and support staff in the Primary Health Care (PHCs), District Hospitals and Medical Colleges were left in the front to manage the patients. The HCPs working in Government Hospital settings had to cope up and refine their skills to manage their own staff, patients with symptoms, asymptomatic patients, and people who are quarantined etc. The responsibility on their shoulder was heavy but it is interesting to understand that they are the best human resource managers with compassion and tolerance at this crisis situation which has never been faced by the world.

In the present study, the authors were interested to understand how the HCPs are managing the pandemic especially their experiences in optimizing the resources available in the health facility setting. The State, Tamil Nadu has 1421 Primary Health Cares, 21 State run Hospitals, and 16 Medical Colleges which were designated for treating the patients [3]. In the State of Tamil Nadu, health care system comprises both public and private sectors. With the outbreak of the COVID-19, the major responsibility of treating the patients came to the government. The health management protocol designated 26 private medical college hospitals and 112 private hospitals to manage patients with COVID-19. However, the treatment protocol should be similar to the one followed by the Government. The present study captures the experiences of HCPs working in government hospitals in the COVID-19 scenario.

2. REVIEW OF LITERATURE IN THE STUDY CONTEXT

Lancet stated in its editorial that India enforced immediate lock down as soon as the pandemic outbreak was observed. The action of the government was appreciated by World Health Organisation. The lock down was done for enabling the government to prepare the health fraternity to be equipped for treating the patients infected with corona virus as the

pandemic was expected to peak in few weeks [4]. Less information was available about the virus corona; hence all the countries were not able to formulate individual strategies for addressing the pandemic. In India, the Indian Council of Medical Research was given the responsibility to formulate guidelines for prevention and treatment. The authors document that medical professionals in the government settings are very committed to treat the patients [5]. The HCPs are facing various challenges to execute their duties. Some of the main challenges are extended working hours, inadequate personal protective equipments, personal risk of infection, violence against the health care workers, and impacts on social and family [6]. The outbreak of corona virus has taken a toll on the lives of HCPs across the world. In this situation, the challenges in the health system were very obvious since the pandemic outbreak came suddenly. The authors state that the lives of HCPs who have sacrificed their lives deserve appreciation for their services. The pandemic has made the political authorities to allot more resources for health care and health care professionals [7]. In the study conducted on crisis management and communication strategies, the doctors interviewed state that the challenges were posed by own team 34.48 percent, followed by patients 27.59 percent. The other challenges were security 24.14 percent and mob reaction 13.79 percent. The doctors faced challenges in communication 32.3 percent with the patients and the attendees. They found it very difficult to communicate when the patient was in denial mode. With the growing number of patients, the doctors experienced the challenges which were also intensifying. To manage the crisis, the doctors depended on management and police support. The authors have suggested alternate ways to manage the crisis situations like communication, counselling and emotional connect [8]. In the research on crisis in clinical care, the authors recommend a set of crisis management approaches in health care [9]. The article has elaborated the management principles in crisis situations such as a lack of skilled assistance during time of crisis, important to resolve the crisis quickly before it becomes a disaster, the medical team that may not know or apply the correct rules to follow during crisis, anxiety, and work tensions which will hinder the crisis management.

3. METHODS: OBJECTIVES, STUDY DESIGN AND SAMPLING

The study aimed to understand the experiences of HCPs during the outbreak of pandemic COVID-19 which came suddenly and required emergency preparation for managing the crisis situation. The specific objectives of the study include:

1. To understand how the Health Care Providers working in Government Hospitals handled their resources to the optimum to treat the patients affected by the virus.
2. To understand the various skills which they applied for managing the crisis posed by the pandemic
3. To document case studies of Health care providers' experiences as crisis managers.

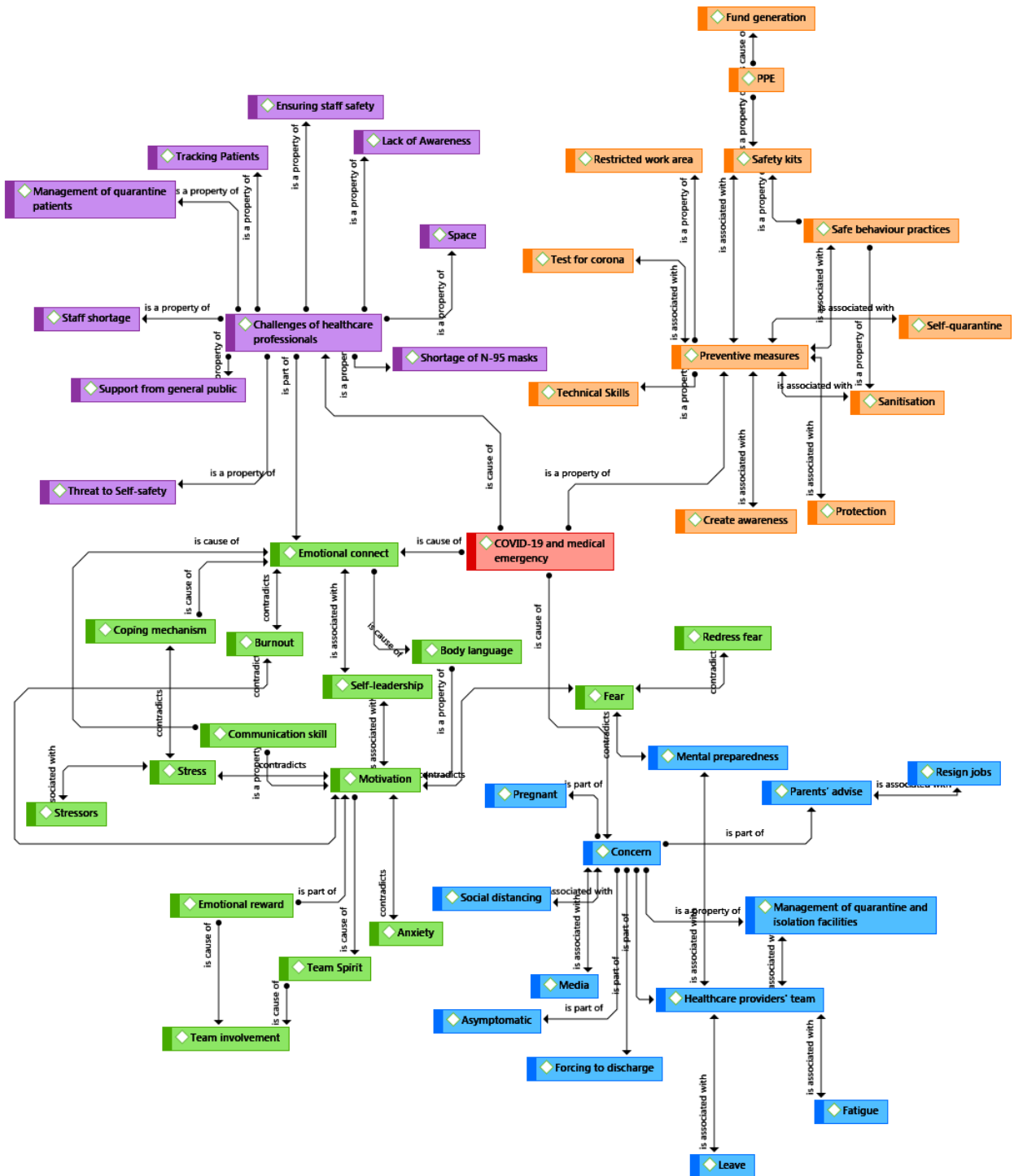
The study used qualitative research techniques to obtain data from HCPs working in the government designated open-ended Primary Health Centers, District Hospitals and Medical College Hospitals in the State of Tamil Nadu. The HCPs who worked for corona patients were taken for the study. The authors used questions to conduct telephonic interviews with the HCPs who treated corona patients. The authors requested for the comfortable time of the HCPs to give their telephonic interviews. The study ensured confidentiality of the HCPs who were interviewed. Consent was taken for the documentation of case studies. Twenty-five HCPs who worked with corona patients were interviewed online and they were selected by using snow ball research technique. Among the 25 doctors only 4 HCPs agreed for case study about them. However, care was taken to interview the HCPs from all the three Health Care Settings of the Government such as primary health centers, district hospitals and medical college hospitals.

In the beginning of the interview, a broad data generating question was asked “DoctorCan you tell about your experience in handling corona patients?” Which was followed by open ended questions like “what did you feel in pre-stage when the pandemic was announced? How did your family feel about your work?, What were your major challenges in your personal life and work? How did your co-staff respond to the new crisis? How did you address your challenges? Probing and prompting methods were used to generate more information on certain areas.

4. ANALYSIS AND FINDINGS

The notes which were taken during the interview and codes generated were noted by using Atlas software trial version. The online interview transcripts notes were thoroughly read and codes and respective sub-codes were given. These codes were mapped based on the comments and memos specified by the researchers. The highlights of the study findings were as below. The themes which emerged from the information from the HCPs were: Response of the HCPs when the pandemic was declared, anxieties of the HCPs in work environment with the outbreak of COVID- 19, Skill sets of the HCPs used during COVID-19, ensuring safety of the medical team, managing work related stress and Planning in crisis saving lives.

Figure 1 : Semantic Representation of the study findings



Scenario at the beginning of the outbreak of COVID

The burden of the pandemic in other countries was telecasted in news channels and in all the social media which set fear in the minds of people. HCP and his family were not exceptional and they also closely watched what was happening in the other countries. In India, the announcement that COVID-19 has started its spread came suddenly in the second week of March 2020, and the government order stated that WHO has announced the pandemic COVID-19 affecting 114 countries including India. In Tamil Nadu it was declared that the State is exposed to the threat of outbreak of the disease. Health and Family welfare department was

asked to take preventive measures prescribed by WHO. The first case of corona in the state was reported on 7th March in Kancheepuram district. The Janata curfew was imposed on 22nd March to intervene spreading of the disease by social distancing. All the establishments were close down except essential services which include both private and public hospitals. All elective surgeries were postponed and government asked to create space for the COVID patients.

Response of HCPs when the COVID pandemic was declared

The preparedness for handling the patients was a challenge. “The medical emergency came suddenly” says Dr. Ventrivendan, Chief Medical Officer, Orathanadu. The HCPs state that they puzzled about managing the pandemic while they heard about the other countries struggling. The pandemic announcement created fear in the public; however, they had the option of lock down and stay safe. In the families of HCPs serious discussion about the disease and their role to be in the front line to service the affected became part of their life. Few HCPs said that in other countries the HCPs were mentally prepared to be in the front line. It was personal challenge for HCPs to convince their families to remain free of tension and anxiety.

“The crisis came suddenly to the doctors who were not completely prepared to manage”
“Fear of self-Infection drained us and family members fear made it worse”
“The topic of discussion with my friend was how to keep family members safe”
“I was not worried about me but when it comes to my family, fear popped up”
“I thought I will quarantine myself away from family members after treatment hours”
“I felt as though I am going to the war field”
“Fear stories from media disturbed my family”

Dr. Ventrivendan, said “Though I was prepared since I know I have to be in the hospital, I was finding it very difficult to manage my kids and convince my parents. Since my wife is also a doctor, we were getting ready to stay away from children and had to leave them with my parents”. The problem of ‘fear’ of the family was stated by all the HCPs and they say that the main reason was the stories on media and whatsapp and face book increased the fear of the family members. The common news was about the battling of the HCPs, statistics on the growing pandemic and death rate, HCPs getting infected with the virus etc.

Many HCPs said that they planned to keep their families safe but at the initial days they did not know what actually to do. Few HCPs said that it was the subject of discussion with their peers in the hospitals. Many HCPs said that the only way to protect the family is to stay away from them. This means self-quarantine after coming back from the hospital. Dr. B. Kirubakaran working in Primary Health Centre in Thiruvanamalai said that he rented a separate home to stay away from his parents and had to keep redressing their anxieties. Dr. Jayaselvi Chief medical officer, Pethanaickenpalayam, said that she felt in the initial days that she felt like going to the war field. However continuous work with the corona patients, the HCP said that her personal fear disappeared.

Anxieties of the HCPs in their work environment with the outbreak of COVID-19

The HCPs went through a streak of anxieties and tensions inside the health care facility setting. They were not able to assess what will be the future situation of the crisis. Dr Mohanavel, medical officer working in Stanley Medical College said that with the outbreak of COVID-19 the HCPs felt anxious as the admission rules was not laid down and the treatment guidelines was not specified. Later the Central Health Ministry released the module of the treatment protocol. The availability of Personal Protective Equipments (PPEs) and N-95 masks was less when compared to the number of HCPs handling the corona patients. This made the HCPs very anxious about their own personal safety. In big health care settings like medical colleges and General Hospital the corona ward and the general ward, were divided and HCPs were allotted for the two different treatment sections. Dr. Kirubakaran said that “it is great challenge to the public health care and both HCPs and the patient have to be protected”. When the news of HCPs and students turning positive to corona came up, it increased their anxiety. Some HCPs said that we use only mask in the Non-COVID ward but now the disease has become asymptomatic. Dr. Kirubakaran said that “I will face it maybe I will develop my immunity facing the virus”; he did not have any options other than to develop his courage.

Skill sets of the HCPs used during COVID-19.

The major responsibilities of the HCPs in all the government settings during the COVID-19 were as follows

- Educate the patients who reached the hospitals for getting screened since they feared that they are infected, and reduce their fear.
- All PHC's HCPs are responsible for quarantine facility management
- The HCPs from PHCs have to visit the quarantined patients and check vital parameters
- Responsible for Clinical management in the hospital at isolation facility
- Responsible for Infection and prevention control of the health care facility
- All the government hospital settings had to prepare reports of the patients who visited the facility under specific heading asymptomatic, symptomatic (refers to fever/cough, shortness of breath), and severe acute respiratory infection.
- Understand the co-morbid conditions of the patient tested positive

The HCPs required specific skills set in addition to their clinical management skills. The treatment guidelines manual from the Central Health Ministry was made available in the hospitals for the HCPs. They required different skill sets during pre-crisis, crisis and post crisis. Many HCPs said that they had to act immediately as soon as the lock down and the pandemic were declared. Many HCPs were confused in the pre-crisis period before the patients with corona were identified and when quarantine efforts started off. Dr. Ventrivendan said that discussion with peers and the staff were very useful to prepare and plan for ensuring smooth functioning of the corona ward. HCPs had to plan for their personal safety, hospital environment safety, Staff safety and non-COVID patients' safety. The PPE kit ensures safety of the HCPs and the team. But the kits were not available to all the team members. Few HCPs said that they used only masks for protection. But many HCPs organized the PPE with support from the community, sponsors etc. This was major planning which the HCPs did before government distributed adequate PPE Kits. When the lock down was announced, the absenteeism problem of the supportive staff of the medical team popped up. The HCPs had to use the staff available to the optimum. Dr. Mohanavel, medical officer, Stanley Hospital said

that “My whole approach to the team changed, I had to persuade them for working little more than their usual responsibility”.

In the pre- crisis and crisis period, ensuring safety of the hospital setting was important. Few HCPs said that the supportive staff members were responsible for disinfection, cleaning and disposal had to take care. But it is interesting to know that majority of the HCPs shouldered this responsibility and shared the work for ensuring safety of the hospital. Some HCPs were extremely committed and they did the work of disinfecting the hospitals when the staff members were not available. The case study on Dr. Ventrivendan briefly captures the experience of owing responsibility for quality health care.

Case study 1: Dr. Ventrivendan is called as “Makkal Doctor” (people’s doctors); he was known for his commitment. He works as Chief Medical Officer in General Hospital at Orathanadu. He said that he realized the fear of staff specially the nurses to handle the patients in corona ward and the patients who are quarantined. He had his own style of handling the motivation of his team. He was responsible for the routine work of the hospital like handling out patients and the corona isolation ward. Communication skills with the staff were important for him in resolving fear and increasing their motivation.

He made use of the time after treating outpatients (OPs) to talk casually with the team about preventive steps to be taken for protecting the staff family members after the duty hours, to take care of the patients with concern as they are gripped by fear, and to ensure the corona ward to be carefully disinfected. He says that he restricted the work area near the isolation ward which will help the staff to have effective control over sanitization. He recollects that once his staff responsible for disinfection was not well, and the doctor swiftly took over his responsibility and started disinfecting the ward. The body language, gesture, and attitude of the doctors had a big impact on the staff members who were working very hard during this time of pandemic. The fear in the pre- crisis situation vanished when the hospital had boarded patients tested positive for Corona. The doctor says that his emotional connect with the staff was acting as emotional reward. In addition, he organized good food for the staff once in a week. The doctor, self-leadership style, got sponsors for food and also in the pre-crisis stage; he mobilized PPE before adequate kits were made available. He concluded saying that he is bit relaxed as the burden of the pandemic has reduced in his place.

The case study of Dr. Ventrivendan shows the positive approach of the HCPs combined with communication skills helped them to manage the crisis situation.

Ensuring safety of the Medical Team

It can be observed how the safety of the staff was the prior need in case study 1. In the beginning of admission of patients with symptoms of Corona, medical team did not have adequate PPEs and they lacked confidence to handle the cases. HCPs said that they had to get sponsors to procure masks, disinfectants and sanitizers. It was a burden at the crisis stage of medical emergencies. Dr. Mohanavel said that complete PPE prescribed in the WHO protocol was not available. Later the adequate number of kits and other essentials were made available by the government. When the news of the virus has become asymptomatic, ensuring safety of the HCPs in non-COVID wards in medical colleges and hospitals: especially in places like Chennai became a great concern. During this time few HCPs and students turned out to be positive for corona. It set a threat message to the HCPs and the medical team. With the lock down, the lower-level supportive staff did not turn up for work since they were not able to travel and the fear of contracting the disease. The HCPs had to work with the limited number of staff and used their skills and services to the optimum. In non-COVID wards the HCPs used minimum preventive measures like wearing mask but when the patients were diagnosed

with COVID-19 symptoms the HCPs and the supportive staff members were worried about their personal safety. Dr. Jayaseeli said humorously that she was not able to sleep for more than a week when her patient was tested positive. The demand for special mask N-95 was high among the HCPs.

“All the other sector working people went into lock down and stayed safe”
“Optimum use of the staff in the team was interesting as well it was stress”
“I refined my present skills and also learnt new skills”
“When suddenly the news came that the patients have become asymptomatic, it was so confusing”
“I was smelling the heat with the PPE all throughout the day, I developed some infections on my skin”
“Though it is difficult to wear N-95 mask for a long time it is the only way to be safe”
“Public should understand the difficulties of medical fraternity in outbreak of pandemic”
“My friends and myself felt lost and depressed since we missed our family”

With all the challenges in their personal safety, the HCPs had their coping style to manage the COVID-19 patients. Many HCPs said that their staff went through depression since they worked without rest and stayed away from family. Dr. Kirubakaransaid that he was also affected by the depression of his team. He even wondered why he has boarded into the profession which has dangers to him and his family. He said that his discussion with peers helped him to come out of the negative state of mind and started working closely with the team motivating them to do the best. Nearly all the HCPs anchored to give psychological support to their teams; they laid emphasis on the importance of service at the prime time of the pandemic. Dr. Jayaseeli said that she listened carefully to the concerns of the supportive staff and tried to resolve some and the rest she managed with her counselling. “Shouldering the responsibility of keeping the team safe during visit to the quarantined patients’ place, staying calm and making the team work calmly was interesting” shared an HCP.

Case study 2: Dr. Mohanavel a doctor pursuing his post-graduation in Stanley Medical College stated that people would develop faith in Government Health care facilities after the COVID. In the pre- crisis stage, he said that medical team was not clear on how to move forward. Staff was gripped with fear watching the news from other countries and the lower level staff went on leave. The supply of the PPEs and space for wearing and changing PPEs was very tough. He recalls how hope came when some companies sponsored the safety kits for the medical team. Since the supportive staff was less the clearing up of used PPEs also posed a challenge. In this state planning carefully to manage the COVID ward was very useful. After the guidelines for admission and treatment protocol was made available to the HCPs clarity on handling the Covid patients and the procedures increased. When slowly fear was reducing the news that medical post graduate students becoming positive which sent waves of personal threat. He said till today the anxiety on his personal safety is present amidst his busy work schedule. The support of the general public was less said relating with an incident when the outrageous group of people started abusing the medical team with the death of a patient. The mess was closed and the availability of food inside the campus was less. The HCPs after wearing the PPE can’t take it out all throughout the day. The tiring day made the team even

more frustrated. Therefore, to address all these problems HCPs require specific talents. Dr.Mohanavel said that each and every gesture of the coordinating HCPs with the team was an emotional reward. They coped up with planning everyday to attend to the needs of quarantined patients and positive patients. The team shared information to ensure the good spirit of the peers.

Dr.Mohanavel said that he was very hurt when one of the HCPs who died as victim of Corona was denied of a decent burial. Though strong skills of the HCPs helped in the hospital to manage the patients, he said that it could have been better. The main barriers he says are the stressors and lack of awareness of the public behaviour, especially social distancing. He concluded saying that he will work for Government hospital only since he believes that it is the place where the needy can access for treatment.

Managing work related stress

The HCPs moved ahead with their work of handing COVID patients amidst their emotional stress. The HCP who was infected with Corona and got treated from his hospital said that his work stress was packed up with emotions. “I continuously kept thinking about the safety of my old parents and my new born girl baby and wife”, He said that he forcefully quarantined himself which made his family members very anxious. Many HCPs said that managing their work related stress was a major challenge. They had to self-motivate themselves to come out of fear and depend on their resilience power to smoothly work in the ward. The main work stress of the HCPs in the isolation ward was wearing the PPE which had a gown, shoes, goggles, N- 95 masks and double gloves. It was also very hot and they did not depend on conditioned air which made it worse wearing airtight dress. One HCP said “I felt like not wearing the PPE and wear only N-95 mask, but when I told my friend I won’t forget how he blasted me ” Though he stated his work stress humorously, it can be understood how difficult would have been the HCPs position. Many HCPs stated that handling the emotions and fears of the patients and their attendees was yet another stress. “After a couple of weeks I felt that my compassion level has gone low” said an HCP since continuously he had to handle the sorrows of the patients.

All the HCPs stated that in the initial days they did not have adequate PPEs and it was very

“The death of a popular doctor reported as cardiac arrest; there was a rumor that he consumed Hydroxychloroquine as prophylaxis which increased my fear”
“I saw my nurses and helpers very happy when special food was organized”
“I could feel that emotions are draining as I was encountering same fears and anxieties and less awareness”
“I was very stressed to ensure that the whole team with us was abiding by the safety guidelines”
“Quarantining myself was like self-torture and I wondered why this has happened to me “

embarrassing to leave any other medical team staff without the full PPE. It was a great mental stress and they had to depend on sponsors to procure the PPEs. “Fund generation for the PPE procurement became added responsibility and somehow I used my networking strength to raise fund” said an HCP. Many of the HCPs were humorously stating that they did not know whether the PPEs are protecting them but still had to believe in something. Many HCPs faced the stress from the attendees of the quarantined patients. They tried to coerce the HCPs to discharge the patients. Patience, communication and creating awareness among the relatives were a tough job amidst the other work tensions. The next work stress was less access to

information related to the prevention and treatment of COVID. “The international news had new news on treatment every day; we had to abide by the guidelines given by the government”. Many HCPs took prophylaxis Hydroxychloroquine for prevention. “I was very worried to take the medicine which is prescribed for malaria as I was only thinking of the side effects” said an HCP. Ensuring availability of good food for the medical team during field visits was added stressor. However, HCPs said that it got sorted over later. Dr. Vetrivendan said that getting good food like Biryani made his staff very happy. The HCPs working in PHCs and peripheries had to depend on sponsors for the good food. “Though good food was not very important for me but my nurses and lower level supportive staff members were looking forward” said an HCP. Many HCPs said that they had many roles to take care including data management which has to be submitted in time to reach the seniors. The HCPs said that they have to follow procedure before submitting the data of the patients which was different from their usual routine roles.

Case study 3: Dr B. Kirubakaran, Medical officer working in PHC, Chetpet. Thiruvanamalai quarantined himself from his parents to ensure safety of his parents. He had the major responsibility to redress the fear of his parents. He was also concerned about his parents to adhere to preventive measures particularly social distancing. One day he was very upset with his mother who walked to his place of stay carrying food for him. He got tested for Corona in the initial days of the pandemic. He said that he was little casual before he saw the first COVID positive patient. He developed unconscious fear and started feeling that he has got infected and after a week he tested again for COVID. He said that he was at peace only after he saw his swab test result.

It was so difficult to create awareness and safe behaviour practices among people said the HCP. He said that the PHC had the responsibility to identify and referred to the COVID patients to higher health care facilities. Monitoring the quarantined patients was the main work in the initial days of the pandemic. Thiruvanamalai did not have high COVID patients but with the growing pandemic and with travel of people, it increased. Dr. Kirubakaran was very upset when public manhandled the family of Dr. Simon during his funeral. Kirubakaran shared all his skill sets got refined handling the issues posed in everyday. To resolve the problems matured way of handling the behaviour of the quarantined patients and their relatives. He quoted an incident when he was emotionally disturbed. A family travelled from Chennai which has high number of COVID cases. The family came to see their daughter-in-law in her last stage of life after delivering a baby. She suffered from a rare kind of complication and the hospital authorities have informed the family that she is critical. Now the medical team has a challenge to convince them to get tested for COVID and then to go to the hospital taking safety measures. The whole team had to manage the emotions of the family. The village president was upset with the medical team; he had to be convinced about the protection of the others in the village and in the hospital. The HCP and his team got tired and halted at 4 pm to have their lunch in an eating outlet of the government. Dr. Kirubakaran says that I spoke more than my usual to convince and console people affected by emotions. In the evening he had to motivate his staff to stay committed amidst their tiredness. He said that quick approaches to handle the field issues become very important. He had to keep monitoring the energy level of his staff and had to address them in a novel way. He kept posting the pictures of his team in his whatsapp status to make them feel good. He concluded that it is usual behaviour to look at what is not available in life but his work experience helped him to use the available resources with him to the maximum.

5. MANAGING THE BURNOUT

The HCPs who saw more COVID patients, load faced severe burnout“Though I tried my best to be balanced in my work environment still I felt mental fatigue everyday” said an HCP. Few HCPs said the reason for their burn out may be fear associated with infecting their family members. “Unconsciously I have developed fear and stayed alone when I came home and did not interact with my family members’ said an HCP.He attributed this unconscious fear caused burnout. They got saturated handling the emotions of the patients and their family members.

“Though government had created counselors for counseling of the patients, they did not access them” said an HCP. This increased the burden of the HCPs to handle their mental issues. The HCPs had to give time for addressing the questions posed by the patients. The HCPs shared that their way of talking changed in the COVID time. “I feel I managed my burnout by feeling good on the work done with compassion”. The leisure time activities of the HCPs helped them to reduce the burnout andthey mostly played with tiktok, watched movies in their laptops or whatsapp. Only few HCPs said that they went for walk for having a change. Many HCPs said that they realized that if they get burnout, they will do mistakes in treating patients. They had developed their own way of getting over burnout.

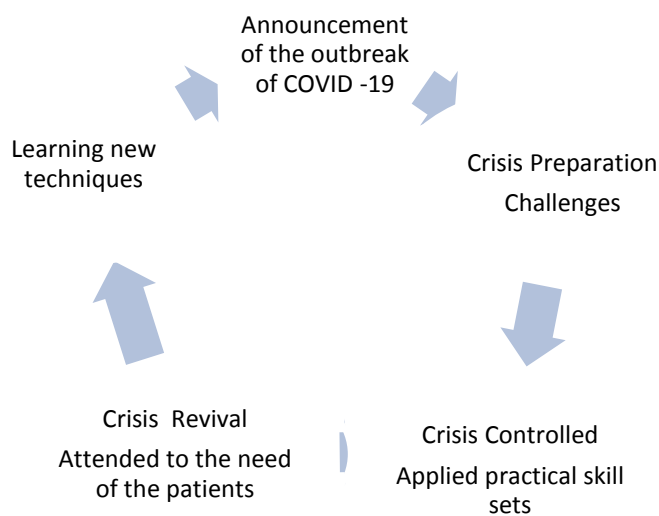
To handle the burnout of their team HCPs said that they had casual conversations with their lower level staff, sometime applause for their work, posted their pictures in the whatsapp etc.Few HCPs said that special snacks and food was helping to reduce the burnout of the staff. “I have sponsored tea and snacks to make my nurses, lab technicians and other lower staff”, “I specially attended to the cleaners in my hospital, since they took the risk of cleaning the PPEs and the places. Most of the HCPs have taken care of the cleaners since they were at more risk and also responsible for hygiene and sanitization of the hospital.

Case study 4: Dr. Vaitheeswaran, Assistant Professor, Theni Medical College said that he developed fear seeing the news from media showcasing HCPs suffering. When he was posted in the isolation ward, he was conscious about the easy spread of the novel COVID. He said that he frequently sanitized his hand in hospital and also at home. As days moved when he started seeing stable patients in his ward, his fear reduced. During this period the HCP said that he refined his technical skills and also learnt new skills in managing the patients. He said that his wife who is also an HCP and was pregnant was very bold to attend to her patients. She kept encouraging him and laid stress on positive attitude in handling the COVID cases and the quarantined patients. Though they had to stay in separate rooms after work hour over phone, she was strongly insisting that he should not compromise on safety measures. But his parents were very frightened every day; they went to the extent of asking them to resign their jobs. He said that the patient load was relatively less when compared to other districts. He was feeling hurt with the public as he thinks that they did not respect HCPs service. They had their own demands; the quarantined patients were forcing them to give their discharge and did not even bother about the time of discharge. When the team started sharing the same kind of hurt, the HCP halted and thought of understanding how to resolve the issues. He came to know that the quarantined patients with travel history and the family members of patients who have been tested positive, were harassed by police for reasons like tracking the people who were exposed. The HCP said that educating them on importance of tracking and also sharing how many COVID patients are getting discharged helped to get relieved from their worries. The HCP concluded saying that he had be fortunate to see stable patients.

6. DISCUSSION

The study captures vividly the various challenges which the Health Care Providers faced during COVID but it had strategies to manage the pandemic. General public and other work sectors must understand the experiences of the HCPs. People were forced in other countries to behave as expected by the Government [10]. However in Tamil Nadu in a democratic set up the societies agony has to be addressed very carefully. In the medical crisis situation, the HCPs have acted like the trained Human Resource persons handling and solving the barriers from pre-crisis to post crisis stages.

Figure 2: Flow chart shows the mechanism of Crisis redressal by the HCPs



It is very interesting to observe that HCPs in the crisis situation managed it very systematically. This was done with passion and commitment. It is expected to increase the faith in the government health facilities. HCPs and the medical team were anchoring the management of the pandemic and they have developed special skill sets to redress the challenges or barriers which they encountered. The skill sets were very practical and they focused on strategic management. Lean health care when positioned strategically will be successful [11]. They have expressed that they have learnt new skill sets like planning, also learnt new technical skills, giving emotional rewards, promoting the team's involvement etc. The list communication, managing emotions, creating awareness, being tolerant, optimum use of the available resource, building team spirit, addressing the need of the team, ensuring safety of the team, patient focused with compassion, self-leadership, owing the responsibility, refined and is exhaustive and the experiences of the HCPs in the front line in the war against the pandemic have to be looked into in-depth and their experiences should be documented. The HCPs managed their patients amidst all the complexity of the disease with the available treatment [12]. Health care though it a very important industry is under appreciated [13]. The present study has captured the remarkable experience of HCPs and they have to be appreciated in various forums. During pre-crisis, communication plays a very important role for boarding the team to redress crisis [14]. The HCPs used strategic communication and they had effective response. It is possible for HCPs to provide consistent compassionate care in intensely demanding roles without harming, has examined the crisis management strategies and concludes that effective crisis communications have good impact [15]. It is very clear from this study that amidst their own perceived threat getting infected, the HCPs have prioritized the need of the patients. The main personal threat was fear of infecting their family members [16]. Their compassionate attitude helped them to get over their own fears. However the same affects their health since they were not able to focus on their own self which is common in health care [17]. Enhancing the skills to manage the patients infected with novel corona was very useful for the HCPs. In any crisis management acquiring new skills are very important [18]. Networking and collaborations with different Health Care Facility settings during pandemic are effective [19].

7. CONCLUSIONS

The pandemic which posed sudden medical emergency in the State made the Health Care Providers to be in the front to combat the spread of disease. The experiences shared by the HCPs during the crisis situation makes one understand the reality of the health management. The authors conclude that the HCPs effective leadership and their skills played a major role in the crisis situation. It is interesting to note that in addition to their refinement in subject skills, the HCPs have developed soft skills and HR skills to manage the crisis situation. The pandemic was new and treatment procedures did not have clarity and it was periodically refined. Similarly, the challenges were also new to the HCPs and each and every challenge has to be redressed effectively. The authors by documenting the experiences of the HCPs, place on record the commendable service provided by the HCPs.

8. ACKNOWLEDGEMENT:

The author sincerely thank all the health care providers who shared their valuable experiences during COVID-19.

9. REFERENCES

- [1] Hamouche, S. COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions [version 1; peer review: 1 approved], *Emerald Open Res* 2: 2020; 15 (<https://doi.org/10.35241/emeraldopenres.13550.1>)
- [2] Ronez, M. Crisis management in the workplace and the role of the HR team, on author's professional website, 2014.
- [3] Health and Family welfare department, Tamil Nadu designated as exclusive COVID-19 hospital –Approved-Order issued, 2020.GO(Ms) .No167
- [4] Lancet Editorial, India under COVID-19 locks down, *Lancet*, 395, 2020, 1315. DOI: [https://doi.org/10.1016/S0140-6736\(20\)30938-7](https://doi.org/10.1016/S0140-6736(20)30938-7)
- [5] Kachroo, V. Novel Corona virus (COVID-19) in India: Current Scenario, *International Journal of Research and Review*, 7 (3): 2020; 435-447.
- [6] Vaishya, R., and Vaish, A. The plights of Health Care Workers in India during COVID-19 pandemic,
- [7] *British Medical Journal (online)*. April 2020.
- [8] Pandey, S. K., and Sharma, V., A tribute to frontline corona warriors—Doctors who sacrificed their life while saving patients during the ongoing COVID-19 pandemic, 68(5): 2020; 939-942
- [9] Asha Kaul, Crisis Management by Doctors: Strategies for Crisis Communication in Health Sector, 2020. www.bwhealthcareworld.com
- [10] Runciman, W. and Merry, A. Crises in clinical care: an approach to management, *Quality Safety in Health Care*. 14(3): 2005; 156–163. doi: 10.1136/qshc.2004.012856
- [11] Gøtzsche, P.C., The corona virus pandemic: can we handle such epidemics better? *Journal of Royal Society of Medicine*, 2020. <https://doi.org/10.1177/0141076820924587>
- [12] Richard, J. Schonberger, R. J. Reconstituting lean in healthcare: From waste elimination toward 'queue-less' patient-focused care, *Business Horizons*, 61(1):2018; 13-22. <https://doi.org/10.1016/j.bushor.2017.09.001>
- [13] Agledahl, K.M., Førde, R. and Wifstad, A., Clinical essentialising: a qualitative study of doctors' medical and moral practice, *Medicine Health Care Philosophy*, 13(2): 2010;107–113.
- [14] Hill, J. W. and Powell, P. The national healthcare crisis: Is eHealth a key solution? *Business Horizons*, 52(3): 2009; 265-277.
- [15] Lehmberg, D. and Hicks, J. A 'glocalization' approach to the internationalizing of crisis communication, *Business Horizons*, 61(3): 2018; 357-366. <https://doi.org/10.1016/j.bushor.2018.01.002>
- [16] Timothy, C. W. The value of communication during a crisis: Insights from strategic communication research, *Business Horizons*, 58(2): 2015; 141-148. <https://doi.org/10.1016/j.bushor.2014.10.006>
- [17] Blondeau, D., Valois, P., Keyserlingk, E.W., Hebert, M., and Lavoie, M. Comparison of patients' and health care professionals' attitudes towards advance directives, 24: 1998; 328–335. doi:0.1136/jme.24.5.328.
- [18] Egan, H, Keyte, R. et al, You Before Me': A Qualitative Study of Health Care Professionals' and Students' Understanding and Experiences of Compassion in the Workplace, Self-compassion, Self-care and Health Behaviours, *Health Professions Education*, 5(3): 2019; 225-236.

- [19] Liu .Q, Lou, D, et al., The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study, *Lancet Glob Health*, Published Online April 29, 2020 [https://doi.org/10.1016/S2214-109X\(20\)30204-7](https://doi.org/10.1016/S2214-109X(20)30204-7)
- [20] Nagesh, S. and Chakraborty, S., Saving the frontline health workforce amidst the COVID-19 crisis: Challenges and recommendations, *J Glob Health*, 10(1): 2020; 010345. Published online 2020 Apr 24. doi: 10.7189/jogh-10-010345