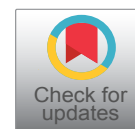




## SHORT COMMUNICATION

# Supporting the Frontline Workers during COVID-19 Pandemic: The Role of Non-Clinicians and Lessons Learned

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## Introduction

In a population of health care workers with a soaring level of burnout, this pandemic had the effect of rubbing salt to wound. The frontline workers were not only required to take this extra load, but their numbers had dwindled by illness, quarantine, and death. Though most of the focus during the pandemic has been related to clinical information, morbidity, mortality, and treatment strategies, there have been only a few reports highlighting the critical roles played by organizational leaders who are often non-clinical healthcare management professionals. It is needless to say that it is the level of strategic planning, organization, coordination, public relations, communication, community outreach, and other non-clinical activities that have also helped in an effective management in the COVID-19 pandemic.

## Suggested Strategies to Address Our New Normal

### Motivation of health care personnel

There has been a tremendous amount of fatigue and burnout across all specialties among individuals who were engaged in providing care to COVID-19 patients [1]. Therefore, organizational leaders should provide clear messages that clinicians are always

valued and have been solely responsible for managing the pandemic. To maintain personal wellbeing and resilience, leaders should aim to monitor clinician well-being and proactively address concerns. A plan of action should ideally be made available to address the pandemic's impacts on various groups of individuals.

### Developing health care personnel protection policies and procedures

The COVID-19 pandemic has brought to light the sacrifice and willingness of health care workers to go to the frontlines. All organizations should now focus on the safety of the health care workers. The government and the health care system should focus on provisions and policies to protect health care workers during future pandemics. Every hospital must consider conducting an inventory of available personal protection equipment (PPE) supplies and also explore strategies to optimize their PPE supplies.

### Increasing treatment capacity

The current challenge for healthcare planners is planning capacity to treat non-COVID-19 conditions while maintaining the ability to respond to any potential future increases in demand for COVID-19 care [2]. Few studies have suggested a significant association between the number of ICU beds/100,000 population and COVID



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mortality rates. The number of hospital beds/100,000 population in our country is less than 200 as opposed to Japan and Korea, which have reported the greatest number of hospital beds (1380 beds/100,000) [3]. Therefore, it is essential to increase the bed, especially ICU bed capacities, to reduce stressful situations in the future and prevent hospitals from being overwhelmed in times of crisis when a spike in patients requiring hospitalization arises. To maximize the quality of care during resurgences and future pandemics, it would be wise to adopt a tiered critical care approach and target expansion of space, staff, and supplies.

### **National database of volunteer nurses and doctors**

Healthcare-related databases are to be developed where doctors and nurses can sign up to be volunteers in case of a pandemic or public health emergency. A comprehensive questionnaire that will help choose only the appropriate health professionals for the situation can be tailor-made [4].

### **Honing emergency preparedness**

Policies for adequate contingency planning for deadly and devastating infectious disease outbreaks need to be in place.

### **Data management**

Data is vital for the conduct of any public health program and evidence-based practice and decision-making. Integrated disease surveillance program has been the backbone for early detection and long term monitoring of diseases to enable efficient policy decisions. This needs to be further strengthened by continuous training and capacity building [5]. Public health laws should also enforce the active participation of the private health sector in these disease surveillance programs.

To improve access to information resources, state-of-the-art technologies must be deployed to create integrated information and communication systems linking all components of the public health system (Medical colleges, local public health structures, and

private healthcare establishments). Such a framework of data sharing would enable timely guidance by experts and prompt action by health establishments. It is only when such systems are existing that they can be deployed at the time of emergencies.

### **Conclusion**

Preparation is the key to an organized and efficient response. The basic skills of all the health care workers have to be refurbished. Training and motivation could be done through simulation and online portals. Best efforts have to be made to utilize the existing skills and talent of each individual. The COVID-19 pandemic is no doubt a reminder to all how weak the healthcare industry could be and preparation ought to be made for all kinds of scenarios in the future.

### **Financial Disclosures**

None.

### **Conflicts of Interest**

The authors declare that there is no conflict of interest.

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