



Research Article

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# Challenges Faced by the Healthcare Workers in Aseer Health Care Organizations During COVID-19 Crisis

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## Abstract

**Background:** This study aim to explore the challenges faced by the health worker during Coronavirus (COVID-19) crisis in Aseer Region, Saudi Arabia.

**Method:** This is qualitative explorative study, the data it was collected through a personal interview & focus group with 30 participants from different categories of staff (Administration, Physicians, Nurses and other health support), who was worked during COVID-19 crisis in Asir healthcare organization.

**Results:** The results showed that the challenges faced by the healthcare workers in ASIR health care organizations during a covid-19 crisis includes: The unclear understanding of the virus and the inability of the scientific community leads to a havoc situation that is difficult to be managed. Also, the challenges in working during COVID-19 pandemic involved an exhaustion due to heavy workload and wearing protective gear, fear of being infected, Lack in PPE, feeling powerless in handling the patient's conditions and management of relationship in case of a stressful situation. The intensive work has drained HCW in ASIR health care organizations both physically and emotionally and it was showed their resilience and spirit of professionalism in overcoming difficulties. The ASIR health care organizations have been making efforts in addressing this issue, represented by the instructions of the Ministry of Health, by strategies in term of an increase in training and development of HCWs that would ensure high-quality care to critically ill patients, Further, digital solutions have enabled the provision of essential services whether for patients or employees.

**Conclusion:** The challenges faced by the healthcare workers in ASIR health care organization during a covid-19 crisis includes the unclear understanding of the virus and the inability of the scientific community leads to a havoc situation that is difficult to be managed, exhaustion due to heavy workload and wearing protective gear, fear of being infected, lack in PPE, feeling powerless in handling the patient's conditions, and management of relationship in case of a stressful situation.

**Keywords:** Aseer Region, Coronavirus, COVID-19, Crisis, Health care worker, Saudi Arabia

## Introduction

COVID-19 is a new strain of coronavirus that has not been previously identified in humans. The COVID-19 is the cause of an outbreak of respiratory illness first detected in Wuhan, Hubei province, China [1]. Since December 2019, cases have been identified in a growing number of countries. Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS) [2]. Globally millions of people have been diagnosed with the virus whilst thousands have died. As the virus kept spreading health care frontline workers (HCFW) were faced with difficulties when discharging their duties. This paper was set out to explore the chal

lenges faced by different frontline workers in health and social care during the COVID-19 pandemic [3]. While there was a daily report of total diagnosed cases and deaths across the world, what was less known were the challenges that the HCW face during this pandemic. They are more vulnerable to the pandemic as they meet different people while discharging their duties. These workers in domiciliary care and care homes provide frontline services and are prone to the risk of contracting COVID-19 or even death [4].

COVID-19 is a new strain of coronavirus that has not been previously identified in humans. The COVID-19 is the cause of an outbreak of respiratory illness first detected in Wuhan, Hubei province, China. Since December 2019, cases have been identified in a



growing number of countries. On 11 March 2020, a day when human beings united together to fight COVID-19 of, the World Health Organization declared the pandemic. The infection can lead to serious complications that need admission of patients to hospital as well as ventilatory support. The Saudi government instituted numerous measures to reduce the risk of transmission in the community, including lockdowns, social distancing, self-isolation and the wearing of personal protective equipment (PPE). While the Health Care Workers (HCW) are at the forefront in the battle of COVID-19 pandemic, they are facing several challenges in delivering their duties. As the novel virus keeps spreading, healthcare professionals across the globe are faced with an unprecedented situation of having to make difficult decisions and work under extreme pressures [5]. Physicians, nurses, EMTs and others have become ill or forced to self-quarantine after COVID-19 exposure. As the number of cases continued to rise, the number of HCW exposed to COVID-19 also increased. The British Center for Evidence based Medicine stated that 13.8% of positive cases were critical key workers in the NHS and other sectors. By 16th of April, the number of positive critical key workers had increased to 16.2%. This caused a huge effect on the workload and stress of frontline key workers hereby further weakening the capacity of the healthcare system to cope with the problem [6].

Health-care providers are vital resources for every country. They are in the frontline to treat and protect people. Saudi Arabia exerts much efforts to provide advanced health care services and prevent spreading of diseases and pandemics, what increases the load and challenges to the health care providers. Effectives strategies, protocols and procedures should be implemented to face these challenges and overcome the risks, what help the health care providers providing advanced health services. On the other hand, failing to overcome these challenges can lead to poor and inadequate health services. The current study was conducted to explore the challenges faced by the medical staff during Coronavirus (COVID-19) crisis in Asir region, Saudi Arabia.

## Literature Review

### Current Situation of COVID-19

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the novel coronavirus (SARS-Cov2). The World Health Organization (WHO) characterized COVID-19 as a pandemic due to the rapid increase in the number of cases. To date, on Feb 12, 2021, the global tally for confirmed cases of the coronavirus that causes COVID-19 climbed above 107.8 million on Friday, according to data aggregated by Johns Hopkins University, while the death toll rose above 2.37 million [7]. Unfortunately, an effective vaccine or medicine is not available to treat COVID-19, and the most efficient strategies for controlling the COVID-19 pandemic are preventive measures and social distancing. However, these interventions make this pandemic a problem more significant than a health crisis with an impact meaningful in societies, politics, and economies as a whole [8].

### Impact of COVID-19 on Health Care Workers

While the Health Care Workers (HCW) are at the forefront in

the battle of COVID-19 pandemic, they are facing several challenges in delivering their duties. As the novel virus keeps spreading, healthcare professionals across the globe are faced with an unprecedented situation of having to make difficult decisions and work under extreme pressures. Physicians, nurses, EMTs and others have become ill or forced to self-quarantine after COVID-19 exposure. Many health systems were caught unaware by the COVID-19 pandemic leading to panic and confusion in efforts to fight against the infection. This confusion led to controversial decisions about who should be treated or tested with the available scarce resources [9]. The intensive work drained health-care providers physically and emotionally. Health-care providers showed their resilience and the spirit of professional dedication to overcome difficulties. Comprehensive support should be provided to safeguard the wellbeing of health-care providers. Regular and intensive training for all health-care providers is necessary to promote preparedness and efficacy in crisis management [10]. Imposing outsize burdens on one group without sacrifice from others is unfair. Doctors and nurses and other HCW may be heroes in this pandemic, but we will not be martyrs. It is important for the public, health care administrator and politicians to realize that the HCW are the ones holding the line against COVID-19 and they need to be fully supported in this time of crisis to meet the challenges they face [11].

### Challenges HCW Face During COVID-19

As the number of cases continued to rise, the number of HCW exposed to COVID-19 also increased. The British Center for Evidence based Medicine stated that 13.8% of positive cases were critical key workers in the NHS and other sectors. By 16th of April, the number of positive critical key workers had increased to 16.2%. This caused a huge effect on the workload and stress of frontline key workers hereby further weakening the capacity of the healthcare system to cope with the problem [12]. This situation has grave implications for the ongoing rise in the number of HCW with infection owing to COVID-19. Even in the face of personal risk, healthcare staff are often assumed to have a duty to work. This duty is enshrined in the codes of conduct that guide professional healthcare workers [13]. Nevertheless, an effective health system does not only depend upon the services and skills of healthcare professionals such as doctors and nurses; but also depends on the services of other professionals, such as HSCFWs [14].

### Challenges That Health Care Workers May Face

**Shortages of Personal Protective Equipment (PPE):** Health care facilities in Saudi Arabia may face shortages of personal protective equipment (PPE) due to the increased numbers of infected patients, including face masks, gowns, and respirators. Some other countries suffer from bad shortage of PPE either as their hospitals don't have these available in adequate numbers or they cannot afford to purchase the PPEs [15]. In these extraordinary times, the health care providers must adapt and be flexible so that HCWs continue to safeguard themselves, their colleagues, their families, and their patients in this crisis. As the virus spreads, it is of increasing importance that HCW and other members of our communities protect themselves. The concept of viral load demands it. It is nearly

impossible to tell who has been infected with COVID-19 until he or she is displaying symptoms.

**Work Overload:** It is becoming apparent from the reports from across the world that the long duty hours of the HCW is a major risk factor for them to acquire infection and hence it is mandatory they work in shorter shifts, based on a strict rota. As the number of cases continued to rise, the number of HCW exposed to COVID-19 also increased. The Center for Evidence based Medicine [16]. Stated that 13.8% of positive cases were critical key workers in the NHS and other sectors. By 16th of April, the number of positive critical key workers had increased to 16.2%. This caused a huge effect on the workload and stress of frontline key workers thereby further weakening the capacity of the healthcare system to cope with the problem.

**Violence Against HCW:** It is highly disturbing and demoralizing to see the HCW on duty are facing violence against them from some irresponsible public, within the hospitals and in the community surveillance work. It damages and dampen the work of HCW and may ultimately affect the health care of the public. The violence against doctors and other medical personnel has increased over the past few decades [17]. Doctors attribute the surge in violence against healthcare workers to a mix of ignorance and fear, which is amplified by the pandemic. The lockdown has exacerbated the problem, with patients unable to access healthcare due to transport suspension, fear of law enforcement and frustration following quarantine or containment zone restrictions. The types of attacks have ranged from verbal abuse, verbal threats or aggressive gestures in majority of cases. However, there have also been serious reports of manhandling, abduction and murder [18].

**Increased Risk of Infection:** The reports are coming in from across the world that several HCW are getting infected or dying due to COVID-19. In Spain, HCW have accounted for at least 14% of total COVID-19 cases. The hospitals and isolation canters are getting overloaded, essential medical equipment's are scarce and the doctors and nursing staff are stretched thin. The high viral load in hospital settings may make healthcare workers particularly susceptible to the disease [19]. In this context, the COVID-19 pandemic causes concerns to the entire population, especially the health care professionals that are essential and continued to work and maintained patient care, despite the social distance and lockdown adopted in many countries. Many of the healthcare workers are in the front line, in close contact with COVID-19 infected patients, at high risk of infection and of transmitting the disease to their families and coworkers.<sup>4</sup> In Brazil, there is lack of a homogeneous, transparent, and comprehensive surveillance system for COVID-19 cases among Brazilian health care workers during the COVID-19 pandemic [20]. The implications of infection in HCW are serious and many folds: i) They can spread the infection to the colleagues, family members, friends and patients; ii) India already has a grave shortage of HCW. Increase numbers in cases seem inevitable. This will require all the available human resources, but if doctors and nurses get infected on a large scale, the opposite will happen. They will need to be quarantined and treated, depleting resources [21]; and iii) There would be a direct blow to the morale of the medical fraternity. There are

already reports of doctors and nurses contemplating mass resignations, which authorities are in no position to accept. While this may seem irresponsible, it is important to recognize that they are individuals, with anxieties and fears, families, and want to survive. India cannot afford its HCW to be low on motivation at a time when it needs them at their best [22].

**Social and Family Impacts:** The Medicine is a humanitarian profession, and the HCW have a duty to care for the sick. By willingly entering into this profession, they have implicitly agreed to accept the risks involved in it. However, they need to balance their obligations as professionals with their duties to their family members too. The risk to personal health from the coronavirus is alarming enough, but the risk of infecting their families because of exposure on the job is unjustified and not acceptable [23]. The HCW have also been facing a sort of 'ostracization' by society. Several HCW have been asked to vacate their rented accommodation on the presumption that they may carry and spread this disease from their place of work (hospitals) to society. The HCW always begin with patients as the first priority in their professional ethical framework. That doesn't mean they don't have obligations to their own well-being and families. They potentially may cause harm to their families by coming home from work every day. They have to balance the needs of their loved ones with the endless needs of patients [24].

### Strategies to Overcome the Challenge

**Increased Access to Personal Protective Equipment:** Access is key and the global PPE shortage is complicating efforts for health workers to stay protected. Hospitals are required to coordinate and scale up the procurement and distribution of PPE. Every month, the task force will need to deliver the needed medical masks and gloves, as well as other equipment such as respirators and oxygen concentrators for clinical care [25]. Additionally, the WHO has launched a collection of tools to help managers and planners at hospitals calculate the equipment that will be needed for their patients. People owe a huge debt to our frontline health workers, and they need nothing more than the training and the protective gear to do their jobs [26].

**Training Health Workers to Recognize Respiratory Diseases:** Some infections in healthcare workers have occurred in wards that don't typically deal with infectious diseases, such as long-term care wards or wards for elderly individuals. As a result, all healthcare workers must be educated about coronavirus, how it is transmitted and how they can protect themselves. A range of interactive trainings are needed to help train healthcare workers about the virus and how to put on and take off PPE safely [27].

**Support for Health Workers:** Many health workers are taking on long shifts without break. Exhausted, stressed health workers might be less vigilant when using personal protective equipment, through no fault of their own. Hospitals should find ways in which we can provide some rest periods so that they don't have very long extended shifts and they have ample time to rest because that's when fatigue sets in [28].

**Strong Hospital Surveillance Systems:** Future surveillance systems must also be in place to help prevent the spread of infec-

tion at hospitals. At one point during the outbreak of Ebola nearly 70 percent of cases were actually being transmitted within the healthcare system. The health care environment is an environment in which people can be saved or treated, but it is also an environment in which viruses are present. There is a need to protect patients and we need to protect those health workers [29].

**Recognition That Every Healthcare System Has Gaps:** Understanding that every health system is vulnerable is key to finding any existing gaps and ensuring the protection of both health workers and the public at large. Some of the strongest health systems in the world have been surprised by the pandemic, what is evidenced by the lack of preparedness of the whole health system [30].

## Methods

### Approach

This is qualitative explorative study, it was conducted to explore the challenges faced by healthcare workers in Asir health care organizations during Coronavirus (COVID-19) crisis., the data it was collected through a personal interview with different categories of staff (Administration, Physicians, Nurses and other health support).

### Study Design

This study is an explorative qualitative approach that was conducted to describe the norm of the challenge faced by healthcare workers during Coronavirus (COVID-19) crisis in Asir region during the academic year 2021 within the period from 15-Mar -2021 to 30-April- 2021.

### Study Setting

The study was conducted in directorate of health affairs and general government hospitals in Asir region. Asir is located in the southwest of the Kingdom of Saudi Arabia. It has 5 hospitals with capacity between 100 and 500 bed.

### Sample Size

The study population was all the health workers in Asir region hospitals. I was do personal & focus group interview for 30 persons, who healthcare worker during COVID-19 crisis such as leaders, Doctors and Nurses.

### Sampling Technique

The study sample was collected by purposive sampling selected

from the leadership and medical staff of healthcare employees in the Aseer Healthcare organizations.

### Data Collection Methods

The data of study was collected by an exploratory interview with leadership and focus group with medical staff of healthcare in Asir healthcare organization. A semi structured self-administered direct 25-questions direct interview, telephone or on zoom program. interview was prepared Explore the challenges faced by healthcare workers during Coronavirus (COVID-19) crisis, the experiences and concerns of healthcare worker during COVID-19 crisis, to recognize crisis management that was done to face COVID-19 pandemic, to discuss the strategies that were used to protect health care personnel from taking a Corona virus infection, Ethical approval will be obtained from research committee at College of Public Health and Health Informatics, Ha'il University. Application for permission to conduct the study will be made to the administrations of the concerned health care organizations in Asir region.

### Ethical Approval

A request has been submitted to Research Ethics Committee (REC) at University of Hail to take permission to conduct this study dated: 20/2/2021. This study has been approved by the Research Ethics Committee (REC) in General Directorate of Health Affairs-Aseer region dated :7/4/2021

### Data Analysis

This study was adopted thematic analysis. Thematic analysis emerges as the ideal method of performing analysis on such forms of data, which involves a difference of opinion, and a huge variation in the nature of responses. In order to make the process of studying the large set of data, and make the process of thematic analysis easier, the researcher was doing first, transcribe the data verbatim for all focus group and interview textual data. Then transcripts were reviewed for content accuracy. And, coding was used to order the data and further refine the analysis.

## Results

Following analysis of the data on the Challenges faced by the healthcare workers in Asir health care organizations during COVID-19 crisis. Four themes were identified and fourteen sub-themes are presented next. (Tables 1,2) shows number of participants by job categorize who discussed these.

**Table 1:** Profile of research participants.

Occupation	Male	Female	Age	Total of participants
Leaders	6	2	Above 22 years	8
Physicians	1	0	Above 22 years	1
Nurses	1	15	Above 22 years	16
Support Department	0	5	Above 22 years	5
Total	8	22	-	30

Major Themes, Sub-themes and some of the participants' quotes related to the challenges faced by the healthcare workers during COVID-19 crisis.

**Table 2:** Major Themes, Sub-themes and some of the participants' quotes.

THEME	Sup- Themes	Quotations
Challenge faced HCW	Lack of effective communication between leaders & Health Practitioners	<p>“logical support aside with the equipment that’s all we need”</p> <p>“I was Positive (infected by coronavirus) then they give me 14 days as isolation or sick leave, in this 14 days only infection control department was contact with me ask me if i was wearing fall the personal protective equipment’s or not!! no other one was contact me from hospital administration or Nursing director. after this 14 day, i was go back to duty but no one can understand after you get infected you are not the same, i was had shortness of breath more than 3 months, really i was depressed”</p> <p>“Yes, I contracted the Coronavirus, and the Ministry was following you up as a doctor, communicating with you, and reassuring you until you can return to work”</p>
	Outbreak the virus among staff	<p>There was 5 from 10 participants was infected by Coronavirus</p> <p>“I was infected and my father was dead by coronavirus”</p>
	Work overload	“We started working overload, we were working for 12 hours, the day was a work and sleep, there was no communication outside, then we went into the depressed phase”
	Shortages of PPE availability & size	<p>“Some of PPEs were not available. We had reached the point that the N95 would wear the same mask for three days”</p> <p>“No, on the contrary, it did not affect the pandemic on availability of the PPE. The support of the ministry was very strong, and the hospitals also had solutions such as direct purchase from suppliers”</p>
	Lack of awareness about the risk of COVID-19	<p>“in the beginning of the pandemic there was lack of study and information about COVID-19, we are worked with vague epidemic”</p> <p>“there was no lecture or training from our hospital about what is the virus and how we will protect our self? we try to search about it and attend some of lecture online from MOH or outside resource”</p>
	Lack of efficiency some medical staff	“suddenly we are on COVID center hospital to receive COVID patient all of the nurses transfer from the different wards to ICU department to deal with critical case of COVID-19 with lack of experience to work in this department and how to deal with ventilators”
Impact COVID-19 pandemic on HCW	Impact on emotional and psychological	“Fear was the most thing ... Especially what I remember that when the first one was hit by the staff it was a very frightening thing”
	Impact on family and Social	“We are living as society with our families, we do not separate from them. So, suddenly you are fully responsible for yourself, living with yourself ... responsible for protecting yourself ... even though you are pressured during work You have patient basic and you have to care for yourself”
Strategies Used To protect HCW	Training & Education	<p>“I did training sessions as a leader, including a patient experience during Covid-19.</p> <p>What is your role for the patient, whether infected or not, and it was online”</p>
	Social Distancing:	“Social distancing was a little difficult for us, because our work environment requires teamwork, so we are forced to work as team”
	A. Division of Work 50-50 %	“Of course, our working hours have changed ... they have become 12 hours ... almost 14 working days and 14 days, which were almost like isolation or compensation”
	A. Online Meeting	“in ICU department we were had daily meeting for ICU Consultant, but during COVID-19 pandemic it became by Zoom application”
	B. Activation of Violations	“There was Strong follow-up for Violators from government regulators, secret visitor and infection control department to punishment & fines”

Experiment of HCW with COVID-19	Increase Knowledge & Experience	"I was Learned more medical procedures and more types of medications" "as leader I was learned how to deal with pandemic, and how to make emergency plan to receive a large number of patients"
	Benefit of Used technology & applications	"Reducing the use of paperwork and replacing it with technology " "Applications already exist in the health system, and they constitute an effective, economical and comfortable alternative for patients regardless of its benefits in infection control. This is a global approach and trends ... I mean, the global transformation, the Corona pandemic could have a benefit in accelerating this transformation and its application Although it is always the beginnings in which it is difficult and somewhat faltering, it has a strong determination from the Ministry of Health and has adopted strategic and implementation goals during the year 2021 by activating virtual clinics, following up on patients and providing remote services in a serious and robust manner".

From the result obtained from the interview, it can be stated that the four themes identified in this case include challenges faced by HCW during COVID-19, Impact of COVID-19 pandemic on HCW, strategies that can help in protecting HCW and experiences they went in work during this period. The major challenges that have been identified to have an impact on HCW at the time of pandemic include lack of communication between leaders and health practitioners, it was one of the challenges that many health practitioners complained about it. The outbreak of the virus among staffs while treating patients 5 from 10 participants was infected with corona virus, and one of them lost his father due to infection. also, it was leads to a shortage in health practitioners and an increase in workload. The shortage of PPE due to the high consumption at the beginning of the pandemic and the delay in supply systems, many hospitals in the Asir region faced shortages in some personal protection tools such as the mask, deficiency in size of N95 and gowns despite the support provided by the Ministry of Health. lack of awareness about its risks and lack of efficiency in some medical staffs due to increase the intensive care beds 100% in all hospitals in the Asir region and they were supported by nurses who work in different departments in the hospital or from primary healthcare centers and they don't have experience work in ICU or dealing with critical cases.

The major impact of COVID-19 on HCW include emotion, psychological, family and society as a whole. It can be stated that the entire community is affected as a result of which physical and mental health and wellbeing of HCW has been influenced. The strategies that have been opined that could help in protecting HCWs include training and education about COVID-19 risks, transmission and protect. The norms related to social distancing which has been applied by the Kingdom of Saudi Arabia in all its governmental sectors, which included efficient division of work among workers 50/50, Minimized of meeting or attend online and activation of violations. Besides, the experiment of HCW with COVID-19 that have been stated to be happened with them include an increase in knowledge and experience and how to deal with critical cases and benefits of used technology and application that allow easy access to health services such as 937, Sehaty app and virtual clinics.

## Discussion

Health-care providers are vital resources for every country. They are in the frontline to treat and protect people. Saudi Arabia

exerts much efforts to provide advanced health care services and prevent spreading of diseases and pandemics, what increases the load and challenges to the health care providers. Effectives strategies, protocols and procedures should be implemented to face these challenges and overcome the risks, what help the health care providers providing advanced health services. On the other hand, failing to overcome these challenges can lead to poor and inadequate health services. This study was conducted to explore the challenges faced by medical staff in Asir region, Saudi Arabia during COVID-19 crisis.

From the findings, it can be stated that COVID-19 has a huge impact on the health care settings as well as the entire society [31]. The impact of this pandemic on HCWs are found to be profound and it affected their health and wellbeing was evaluated. The HCW played a crucial role in offering intensive care and assisting with activities of daily living. The challenges in working on COVID-19 Center Hospitals involve a new challenge, exhaustion due to heavy workload and wearing protective gear, fear of being infected, feeling powerless in handling the patient's conditions and management of relationship in case of a stressful situation. The intensive work has drained HCW in ASIR health care organisations both physically and emotionally and it was showed their resilience and spirit of professionalism in overcoming difficulties [32].

From the result of studie, it was found that with time, the HCW became more adaptable to the situation and follow the strategies of the Ministry of Health to increase Training and education for medical staff, application of social distancing in all facilities, an appropriate division of work, conducting most online meeting and activation of violation that imposed strict rules ensuring that the implementing prevention instructions to protect against infection with the coronavirus .at the same time,the experiment of HCWs who worked in those circumstances it had benefits and more experience, working under pressure and proficiency in dealing with critical cases. and facilitate in an application of technology that allow easy access to health services such as 937,Sehaty app and virtual clinics and others [33].

The strength of the study include it addressed one of the major concerns in the healthcare system as a result of which new insight about it was gained. It forms a case of improvement as many health care organizations are not taken into consideration the issue faced by HCWs; as a result, deteriorating conditions are prevalent espe-

cially in middle and low-income countries; thus, this study serves as an understanding of the issue and thus, implement changes. The primary study helped in offering updated and quality information in this case. The qualitative research was easy to performed and access and it can be stated that data can be very consistent, precise and reliable.

The limitations of the study include financial constraints, time constraint, lack of data and accessing participants. The research was allocated a limited budget as a result of which Aseer health care organizations were only selected for the study, whereas the issue is worldwide. The time factor was one of the major limitations that did not allow in conducting the quantitative study. The issue of COVID-19 is recent; thus, not much information was available in relation to the topic. The lockdown and stringent rules made it difficult to conduct the interview and focus group in this case.

## Conclusions

From the study, it can be concluded by stating that the challenges faced by the healthcare workers in ASIR health care organizations during a covid-19 crisis. The unclear understanding of the virus and the inability of the scientific community leads to a havoc situation that is difficult to be managed. Also, the challenges in working during COVID-19 pandemic involved an exhaustion due to heavy workload and wearing protective gear, fear of being infected, Lack in PPE, feeling powerless in handling the patient's conditions and management of relationship in case of a stressful situation. The intensive work has drained HCW in ASIR health care organizations both physically and emotionally and it was showed their resilience and spirit of professionalism in overcoming difficulties. The ASIR health care organizations have been making efforts in addressing this issue, represented by the instructions of the Ministry of Health, by strategies in term of an increase in training and development of HCWs that would ensure high-quality care to critically ill patients, Further, digital solutions have enabled the provision of essential services whether for patients or employees.

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