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RESEARCH ARTICLE

IMPORTANCE OF STRUCTURAL CHANGE IN THE INDIAN HEALTH CARE DELIVERY SYSTEM TO FIGHT AGAINST COVID-19

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Abstract

COVID-19 which is a Public Health Emergency of International Concern is now major concern all over the world. India also got its 1st case on 30th January, 2020. So far, there are 9,125 confirmed cases with 308 deaths of COVID-19 in spite of lockdown from 25th March. The pandemic will continue to grow until the specific medicine for treating the disease will emerge. India already has manpower shortage in the country. There is one allopathic doctor against 10,926 people. This pandemic is going to increase the gap of manpower shortage to a certain extent that the govt. may needs to think on the structural change in the Indian health care delivery system. Nurses may be a better option to train and give them free hand to prescribe and treat independently COVID-19 patients; which will be effective to combat the gap.

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Introduction:-

COVID-19 is a global pandemic world is facing right now. "It emerges as an epidemic in many countries. On 31st December, 2019 the WHO China Country Office was informed about the disease detected in Wuhan City, Hubei Province of China, now spreading all over the globe. On 30th January, WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC)"^{1,2} "According to WHO till 14th April 2020; 213 number of Countries, areas or territories are effected with 18,12,734 confirmed cases and 1,13,675 deaths. According to official data, it killed almost 3,351 in China, 20,444 in United States of America, 19,901 in Italy and all total worldwide 111652. All together, there are 17,73,084 confirmed cases globally and increasing everyday. India got its 1st case on 30th January and so far there are 9,152 confirmed cases with 308 no of deaths."³

"Coronavirus disease (COVID-19) is an infectious disease of respiratory system. The newly discovered virus belongs to corona virus group. Most of the people who are infected with the COVID-19 virus experienced mild to moderate respiratory illness and without requiring special treatment they recovered. Older people, and those with pre-morbid medical conditions like diabetes, chronic respiratory disease, cardiovascular disease, and cancer are more prone to develop serious illness. Till now no specific treatment for COVID-19 is found."^{4,5,6} Prevention of the disease from spreading by social distancing is the only measures to escape the epidemic. Since due to lock down and social distancing India is still now able to delay the epidemic. But the battle will be very long till the vaccine or specific medicine will come out for the disease.

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“586 no of COVID-19 hospitals, one Lakh isolation beds and 11,500 ICU beds were prepared in India for COVID-19 treatment. As per data available, on 2019, there is only one allopathic government doctor for every 10,926 people in India. Whether WHO's recommended doctor-population ratio should be 1:1000. Moreover, the nurse : patient ratio is 1:483, which shows a shortage of two million nurses.”^{7,8,9} Now due to shifting of manpower of doctors and nurses towards COVID-19 treatment, the gap will increase more, which will affect the general health of the population. This is time to utilize the health care provider more effectively and efficiently to produce maximum out of it. Therefore India may needs to recheck their healthcare delivery system to avoid the gap in manpower of healthcare provider in India. Therefore, if Nurses were given right to treat the COVID-19 independently, after undergoing certain training program; will decrease some workload from the doctors' shoulder. It will be helpful to overcome the current scarcity of manpower in healthcare delivery system in India to some extent.

Justification of the study:

India got its first case on 30th January, 2020. There are 9,152 number of total confirmed cases, 796 number of total confirmed new cases and 308 number of total deaths in India till today (13th April,2020).³

“There is only one allopathic government doctor for every 10,926 people in India against the WHO's recommended doctor-population ratio of 1:1000, stated a government report. Compiled by the Central Bureau of Health Intelligence (CBHI), the National Health Profile, 2019, stated that the number of registered allopathic doctors possessing recognised medical qualifications (under the MCI Act) and registered with state medical councils for 2017 and 2018 was 43,581 and 41,371, respectively.”^{7,8}

“Health Ministry's Joint Secretary Lav Agarwal said 586 dedicated COVID-19 hospitals have been earmarked at the state and centre level. One lakh isolation beds and 11,500 ICU beds have been reserved for coronavirus patients across country. This figure is being augmented every day, based on the evolving situation.”⁹

Prachi Singh, Dweepobotee Brahma, and Sikim Chakraborty published an article where they found- “If it is assumed that one doctor has the capacity to treat 12 hospitalized COVID-19 patients. Thus, we arrive at a capacity constraint of treating 110,850 patients (Scenario 1: where only 1% of the total number of available doctors are dedicated to treating COVID-19 patients); 554,249 patients in where 5% of the doctors are treating COVID-19 patients (Scenario 2) and 1,108,499 patients in where 10% of the doctors are treating COVID-19 patients (Scenario 3). Comparing our projections of hospitalised patients following the seven-day cycle with these capacity constraints, it can be concluded that India will reach the capacity constraint for doctors between May 14-21, 2020 under Scenario 1, between June 4-11, 2020 for Scenario 2, June 11-18, 2020, for Scenario 3.”¹⁰

Definitely, within this short span of time, number of doctors cannot be increase and it is also important to bridging this manpower gap. Therefore to overcome this crucial time, if nurses were given the same responsibility as of a doctor and allow them to prescribe and treat COVID-19 patient independently, will be helpful to some extent to lessen the gap.

If we compare the MBBS course with B.Sc. Nursing course, both courses include Human anatomy physiology, biochemistry, Pharmacology Pathology Microbiology, study about different diseases and its treatment. MBBS course gives more emphasis on medical and surgical treatment part whereas Nursing course give more emphasis on nursing diagnosis and nursing intervention part.^{11,12} Therefore if nurses were given certain training to treat COVID-19 patients, they will be efficient enough to treat patients. This will be helpful for India to bridge the gap of manpower temporarily to some extent.

Methodology of the Study:-

A hospital based pre-experimental study can be done on nurses working in COVID-19 Hospitals. Initially a small group of nurses may be given training on COVID-19 treatment and they may be allowed to prescribe and treat COVID-19 patient independently under supervision. If these nurses can successfully treat COVID-19 patients, then nationwide nurses may be allowed to prescribe and treat COVID-19 after the train program. This will be helpful to utilize Nurses' knowledge efficiently during this need of the country.

Conclusion:-

India is a populous country where there is already manpower shortage in the health care delivery system. Due to COVID-19, a huge portion of the manpower shift will happen within a short span of time which will impact on the treatment of other patients. Here to combat this manpower shortage; giving free hand to the nurses to treat COVID-19 patients after certain training program may be emerge as a masterstroke to save the Indian Health Care delivery System.

Reference:-

1. WHO. Novel Coronavirus(2019-nCoV)SITUATION REPORT-1 21st JANUARY 2020. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4
2. WHO. Coronavirus disease (COVID-19) outbreak. Available from: <https://www.who.int/westernpacific/emergencies/covid-19>
3. WHO. Coronavirus disease 2019 (COVID-19)Situation Report –84. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200413-sitrep-84-covid-19.pdf?sfvrsn=44f511ab_2
4. Mayo Clinic. Coronavirus disease 2019 (COVID-19). Available from: <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963>
5. MoHFW. Guidelines on Clinical Management of COVID –19. 2020 (17th March). Available from: <https://www.mohfw.gov.in/pdf/GuidelinesonClinicalManagementofCOVID1912020.pdf>
6. James M. Sanders, Marguerite L. Monogue, Tomasz Z. Jodlowski, et al. Pharmacologic Treatments for Coronavirus Disease 2019 (COVID-19)A Review. 2020 (3rd April). 10.1001/jama.2020.6019. Available from: <https://jamanetwork.com/journals/jama/fullarticle/2764727>
7. Business Standards. Only one allopathic govt doctor for 10,926 people in India: Report. Press trust of India. New Delhi. 2019 (31st Octeber). Available from: https://www.business-standard.com/article/pti-stories/only-one-allopathic-govt-doctor-for-10-926-people-in-india-report-119103101695_1.html
8. The economic times. India facing shortage of 600,000 doctors, 2 million nurses: Study. 2019 (14th April). Available from: <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/india-facing-shortage-of-600000-doctors-2-million-nurses-study/articleshow/68875822.cms?from=mdr>
9. The economic times. 586 COVID-19 hospitals with 1 lakh isolation beds, over 11K ICU beds across country: Health Ministry. 2020 (11th April). Available from: <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/586-covid-19-hospitals-with-1-lakh-isolation-beds-over-11k-icu-beds-across-country-health-ministry/articleshow/75097529.cms?from=mdr>
10. Singh P, Brahma D and Chakraborty S. COVID-19 Does India have enough doctors? An analysis of growing COVID-19 patients and existing medical capacity. 2020 (27th March). Available from: <https://www.brookings.edu/blog/up-front/2020/03/27/covid-19-does-india-have-enough-doctors-an-analysis-of-growing-covid-19-patients-and-existing-medical-capacity/>
11. Medical Council Of India. Competency based undergraduate curriculum for the Indian medical graduate. 2018. Available from: <https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-I.pdf>
12. Indian Nursing Council. Revised Basic B.Sc. Nursing syllabus. 2020. Available from: http://www.indiannursingcouncil.org/pdf/BSCSyllabus_2019-20.pdf.