

COVID-19 Pandemic and the Workforce Retention in Obstetrics/Gynecology: The Role of Hospital Administration

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ABSTRACT

The COVID-19 pandemic affects almost every domain of life in general and healthcare in specific, including the halting of elective services while keeping emergency care in place, including Obstetrics and gynecology services. Irrespective of the patient, confirmed or in the pre-clinical stage, the healthcare workers at each level are first-in-line to deal with COVID-19 patients, thus prone to the severe acute respiratory virus (SARS CoV-2) infection on one side to work fatigue on the other. Therefore, workforce retention in Obstetrics/Gynecology (OB/GYNs) services is crucial to keep the workflow un-affected. It is the shared responsibility of both the healthcare worker (HCW) and administration at the facility and region to monitor the Ob/Gynae workforce and plan accordingly to keep the workflow uninterrupted.

Keywords: SARS CoV-2; COVID-19; Pandemic; Workforce; Obstetrics and Gynecology

EDITORIAL

As of February 20, 2022, almost over two years since the inception of coronavirus infectious disease (COVID-19), the worldwide total confirmed infection surpassed over 423 million and over 5.8 million mortalities [1]. The HCWs in general and those working in places that deal with patients seeking emergency care like Ob/Gynae in specific are front-in-line and have a high chance of getting SARS CoV-2 infection than the rest. The data on HCWs infected by SARS CoV-2 is limited. In the study of Marwah et.al [2], the infectivity rate was 15.13% in the study population of HCWs working in the Obstetrics/Gynecology department. The study further shows that most (76%) got SARS CoV-2 infection while working in non-COVID-19 areas, indicating that asymptomatic carriers could be the risk of virus transmission among HCWs. The interesting findings of this study are the non-adherence of the majority (40%) HCWs to Infection Prevention and Control (IPC) practices and social distancing (34.5%). This finding negates the claim of HCWs that health facilities are not supportive of infection prevention measures.

Another study by Riggan et al. [3], shows a negative impact of COVID-19 on OBS/GYNs' well-being and retention. Therefore, there is a need for healthcare workers and administrations to adapt strategies that keep them safe and in-working-place. The retention strategies to keep the HCWs in place is to keep them safe from

getting the virus (SARS-CoV-2), including but not limited to:

A. In-Hospital:

- Provision of isolation care for infected patients with standardized protocols in COVID-19 dedicated areas/rooms.
- Ensure adherence to simple but standard preventive measures.
- Ensure healthcare workers' safety by ensuring a proper and adequate supply of personal protective equipment (PPE).
- Ensure avoiding healthcare workers' burnout.
- Ensure proper rest for the staff in between working days.
- Ensure fewer working hours to minimize exposure.
- Ensure isolation and medical rest for infected staff till full recovery.
- Rotational duties of healthcare workers' in COVID-19 dedicated rooms/areas.
- Ensure psychological support for healthcare workers.
- In-hospital peer support by other healthcare staff trained in Ob/Gynae care.

B. Administrative (In-hospital/Regional):

- The in-hospital or regional administration has the sole

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responsibility to act actively and timely to ensure support services to keep the services inflow.

- Ensure proper, adequate, and timely supply of PPE in coordination with the supply department of the region. This is true for resource-sufficient administration while, in resource-limited facilities, the PPE may be re-used: following the infection control department protocols in compliance with safety standards.
- HCWs training on infection prevention and control (IPC) measures.
- Occupational and safety personnel's monitoring of healthcare workers' compliance to infection prevention and control measures.
- Ensure compensation in terms of incentives such as monetary benefits and/or provision of off-days.
- Peer staff support from other regional healthcare facilities.
- Ensure better and timely communication among the concerned.
- Monitor the pandemic flow using specific predictions models like Autoregressive integrated moving average (ARIMA) and act accordingly before the real-time scenario.

C. Personal:

- Despite the in-hospital and administrative support, there is still a greater chance that healthcare workers; may be infected by SARS CoV-2, the virus responsible for COVID-19. It is the shared responsibility of the health worker to adhere strictly to the standard protocols to avoid infection, as adherence to safety standards makes it less likely to acquire infection.

- On the other hand, the report World Health Organization (WHO) [4], shows a decline in SARS CoV-2 among HCWs compared to the start of the pandemic could be due to adherence to the interventions that help in virus progression. In summary: it is the shared responsibility of healthcare workers and administrations; to adhere to the aforementioned; recommendations. This in-turn will not only minimize the infections among healthcare workers but will ensure the continuum of care, as the threat is still not over.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

AUTHORS CONTRIBUTION

Liaqat Ali Khan acquired the idea, wrote and prepared the draft.

ETHICAL APPROVAL

Not applicable.

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