



Post COVID-19 Role of Government:

A Study of Healthcare Administration in Pulwama, Jammu and Kashmir

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Abstract

The Coronavirus (COVID-19) outbreak has wreaked havoc on people's life, requiring citizens, businesses, and governments to adapt their responses. The crisis has highlighted the need for governments to respond swiftly, honestly, and effectively while ensuring accountability, retaining faith in public policies and actions, and engaging and partnering with communities and stakeholders in several ways. The crisis affected all states and Union Territories of India. District Pulwama is located in Jammu and Kashmir Union Territory. More than two hundred doctors are working in the district. According to the 2011 census, the Pulwama District has 327 census villages, with 08 of them being uninhabited, and the district's total population is 5.60 lac. This paper used a hybrid approach, integrating quantitative and qualitative research techniques. The publicly accessible government figures were used to examine socioeconomic and demographic factors. The offices of the Directorate of Health Services Kashmir and the Pulwama-based Chief Medical Officer provided information about the district's healthcare system. One hundred respondents participated in this research. A dynamic management approach required for the healthcare industry is presented. This approach is built on scientific, administrative, and geographic variables to provide the district's population with immediate and efficient diagnoses at the nearest healthcare establishments in the future.

Keywords

Pulwama, COVID-19, Governance, Healthcare, and Capacity Building

DOI Number: 10.14704/nq.2022.20.11.NQ66060

NeuroQuantology 2022; 20(11): 615-623

Introduction

There are twenty districts in the union territory of Jammu and Kashmir among which District Pulwama falls in the Southern part of the Kashmir valley. After the outbreak of Coronavirus disease, the district administration geared up to face the multifaceted pandemic. It was challenging to deal with the circumstances that arose due to the pandemic, a once-in-a-lifetime experience for the entire planet. The same might be said of healthcare facilities in this region and the rest of the world. This hospital served not just the people of this area but also those from neighbouring Kashmir districts like Shopian and Budgam. The District Health Administration has been serving the territorial districts of Pulwama and Shopian since the

inception of the district. It serves a population of about 5.60 lakh people in its defined area of 1090 square kilometres, including 327 villages, according to the 2011 Census. In 2019, the Coronavirus pandemic swept the country, including this region's district Pulwama. District Hospital Pulwama was earmarked as a special hospital to manage impending healthcare situations. This article tries to connect numerous aspects of the Pulwama District Health administration's capacity building, infrastructure, and service delivery during the crisis of COVID 19.

This research used a hybrid technique that included qualitative and quantitative methods such as literature research, sampling, interviews, focus group discussions and questionnaires. A total of eighty people were



included in the study, which included doctors, paramedical staff, senior administrators and patients.

Literature Review

In their study "Responding to the COVID-19 pandemic: The Role of Occupational Health Services in a Tertiary Hospital in Singapore," Jeff Hwang et al. (2020) advises that pandemics like this one should not be thrown away. It enables us to undertake an instructional strategy of what is wrong with the healthcare system in the country. It compels us to reassess our long-held views and structures in many government sectors.

The paper "Public policy lessons from the COVID-19 outbreak: How to deal with it in the post-pandemic world?" Basher and Haque (2020) emphasized upon providing universal health care at the grassroots level. The healthcare sector's infrastructure and skillsets must be improved to achieve universal health coverage. Policies must be framed in light of the circumstances caused by pandemic diseases.

In their study "COVID-19 corollary: the shifting function of a hospital epidemiologist in the new world," Chopra Teena et al. (2021) claimed that preparation is the most crucial factor in mitigating future infectious concerns. The public health delivery system especially hospital frameworks must be strengthened. There is a need to better equip the employees by improving their skills and providing adequate safety measures. Bragazzi (2021) attempted to highlight the critical role played by various healthcare professionals during the pandemic in the paper "The Role of Hospital and Community Pharmacists in the Management of COVID-19: Towards an Expanded Definition of the Roles, Responsibilities, and Duties of the Pharmacist." Within hospitals, there is a need for cross-sectoral and cross-professional collaboration to put a combined and robust response mechanism against pandemic like situations.

Augustin et al. (2020) examined the problems faced by hospitals in Cologne, Germany, in their study "Rapid response infrastructure for pandemic preparedness in a tertiary care hospital: Lessons gained from the COVID-19 epidemic in Cologne, Germany." They concluded that fresh, innovative solutions are required to deal with new situations. The construction of a system to accommodate a large flow of patients in a controlled manner was one of the best practices used by the hospitals in Cologne, Germany.

In the paper "COVID-19 shows the exorbitant cost of India's reliance on private healthcare," Thiagrajan (2020) emphasizes the importance of increasing public healthcare investment. Profit is the driving force behind private institutions. In a welfare state, private sector organizations are unlikely to be of much assistance to government programmes aimed at accomplishing social goals. It is necessary to reframe healthcare policies and assign a prominent role to public health institutions in implementing various healthcare programmes.

In their study "Estimating the Impact of Covid-19 Outbreak on High-Risk Age Group Population in India," Singh et al. (2020) warned the susceptible groups. Effective steps must be adopted to prevent high-risk groups from developing the disease. Proper social and medical care should be included in these efforts.

In their study "COVID-19: Journey so Far and Deep Insight Using Crowdsourced Data in India," Tyagi et al. (2021) advised that policy actions be taken to restrict the pandemic while considering the population numbers of an area. Better equipment availability in hospitals improves service delivery. More complex medical devices for the successful treatment of illnesses are inevitable.

The essay "Largest democracy in the world crippled by COVID-19; Current perspective and experience from India" by Changotra et al. (2020) emphasizes the urgent need to pay



attention to India's public healthcare system. It is underfunded, with the health sector receiving only 1.28 per cent of GDP. COVID-19 outbreak calls for investment in long-term public healthcare projects.

In their work "Responding to the COVID-19 pandemic in developing nations: Lessons from selected countries of the global south," Chowdhury and Joma (2020) claimed that pandemic crises require "whole of government" and "whole of society" responses. The core tenet for reacting to any eventuality like COVID-19 will be inclusive, responsible, and adaptable policymaking and a well-established institutional framework under trustworthy leadership. In their work "Clinico demographic characteristics and hospital outcomes of COVID-19 patients treated at a tertiary care centre in North India," Mohan et al. (2020) emphasized the importance of documenting numerous factors of patients admitted for coronavirus contamination. Only qualified, knowledgeable healthcare professionals could operate with fervour and zest in trying circumstances. You will need technical knowledge to deal with such circumstances to arrive at findings from numerous medical procedures associated with COVID-19.

Mohan et al. (2020) emphasized the necessity of tracking multiple aspects of patients admitted for coronavirus in their paper "Clinico demographic characteristics and hospital outcomes of COVID-19 treated at a tertiary care centre in north India." Only qualified, knowledgeable healthcare providers could do so in a professional manner.

In their study "Interstate variations in the performance in combating COVID-19 in India: efficiency estimates across states," Maity et al. (2020) call for more efficient use of India's existing health infrastructure and improvements. There are differences in how the pandemic is being overseen. Infrastructure and a lack of healthcare

professional competence are the key reasons for this.

In their article "Depressive and anxiety symptoms, quality of sleep, and coping during the 2019 Coronavirus disease pandemic in the general population in Kashmir," Bhat et al. (2020) stated that healthcare personnel lacked the mental toughness to deal with situations arising from COVID-19 due to a lack of prior preparations. The lockout and the concept of working from home harmed the patient's psychological well-being as well.

The Union Territory government took numerous measures to contain the pandemic, according to Saleem et al. (2020) in their study "COVID-19; Preparedness and response by the union territory of J&K for containment of pandemic." It included media campaigns to raise awareness, steps to combat rumours, and the deployment of sufficient police troops to enforce the lockdown, identify hospitals, and put other patient infrastructure in place.

The key to meeting future demands is coordination among different departments. The relationship between temperature and Coronavirus spread was investigated by Meraj et al. (2020) in their article "Coronavirus versus temperature in the setting of the Indian subcontinent: a preliminary statistical analysis." It was determined that temperature should not be utilized as a criterion for deciding whether or not to take disease-prevention measures.

This aspect must be considered when upgrading infrastructure and taking other actions.

Research Methodology

The methodology employed in this study is a mixed approach, which is comprised of both quantitative and qualitative methods. This study included a variety of methods, including sampling, interviews, a questionnaire, and focused group discussions. There are eighty people in the sample, consisting of doctors, patients, the general public, paramedical personnel, and important administrators.



Data Collection

This study has a sample size of eighty participants, including fifteen doctors, twenty paramedical staff, and ten common hospital patients. Patients were given questionnaires, and healthcare workers interacted with them through telephonic interviews. Five significant informants, including administrators and others, are chosen for Focused Group Discussions. The Chief Medical Officer's office provided the primary administrative data on various subjects. A questionnaire containing questions about numerous healthcare administration aspects was issued to healthcare workers, including doctors and paramedical staff.

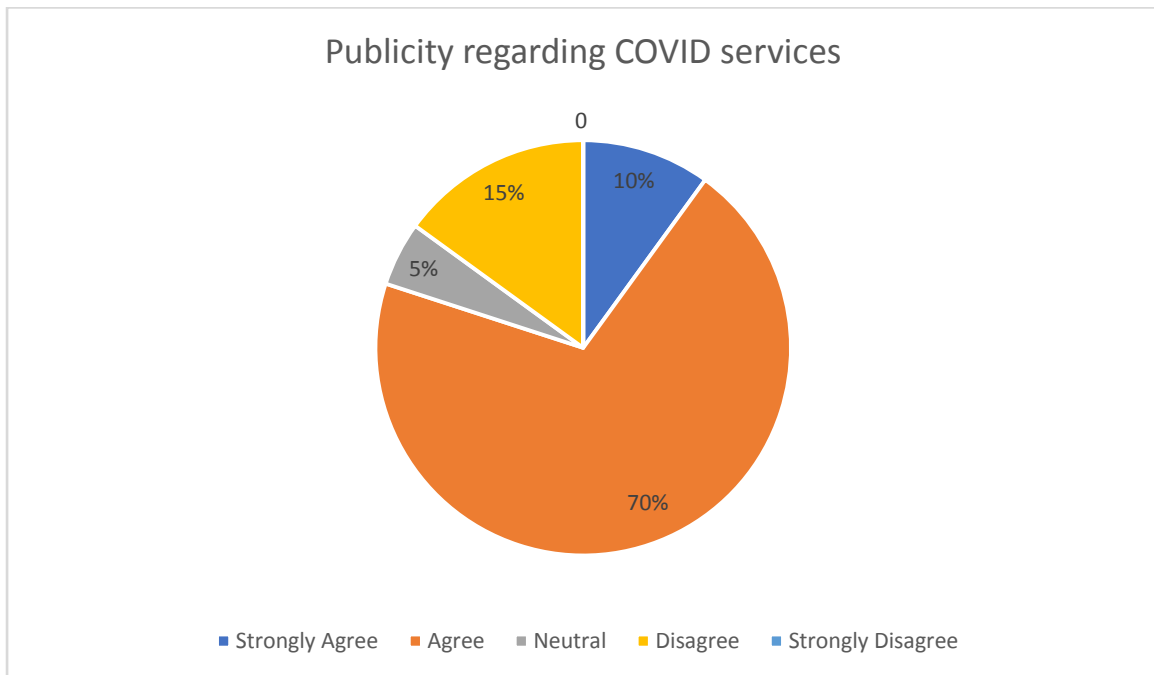
In addition, the immunization department provided information on the hospital's Coronavirus vaccine programme. Secondary data were acquired from the websites of Deputy Commissioner Pulwama, Directorate of Health Services Kashmir, and the National Health Mission of the Ministry of Health and Family Welfare.

Data Analysis

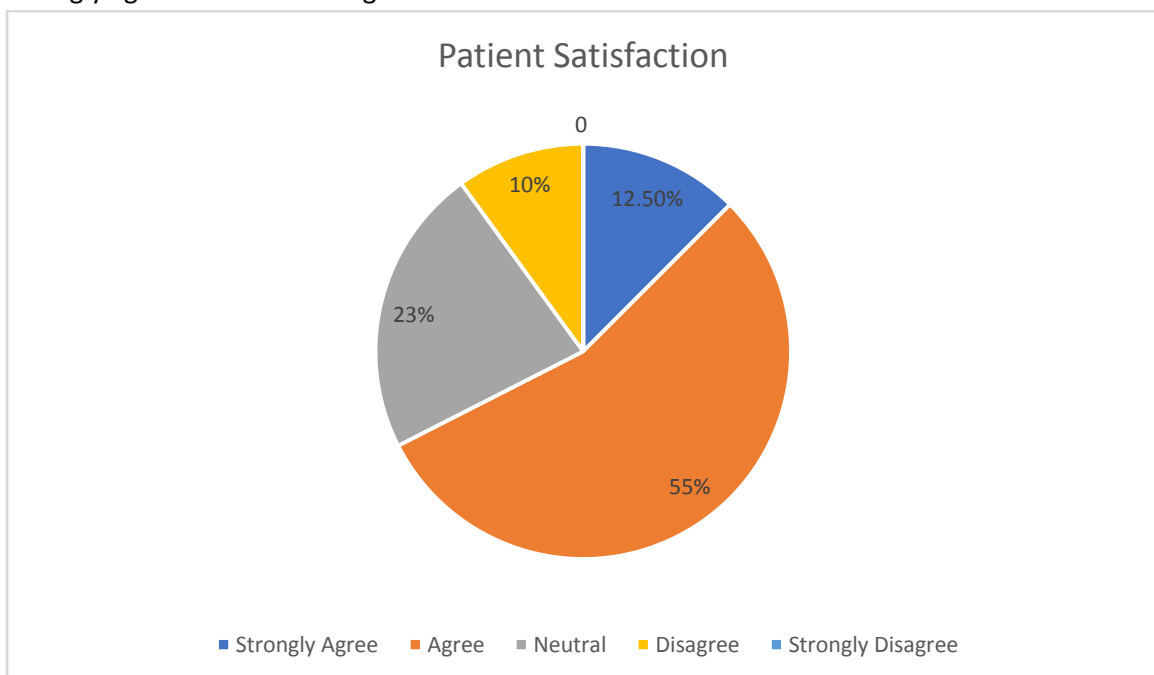
Healthcare administration is coping with the COVID-19 outbreak. Concerning the workforce, there are more than two hundred in position doctors (Regular and Contractual). There are more than nine hundred paramedical/managerial/Non-Gazetted personnel working in the district. There is a District Hospital as well as three Sub District Hospitals in Pampore, Tral

and Rajpora besides the District TB centre at Keller. Although there are various healthcare facilities in the district, but District Hospital Pulwama was designated as a COVID Special Care Facility by the divisional administration. It serves patients from the Pulwama district and surrounding areas. For indoor patient services, there are more than fifty wards. More than thirty wards had been set aside for COVID patients who had been admitted. Pediatric and Maternal Intensive Care Unit wards have been set up in the hospital. Over eighteen consultants, twenty specialized medical officers, sixteen medical officers, and other paramedical staff are on payroll. Several types of equipment were initially in low supply at the hospital. However, these issues were rapidly remedied. High-power masks and PPE kits were readily accessible in sufficient quantities. PPE (Personal Protective Equipment) numbering in the hundreds. Concerning facilities and other types of equipment within the district, there are 195 fully oxygen-supported beds, 531 oxygen cylinders, and 681 oxygen concentrators. There is a 3300LPM Oxygen plant in the district. RT-PCR laboratory has been set up at District Hospital Pulwama. Concerning adequate publicity about COVID care facilities in the district, seventy percent of respondents agreed that there was adequate publicity, ten percent strongly agreed, and fifteen percent disagreed.



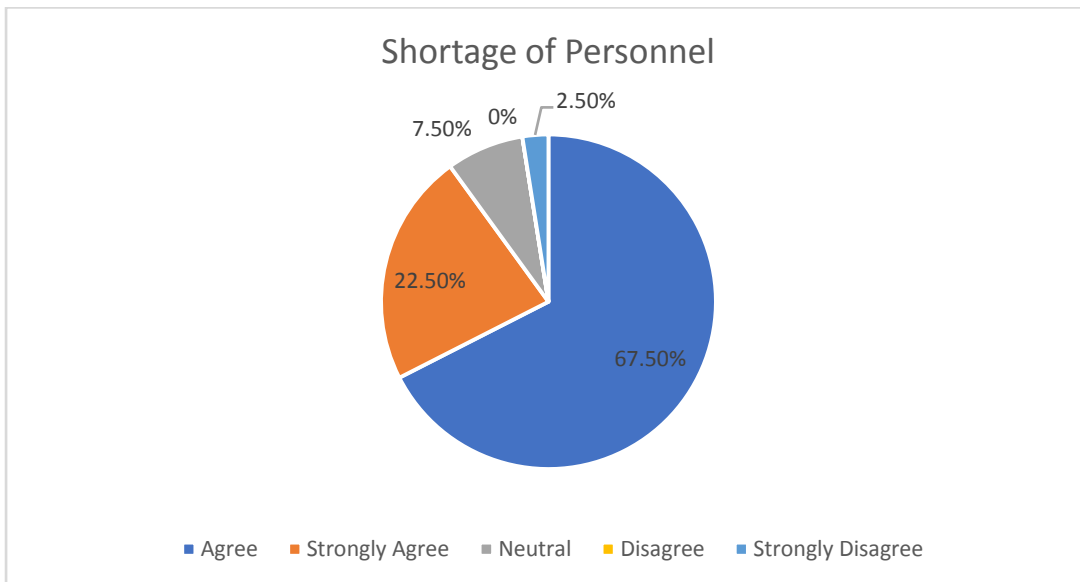


For patient treatment satisfaction, 55% agreed that they are satisfied, 22.5% were neutral, 12.5% strongly agreed and 10% disagreed.

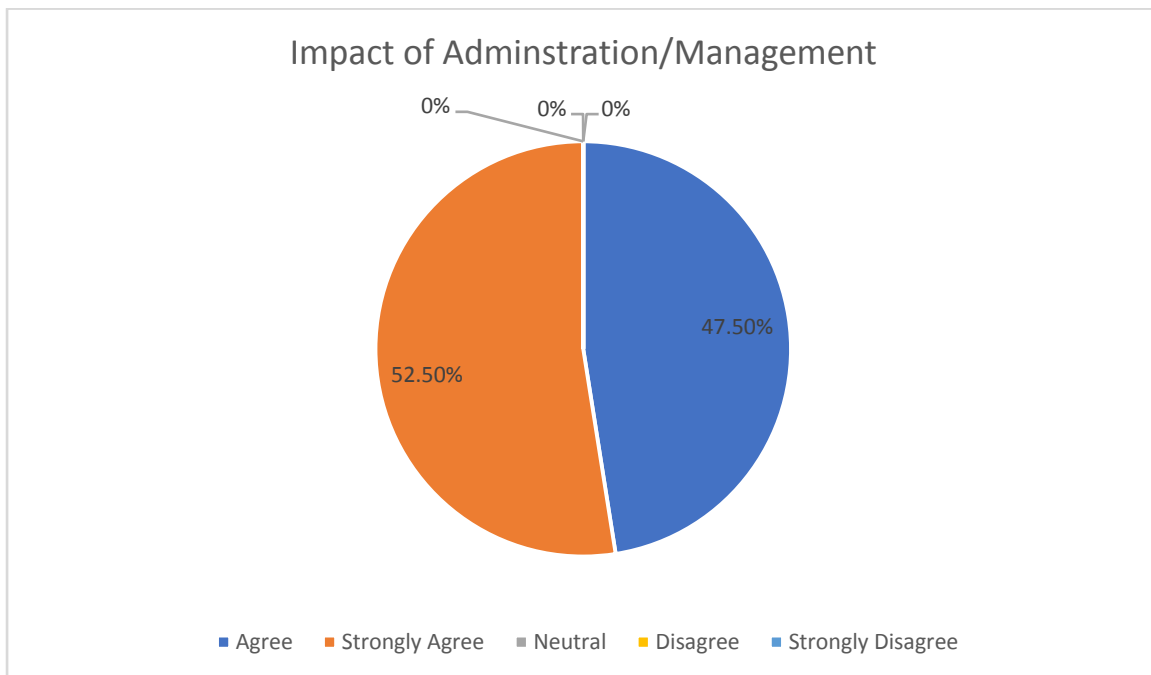


Regarding the shortage of healthcare personnel, 67.5% agreed the staff was scarce, 22.5% strongly agreed, 7.5% were neutral and 2.5% strongly disagreed.

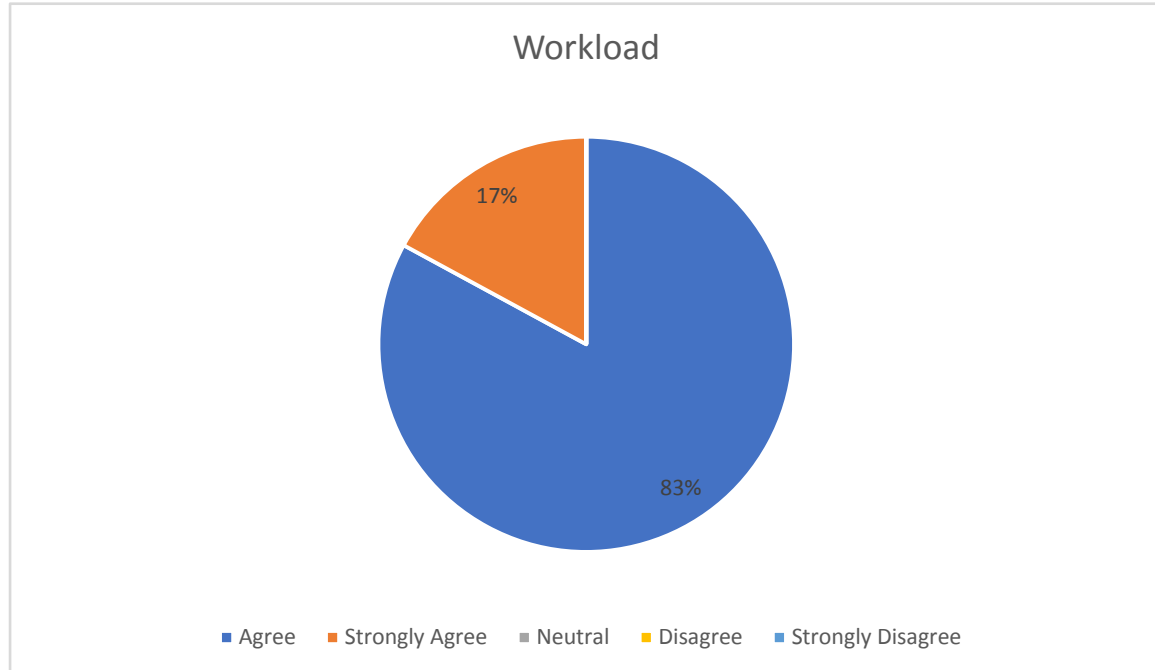




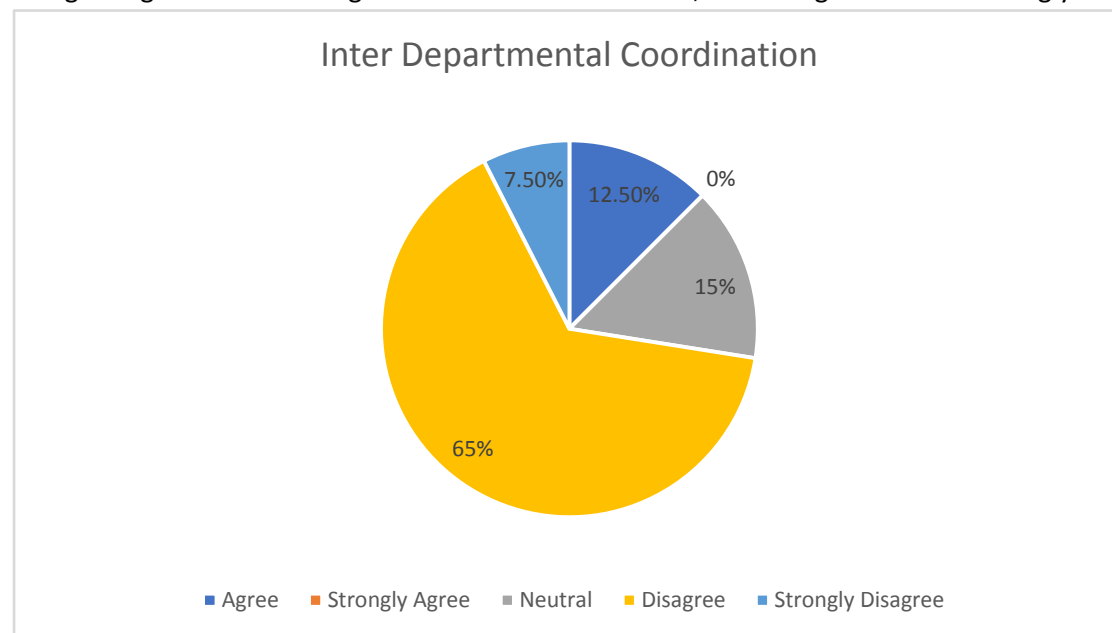
Concerning the impact of administrative and managerial upon the overall service delivery of the health services 52.5% strongly agreed with this aspect and 47.5% agreed with the proposition.



Regarding workload, there is a feeling among participants that the employees are heavily laden with the workload.82.5% agreed and 17.5% strongly agreed.



Concerning inter-departmental coordination, participants were asked to put forth their views about it. Regarding it 65% disagreed 15% were neutral,12.5% agreed.7.5% strongly disagreed



Up till the 8th of July 2022, the healthcare administration of the district had performed a total of 10,65,706 immunizations which comprised 5,08,801 first doses, 5,31,520 second doses and 25,385 precautionary doses. The vaccination team had high morale, although most grumbled about inconsistent salaries and other work-related advantages. Regarding training and skill sets, most respondents believe the capacity building is a

prerequisite to pandemic preparedness. Job enrichment was emphasized first, then infrastructure building was second, and increasing the number of healthcare workers was at third position. The administration got financial allocations from the Government of India's National Health Mission and other programmes as well as grants from the district and divisional administrations.



Conclusions and Recommendations

The Pulwama District Health Administration's role was crucial in tackling the COVID-19 pandemic. Despite a shortage of facilities and healthcare staff, the organization accomplished its primary goals, including providing outstanding service in difficult circumstances. The capacity to deal with such situations, in which essential steps must be implemented, is a significant shortcoming within the healthcare workforce. Also, across the numerous departments of this institute, an interactive mechanism equipped with sophisticated tools is urgently needed. The role of the healthcare administration could be enhanced further with robust infrastructure and dynamic human capacity by increasing the number of personnel with refined skill sets. Thousands of COVID-19 patients were treated by this facility, which set an example of devotion, energy, teamwork, and dynamic leadership required in public health administration. While establishing future policies and programmes, policymakers need to account for the value of district levels of healthcare setup. The establishment of functional and dynamic healthcare facilities at district levels could serve as a meaningful nexus between primary and tertiary healthcare facilities. This process could result in a meaningful change for the entire healthcare system to meet uncertain situations in future.

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