

**Ethnographic Study of Vulnerability and Coping with Covid-19
among Health Care Workers:**

(A Case of Region Islamabad, Pakistan)



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**This thesis is submitted to the department of anthropology quid-i-Azam university
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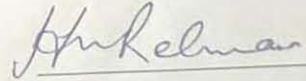
This is to certify that we have read the thesis submitted by Ms. Narjis Ali. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Sc in Anthropology.

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Abstract

COVID-19 is an infectious disease caused by a novel virus named as Corona Virus. This disease was breakout in December 2019 at China. It has affected every sphere of life. Initially, it was called a global health crisis. However, it soon appears to be a threat multiplier. By stressing every country, it touched, it has created devastating social, economic, and political crises that left deep scars. It has not only impacted the lives of millions of peoples. It has also resulted in severe consequences for the livelihood of the peoples.

The aim of this research is to see the impact of covid-19 on the health care workers, how they cope up with mental stress in pandemic by undertaking heavy duty-hours, and if they feel job satisfaction what kind of problems or vulnerabilities, they have faced directly expose to COVID-19. Their opinions are explored regarding job security amid COVID-19 pandemic. Moreover, I used different tools and techniques for the collection of anthropological data such as: interviewing and interview guide, and key informants etc.

By concluding my research work throughout the pandemic health care workers faced very tough time. Pandemic act as crises itself, so it affected all spheres of life. The profession which got impacted by pandemic is health related profession, health care workers face a lot of stress, depression and risk of getting infection while treating their patients.

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INTRODUCTION

Corona Virus initially emerged in Wuhan Hubei province in December 2019 (al, 2020, p. 345) (XiaoquanLai, et al., 2020) and after that it spread in the whole world. In China, COVID-19 rapidly blowout from a single city to the entire country in just 30 days. The absolute speed of both the geographical extension and the sudden increase in amounts of cases surprised and quickly overwhelmed health services all over the world (Catrin Sohrabi 1, april,2020).

The unusual coronavirus disease (COVID-19), triggered by Spartan acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease caused by severe acute respiratory syndrome has had a detrimental effect on global health care systems with a ripple effect on every aspect of human life directly or indirectly as we know, it has been rapidly spreading worldwide, creating tremendous public health burdens (Li et al., 2020). As of February 11, 2020, there were 1,716 infected healthcare staff (63% in Wuhan) (Wu and McGoogan, 2020). By stressing every one of the countries it touched, it has created devastating social, economic, and political crises that left deep scars. It has not only impacted the lives of the millions of people; but has also resulted in severe consequences for the livelihood of the people.

In addition, paramedical staff, administrative as well as doctors, and nurses are the front-line medical supporters who suffered high psychological pressures from an increased workload, fears of possible infection of their families and colleagues, and lack of knowledge about protection from infectious diseases diagnosis and treatment (Lai et al., 2020).The psychological effects on healthcare workers (Bai et al., 2004) the incidence of stress disorder among doctors and nurses reached 27.39% during the COVID-19 epidemic (Huang et al., 2020a). To date, it has affected more than 3.9 million people with a death toll of 270,740 the world over. Coping with a pandemic

medically is hard, but more difficult is to come out of the fear and panic it has caused and can cause to the victims (Dr.T.Vijayakumar, 5 may, 2021.).

It's reported that the infection rates among healthcare workers during SARS and Middle East Respiratory Syndrome (MERS) were 20% and 26%, respectively (Jaffar A. Al-Tawfiq MD, 2019.). Unfortunately, the SARS-CoV-2 also infected a large number of healthcare workers. The case study from Middle East show the general fatality rate was 29.3%, as well as there was a major dissimilarity in the case fatality rates amongst HCWs (16%) and others (34%). The most common route of transmission of MERS-CoV to HCWs is health care also infection acquired from patients to health care workers (Abdullah Assiri 1, 13 august).

However, the fear caused by potentially falling victims to the disease can itself be an awe-inspiring experience as it is stirring up people's emotions and sensitivities. According to the Lancet report (2020), there has not been any gender analysis of the pandemic by any government or health organization or any estimates of potential victims in preparedness phases (Naeem, 2020).

Along with other implications, research shows that the pandemic has deeply impacted the job security of millions of people both in the formal and informal sectors and job satisfaction among health care workers. Job Security means the probability that an individual will keep his/her job owing to the existing circumstances. A high level of job security means that a person has a high chance of keeping his/her job and vice versa.

Up to 305 million full-time workers in all economic sectors around the globe could lose their jobs in the second quarter of 2020 due to COVID-19. These losses may disproportionately impact lower-income countries, given their weaker health institutions and sanitary conditions, the number of workers in the informal sector, migrant workers and/or workers holding precarious jobs

elsewhere, and the limited fiscal space governments must mitigate the impacts of the forthcoming recession. Plan International (2020) highlights that the COVID-19 has interrupted our way of life and has further disrupted individuals, families, and communities putting them under the stress of health and economic burdens. However, there are other reasons for stress caused by the COVID-19.

It is estimated that in the UK, "about eight million people have lost their jobs owing to the restrictions imposed in the wake of the coronavirus (Naanin Derakshan, 21 August 2020.). "Moreover, "in the United States, about 26.5 million people have been fired, meaning 20% unemployment. The unemployment rate has remained 11% in other European countries (Ewan McGaughey, 2020)". Scholars believe that due to the absence of Job Security Laws in various countries, people have been left with no choice to raise their voices for employment. Therefore, they felt huge pressure of Job insecurity which, consequently. This resulted in depression, a decrease in expenditure, and domestic violence.

The world undergoing these challenging circumstances needs a very realistic picture of the current scenario. The main objective of the study is to analyze the vulnerability of health care workers and economy effect amid the COVID-19 spread.

The COVID-19 pandemic has affected all the sectors of the economy simultaneously. All over the world, strenuous efforts are being made to overcome uncertainties. The pandemic impacts this unforeseen shock financially which cause such crises never held before because it was widespread. The focus was on preventing financial contagion from spreading to the real economy. Moreover, the effect of this on Europe was asymmetric. It is an almost symmetrical shock that is affecting the German economy as a whole. This is the first time in 70 years that we have faced such a situation. We have to expect a very significant loss of prosperity and a considerable slowdown in the global

economy. The virus will change Germany and Europe fundamentally, in particular by changing its structures and regulatory foundations. We still have little idea what the post-crisis world will look like or whether the political decisions currently being made will be sufficient to combat the crisis. We can only guess at the collateral damage that will be caused by government measures.

Like all other countries, people in Pakistan, which is a developing country with a weak economy and growth rate even before the pandemic, were also hit hard by the global health crisis. Along with others effects, the pandemic has hit-hard the job security of thousands of citizens in different sectors of the economy. “Workers on contract basis, skilled and semi-skilled labors, daily wagers and self-employed have affected adversely. (Position Paper by Pakistan Workers' Federation., 20, march,2020)” In this regard, research is conducted by the Pakistan Institute of Development Economics (PIDE). The findings reveal that Covid-19–may create job losses of about 18.5 million depending on the intensity and the policies to contain the virus. The PIDE has also estimated that about 57% of the workforce may fall under "vulnerable employment."

Therefore, it is very much relevant to research to investigate the impacts of Covi-19 on Job Security in Pakistan and also vulnerability of health care workers. This thesis deals with the situation of Job Security during the Covid-19 with the case study of the Islamabad region of Pakistan.

1.1 Research Questions

1. What are the implications of the Covid-19 on Pakistan's jobs security and environment of employment?
2. How the Pandemic has affected the vulnerability of health care workers in the Islamabad Region of Pakistan?

3. What are the possible options available to protect Job Security in the Islamabad region of Pakistan?
4. Are health care workers satisfy with their job in pandemic?

1.2 Research Objectives

- To investigate the impacts of Covid-19 in Pakistan
- To study the implications of the pandemic on the Job security and vulnerability of health care workers in Pakistan: A case study of the Islamabad region
- To give possible suggestions to mitigate the impacts of the Covid-19 on job security in the Islamabad region of Pakistan.

1.3 Significance of research:

Covid-19 has been affecting the lives of millions of people all around the world. Among those, the most vulnerable people are those who were employed in both formal and informal sectors. Research shows that more than 50 million people were either fired from their jobs from the public as well as private sectors. Pakistan, which is under the threat of coronavirus, is no exception. Various research studies have indicated that job security remained one of the main issues that people have faced during the pandemic owing to the measures taken by the government to contain the virus. However, there is a huge gap in the field of the Covid-19 and its effects on the job (Mr. Harshal B. Sonker, 2020) security in Pakistan. In this regard, this study would be very much significant than how the global health crisis has impacted the status of job security and vulnerability of health care workers in Pakistan with a special focus on the Rawalpindi region. The study is also significant in the sense that it provides various suggestions to tackle the issue of job security in Pakistan amid the pandemic. Moreover the significance of this study is also about the

vulnerability of health care workers during pandemic and how they try to cope with the pandemic. Healthcare workers have emerged as a vulnerable population group during COVID-19, and fortifying stock chains of personal protective equipment (PPE) has been recognized as a serious concern to protect healthcare workers and to prevent health system devastate. While securing PPE is a composite logistical trial facing several countries, it is vital to distinguish the social and health systems problems that construction the distinction amounts of risk faced by various subgroups of healthcare workers (smith, august 2020).

2. Research Methodology

Every scientific study has some techniques to collect data for research. We also use some techniques in anthropology to collect data from the targeted community of field locale. Anthropology has a unique method of data gathering which makes it different from other disciplines which as participant observation.

"The anthropological fieldwork must have several different research tools in his or her tool kit, unlike the situation in the laboratory science, anthropological research tools involve relatively little in the way of hardware and gadgetry but require great sensitivity and self-awareness in the part of the investigator".

(pelto, 1970)

During my research work in a hospital, I use the following anthropological methods.

2.1 Rapport building

Report building is the first and foremost important step in anthropological fieldwork. In this very first step, the researcher builds a friendly relationship with the respondents. Make his observations comfortable by building friendly behavior and conduct interviews and observe their activities. Although the researcher is not a local person of the field local and people did not know him. And the researcher was wounding in the organization or local of research, even he has not any know-how with that persons. Then a good researcher started to visit the organization of research work or the area of field daily. The researcher made the people realizing the importance of research. The researcher was familiar with the dimension of society, not about the complications of the study. Later on, the researcher started to live with the gathering of the field local or organization with.

The researcher first starts his research with the investigation of the organization and daily work of the employees or workers. Then he comes towards his topic and starts with simple questions about the work conditions and their safety as well as jobs. The people slowly and gradually feel that it's harmful to give information about their work organization to the researcher. As the researcher develops interaction with workers so that they became feel at ease with the researcher and the feeling of alienation ends. The workers supported the researcher very much in his research.

2.2 Key informants

In anthropology, we use the method of the key informant in the research fieldwork because it's the main source of valuable information. They must be chosen with great care, as they should be from the same community being studied and enough amount of information required about the community to understand the view of the community. Key informants are those individuals who give detailed information and data. I select two key informants from the organization where I did my fieldwork. One of them was the members of the paramedical staff of the health organization.

I selected him because he was very good at expressing the information which I required for my research and I met him on the very first day of my fieldwork.

Another key informant was a lady nurse who gives me good enough information about the work difficulties of health care workers during the pandemic as initially, they don't know how to tackle patients so they face a lot of risks owing to gain the infection of newly coronavirus. I selected her because her behavior to patients was very good and she was friendly nature so she has good information regarding her colleagues as well. I take some information online because the situation of hospitals was harsh.

"Good informants are those who can talk easily with you, who understand the information you need and glade to give you or get it from you.

(Bernard, 1994)

I also use this technique and conduct detailed decussion with them. My first key informant was Miss Jamila who was an employee of the hospital organization she was 26 years old girl she was a nurse in PIMS hospital. She was working here for eight years. She was very an informative person for my research work the way she discusses the whole situation while working in the pandemic environment of covid-19, give me information about how the staff of hospitals like doctors, nurses LHVs, and other health care workers worked during pandemic owing their lives to the risk. She also informs me how stressful was the environment of the hospital also shares the problems of workers of the hospital they face social cutoff, stress, depression, isolation.

2.3 Participant observation

Participant observation is a method that provides a very good opportunity of assembling quality data for a researcher. With the help of this technique, the researcher immerses himself in the daily life of people. In a culture of anthropology participant observation is the main foundation. If you are a good participant-observer then you are also a good data collector, in participant observation, you have to get closer to the people and make them comfortable enough with you so they share information easily which you have to record about their condition.

“It involves getting close to the people and making them feel comfortable enough with your presence so that you can observe and record information about their life”.

(Bernard, 1994)

I used this method to know how hospital organizations work under such a hard situation and also for the observation of how they deal with patients and perception of people about work. I also observe their daily activities. Being present there I use this action every diurnal. I observed which kind of complications have to suffer by doing work in such an alarming situation of the covid-19 pandemic. I used to stay for some hours with and to know about their stress and workload.

2.4 Sampling

For a researcher of anthropology, sampling is also an important technique for researcher it's not possible to study the whole community or whole organizations of the area taken for the study of research. A sample must represent the whole community of the area which is under the study.

“Smaller representation of complete whole”

(Goode&Hatt, 1981)

Sampling brings reliability and significance to the data. The documentation of opinions of all the workers is not possible so this method allows accessing those workers from whom more data could be extracted. As there were thousands of workers in a single organization I take twenty employees from government hospitals. There were also employees from different ethnicities I interview are also from different.

2.5 Interviewing

The technology I used is also a precise significant and essential part of data collection. People interviewed by face in this technique. This technique is castoff for the collection of deep and steadfast info and the native perception. H, Russell said in his book, (Research method in anthropology) concerning the informal interview,

“The researcher just tries to remember conversation heard during the course in the field. This requires constant jotting and daily sessions”

(Bernard, 1994)

To get inside of somebody's shrewd opinions and explanations is interviewing not merely to comprehend what one sees only but secreted as well. To acquire substantial objectives its conversation amid respondent and researcher. Its schedule by the researcher to gain needed information. Interviews are of two types; structured and unstructured. The structured interview is a planned interview that is formulated in a specific way. An unstructured interview is one in which is set on plans but not held on a regular pattern. My research study is based on structured interviews. I interview my respondents by interview guide which helped me to get the basic information. I found this tool of research precise important to get information and observation.

2.6 Focus group discussion

A Focus group is a very important tool for getting research information. The purpose of focus group discussion is to know the different opinion of different people so that if any person gives wrong information or hide something, the other person will share it. In this method, an interview is conducted from a group. The group should be heterogeneous and respondents should not know each other. I had conducted a focus group discussion once in a week. The day I was selected was Monday with the consent of group members.

2.7 Audio recording

This is another tool of research by which indebt interviews record. For interview recording, the respondent must allow the researcher for interview recording as the topic was not so much sense. Through audio recording the researcher not every word of his respondent. The data in this way become save.

2.8 photography

Photography gives a clear view or image of research work held in the field. Direct prevention of events is possible through pictures. The camera is important for a researcher to record, preserve, and the activities that occurred in the organization during fieldwork and can be present whenever needed. Photographs show the accuracy and validity of the data. I also used this technique for long-term records.

2.9 Cause study

A case study is a very reliable method to understand complex issues through the analysis of a single case.

The case study method is a way of study which describes the story or narrates what would be related to the topic and clarify different aspects at the same time. The researcher used this method to document to show how this study is important. These were examined in detail and add support to the objectives of the research. The case study method clarify many things to a researcher in the field and removed many difficulties and contradiction face regarding different matters.

2.10 Daily diary

This is a technique of study in anthropology in which important collection of quality information of participants regarding their daily life in a log it is a record of activities happened or being experienced in the field. During jolting down the research work by daily dairy I got to remember every activity I have done in my fieldwork.

Methodology

The research is qualitative in its nature and its conduct in policlinic and one other private hospital. To investigate the impacts of the Covid-19 on the Job environment and security in Pakistan's Islamabad region, both primary and secondary data will be consulted. For primary data, a questionnaire will be distributed among the respondents. For secondary data, research papers, articles, newspapers, and magazines will be consulted. After analyzing the data, results will be drawn.

Limitations of the study

Owing to the requirements of the study, the scope of the research is limited to the issue of Job security and job environment only in the Islamabad region of Pakistan. Moreover, for collecting primary data, respondents will be consulted from the two hospitals from the Islamabad region.

Scheme of the Study

The study is divided into three sections. The first section deals with the introductory chapter which includes research questions, research objectives, significance, and limitation of the study. The second portion contains a literature review and theoretical framework. The last part is related to the impacts of the Covid-19 on the Job environment and security in the Islamabad region of Pakistan.

3. Literature Review

The latest outbreak of novel coronavirus contamination referred to as (SARS-CoV-2) and the subsequent infection as Coronavirus disease 2019 (COVID-19) (J., feb,2020) has been declared a public health emergency of international apprehension (PHEIC) by the World Health Organization (Mr. Harshal B. Sonekar¹, 2020) Public Health Emergency of International Concern posing a high risk to countries with vulnerable health systems. The emergency committee have stated that the spread of COVID-19 may be interrupted by early detection, isolation, prompt treatment, and the implementation of a robust system to trace contacts. Labeled as a black drift event and likened to the economic scene of world war two (Euro, 19, march,2020). In a retort to 'flatten the curve' (C.Sohrabi, 2020), governments have obligatory border shutdowns, travel limitations and quarantine (aljazeera., 3, june, 2020) (england., 20, march,2020.) In countries which establish the world's largest economies, sparking worries of an imminent economic crisis and collapse (T.Buck, 2020) (Ahmed Nadeem sallk, may, 2, 2020).

Around the world, initially 113,702 laboratory-confirmed COVID-19 cases in China 80,924 and 3140 deaths have been stated as of 10 March 2020. It has generated fear worldwide as it is tilted to be the next 'pandemic' (Harshal B Sonekar & Manickam Ponnaiah, 24 june 2020). Globally, in the recent past, numerous countries are observing outbreaks of emerging infectious diseases of zoonotic derivation, Ebola, Nipah, and Zika to name a few. Countries have spoken about these outbreaks systematically with a squad of clinicians, health specialists, researchers, and policy-makers.

In nastiness of generation of adequate knowledge about the actual spread of disease, there were issues with the assimilation of the same by different sections of the population. Hasty parting of

the pandemic affects all the globe comparable in the characteristic of public and health. Numerous countries are reportage stigmatization, predominantly towards the Asian population

Stigmatization is referred to as full renunciation of social acceptance (Stangl AL&, 15 feb 2019).

Definite segments of the Asian population have been embattled based on their eating habits which also include ingesting wild animals. One has to look more profound to recognize the basis of infection somewhat than just presumptuous to the consumption of fresh meat as the cause of contracting the infection. For illustration, we have been beholding reports of 'discrimination' in several public places concerning Asian people across limited settings. This discrimination is the eventual result of deficiency of knowledge amid people about the infection besides its approaches of transmission (person to person/animal to person or through air). Mix evidence and lodgers make in challenging the community to acquire useful information of wellbeing precautions (et.al, 2020).

Scholars from several disciplines as well as anthropology distinguish a novel epoch associated with human influence on the planet. The recently invented term "Anthropocene". Connotes that our species has been accountable for augmented carbon productions, global temperature rise, and an overwhelming gradation of habit devastation, and the direct eradication of an overwhelming number of the world's fauna to term just the utmost noteworthy consequences of human obsessed environmental level modification (Rylan Higgins, 20202). Aaliyah Feroz Ali Sadr Uddin and Marcia C. Inkhorn help readers ponder about the influence of covid-19 on matters of age. Illustration on personal understanding plus ethnography in the United States, Kenya, and the post struggle setting of Rwanda, they make available convincing proportional benchmarks.

“Carolyn M. Rouse, a conspicuous medical anthropologist, has motivated her essay through razor-sharp accuracy on the political and mechanical issues that seed fertile terrain for the spread of COVID-19 rather than the biological belongings of the virus itself”.

Nevertheless, the core ingestion practices historically were not predominant however the insect-eating performance goes back to 3000 years (horton.R, feb, 2020). According to Chinese tradition, food is thought to be the attendance of "live fully" and is deliberated to be a part of artistic culture and has sappy connections to individuals. However, the same impression of food consumption in the Western part is additional of scientific in nature (Hartmann C, 2015,sep) (Nam K-C, 2010).

Basically, the purpose of food is to live a healthy life. But in some countries like China there are things eaten like insects, snakes bats etc. which are not good for health and can be a reason of different diseases and viruses.

To discourse these concerns, it may be valuable to bring in researchers, who are specialists in ethnographic studies (social scientists and medical anthropologists) and other social science techniques. Captivating a collective retort from the affected people assistances in building upcoming strategies (Ripoll S, 2018). There would be so countless explanations behind the coronavirus pandemic. COVID-19 is also a result of the connection of broader procedures of urbanization, globalization, environmental change, agribusiness, and contemporary capitalism (Allen, 2017).

During the Covid-19 pandemic, governments everywhere in the world have professed public health emergencies and commanded societal lockdowns. To comply with these lockdowns, knowledge workers all around the world have been demanded to vacate commercial offices and work from home as inaccessible digital workers (JessicaHamzelou, 28, march,2020).

We are beginning to take the standard of the social, economic, and political consequences that will follow as the virus assuredly spreads, with colder weather, to the global and geographic south. We are witness to the medicalization of the pandemic concluding of schools and universities, libraries

and museums termination of conferences and minor meetings, and loss of income for persons who run arcades and street side services and work in the informal economy. Political leaders and administrators stay under enormous burden as they essentially decide what to have open, what to close, what workers to keep, and who and when to economize. The fear and panic originated less from the risk of infection and extra from the mounting reality of its fallout (Levine, 2020) COVID-19). World's huge economies like China, America got badly affected by this novel Virus. Likewise different institutions like education and health sector also affected badly.

Medical anthropologists have contributed substantially to understanding the impact of epidemics and pandemics, their effects on social and economic life, and their toll on health services and health workers. People socially and economically collapse the economy of the world just shrink employs job security is endangered businesses all over the country closed average shopkeepers maintain their lives and meal from their savings but peoples running stall across roadsides was unable to maintain their livelihood and lockdown make them starving (Briggs, June 14, 2005).

As of the writing of this special issue, early November 2020, the WHO reports approximately 46,403,652 confirmed COVID-19 cases and 1,198,569 deaths globally (world health organization., 2020). Anthropologists engaging with so-called "novel" epidemics and pandemics have argued for some time that diseases do not esteem geopolitical borders, even additional so in an increasingly globalized and associated age that outlines the potential for infections to spread (Deven Gray, 2020). However, anthropologists are also profound to point out that this is not just a matter of trade and travel, as political economic, and, social inequalities shape the spread of viruses and regulate who is most exaggerated by potential health burdens (Farmer, SIDNEY W. MINTZ LECTURE for 2001).

While anthropologists were deliberated to contribute exclusively to understanding the care of dead bodies, the care for sick individuals was not seen as subject to "cultural" norms and sensitivities covid-19 appears to be separate of culture. Yet the institution of quarantine rehearses, lockdowns, and border controls, and the persistence on devotion to hygiene practices (handwashing) highlight how human practices and activities are associated and foreshadow a global humanitarian emergency as community transmission takes hold in global south communities (David Satterthwaite, 5,june,2018.). The health sector encounter dead bodies so in the recent satiation job environment of the health sector was very threatening they have to deal with patients directly and to bury the decease bodies is also the responsibility of janitor staff and volunteers of the health Sector workers. As pandemic spared across all over the world the death rate increase and responsibility and vulnerability of healthcare workers also increase.

Later in the mid of pandemic the death toll of COVID-19 pandemic has resulted in over 4.3 million confirmed cases and over 290,000 globally. It has also generated fear so fans approaching economic crisis and recession. Social distancing, self-isolation, and travel limitations have led to a reduced workforce transversely to all economic sectors and produced many jobs to be lost. Schools have shut down, and the requirement for commodities and manufactured products has been reduced (Manderson Lenor, 2020). In contrast, the need for system medicals up layers has significantly increased. The food sectorial pass with flying colors increased demand due to panic-buying and stockpiling of food products. In rejoinder to this global outbreak, we summarize the socioeconomic properties of covid-19 on individual facets of the world economy A survey accompanied by the British Plastics Federation (BPF) discovered how covid-19 is impacting manufacturing commercial in the United Kingdom (UK). Over 80% of respondents expected a decline in turnover above the next 2 quarters, with 98% admitting concern about the negative

influence of the pandemic on business processes. Not only principal but also the subordinate level business have a negative impression (maria nicola, 2020).

The issue of job security throughout the pandemic has been obsessed by various factors. Michal Kirmani, in his article, “COVID-19 and issue of job insecurity” says that various procedures that governments all around the world have taken to encompass the virus impacted the job security of the people. Thousands of employees in numerous sectors were fired due to the disturbance of the chain and source of economic activities and business speculations (Michal Kirmani, 20 December 2020.). Mahir Ali is of the same view. He argues, in his article, “Job security and the pandemic”, that conclusion of the different economic activities tourism, airlines, services have resulted in massive unemployment in the world. Workers in the formal, as well as private sectors, were requested to leave their jobs owing to a lack of resources (Mahir Ali, September 2020.). Resultantly, a report by IMF, titled “The Pandemic: Economic Impacts” exposes that about “11 million people in manufacturing, 51 million in accommodation and food services and 42 million in real estate and other business have got affected, and have encountered job security issues (“The Pandemic: Economic Impacts, 2020, p. IMF).”

In addition, tertiary scale research done in a hospital of Wuhan city in china a high rate of health care workers were at high risk of getting an infection by covid-19 at the beginning of the pandemic. The super spreading event in other hospitals (ChoSY, 2016) 0.1pre in Wuhan (February 9, 2020)1.1per in medical staff were infected in Tongji hospital. The health care workers were at high risk and also got impacted by COVID-19 (60percent) because of less protective measures in the breakout (PaulesCI, 2020). Worldly most of the health care workers were infected in the early stage of COVID-19 breakout. Because there were not enough PPEs and reuse of PPEs with then

later on the worker dispose of the PPEs to ensure the non-transition of the infectious disease (Xiaoquan Lai, may, 2020).

In particular, the risk to healthcare workers is one of the greatest vulnerabilities of healthcare systems worldwide. Considering most healthcare workers are unable to work remotely, strategies including the early deployment of viral testing for asymptomatic and/or frontline healthcare staff is imperative (J.H. & Tanne, 2020Mar18).

Health Care Workers working in emergency departments, intensive care units, and isolation wards had a greater risk of developing adverse psychological outcomes than those of other departments because they were directly exposed to the infected patients in a highly demanding environment (A Sy Naushad VA, oct,2019) Outlooks of most of the doctors from the administration were to make available full support, protective equipment establishment, planning, and logical distribution of resources to Gere up for future improbability. First and foremost, organizational leaders should provide clear messages that clinicians are valued and that managing the pandemic together is the goal (Heymann DL, 2020).

The COVID-19 pandemic has raised numerous challenges all around the world. The health care system is at a breaking point in many developed countries. Keeping the opinion of doctors in view we need to plan as quickly as possible, to identify how we can reconfigure our services. Our frontline medical staff needs to be protected both mentally and physically, which can be achieved by working together as a team (Uzma Urooj, 2020 May). Fear of labeling, stigmatization, and discrimination potentially impede healthcare workers intent to seek counseling and psychotherapeutic interventions (Zhang W, 2020).

There is overwhelming evidence that present tendencies in the working environment may have adverse effects on job satisfaction. Job satisfaction is the sentimental placement that a worker has towards his/her work which consists of two facets: positive affectivity and negative affectivity. Positive affectivity is represented by high energy, enthusiasm, and enjoyable involvement while negative affectivity is indicated by distress, un-enjoyable involvement, and edginess. Occupational stress plays a vital role in job satisfaction; if it acts as a motivator, it will contribute to creativity and satisfaction and further will remove boredom, and if it acts as a negative factor, it will lead to aggression and low job satisfaction. On the other hand, job satisfaction may protect workers from stressors and act as a regulating factor for stress (NaserHoboubi, march,2017.). Occupational stress and job satisfaction are essential factors influencing workforce productivity. Preserving a high level of job satisfaction among HCWs especially nurses is critical for achieving the appropriate high-quality medical service (Tefera Belachew, 24, april,2017) (Ibrahim Ali Kabbash, 30,march,2020.). Job satisfaction may safeguard workers from stressors and act as a regulating factor for stress.

All the staff can do in that situation is to observe and give some relaxing help. This is of course an extremely virtuous provocation for the staff. The problems will be worse for medical doctors and registered nurses who are facing difficult decisions in tangible situations than for nonmedical staff such as administrators. At the same time, many of their colleagues are on sick vacation because they are diseased with the coronavirus. Thus, with growing numbers of patients in the corridor, there will be decreased staff (Töres Theorell, 2020,april,16). The COVID circumstances grow up a most horrible possible work environment to the staff of hospitals in health care. All the health care face the psychological risk influence in health care staff, the overstained of work environment,

entirely lack control and also nonexistence of institutional sustenance in many workplaces (Karasek RA & 1990, 1990).

In addition to physical risks, the pandemic has placed extraordinary levels of psychological stress on health workers exposed to high-demand settings for long hours, living in constant fear of disease exposure while separated from family and facing social stigmatization. Before COVID-19 hit, medical professionals were already at higher risk of suicide in all parts of the world. A recent review of health care professionals found one in four reported depression and anxiety during COVID-19 (Pappa, 2020)

The health employees suddenly became in such a dangerous environment as the job of firefighters and police officers the state of facing directly patients that millions of health care workers including doctors, nurses, respiratory therapist, premedical workforce and some others. They face the highest risk of getting COVID-19 particularly the workers dealing with emergency rooms. While personal protecting equipment (PPEs) may reduce the risk but they are still emotionally at risk by the fear of covid (Robert H. Shmerling, April 8, 2020.). Countries around the world feel trauma of getting infection and psychological issues.

Moreover consistent in UK screening of medical employees involved in handling and treating, make a diagnosis of patients with COVID-19 should be done for assessing stress, depression and anxiety by using multidisciplinary Psychiatry teams (Mamidipalli, 2020 Apr 22.). Medical students, who report countless struggles coping with being a worker in prehospital and emergency care, where they were bare to trauma that they sensed unprepared for (Murray E, 2018 Jun 26). Numerous probable mechanisms can support moderate the negative moral belongings of the current condition. All healthcare workers are required to be ready for the moral problems they are going to face throughout the COVID-19 pandemic. We know that correctly preparing the

workforce for the job and the related challenges diminishes the risk of mental health dilemmas or complications (Iversen AC, 2008) (Neil Greenberg professor of defense mental health, 2020)

As for as Pakistan is concerned, the COVID-19 has threatened the job sector in multiple ways. Pakistan Bureau of Statistics, in its study titled “Special Survey to Evaluate Socio-Economic Impacts of COVID-19 on the Happiness and comfort of the People”. Specifies that “people in the tourism sector, hospitality, education, transport, industrial and commercial sectors have persisted extremely vulnerable in term of job security and employment (IMF, “Special Survey to Evaluate Socio-Economic Impacts of COVID-19 on the Happiness and comfort of the People, 2020).” Very rich research is conducted by the Pakistan Institute of Development Economics (PIDE) shows that Covid-19 may create job losses of about 18.5 million. A further implication of the pandemic depends on the intensity and the policies to contain the virus. The PIDE study also estimated that about more than 57% of the workforce May falls under the vulnerable employment category (Hayat, 2020)."

The covid-19 pandemic has severely affected job security in the world in general, and in Pakistan in particular. A paper published by the Pakistan Workers' Federation titled "COVID-19 and the World of Work” shows that the coronavirus has adversely impacted the job security of millions of individuals all and everywhere in the world. It shows that in the first quarter of the year 2020. About 3.5% of the people have moved out of their jobs and employment (A case of Pakistan", 20 March. 2020.). The study also designates that in the second half of 2020, more than 190 million people have handled job insecurity due to the coronaviruses (Gray, Himmelgreen, & Romero-Daza, 2020).

Pakistan is surrounded by extremely affected countries like China, which was the first one to knowledge this outbreak, and Iran (Saqlain M, 2020 Mar 20.). Due to their close contact with

COVID-19 patients, healthcare authorities were at greater risk of developing psychological and stress-related disorders than the common public. The determination for this psychological stress could be disproportionate workload, deficient PPE, negative broadcasts about HCP's work ethic, and updates regarding COVID-19 (F Chirico, 2020 May 8). These could likewise be mentioned as psychosocial risk factors at work, which significantly affect professional capability in addition to the social, physical, and mental well-being of HCPs (Kortum E L. S.-r., 2010;23(3).) (Vévoda J, 2018). The novel coronavirus disease (covid-19) is spreading rapidly, increasing the stress and challenges for healthcare professionals around the world. This study aims to discover the psychosocial, emotional, and professional challenges faced by female healthcare professionals (HCPs) treating COVID-19 patients in Pakistan.

Throughout the COVID-19 pandemic, female frontline HCWs have confronted immense psychosocial pressure, fluctuating from unsupportive family customs to an unwelcoming working environment and impervious hospital administrations. Moreover, rumors among the universal public, lack of appropriate training, missing incentives, and inappropriate system surveillance have increased the anxiety and stress among HCWs. Hence, legislators are recommended to take appropriate activities countrywide to improve the tranquil ongoing challenges and support female HCPs in their working environment. According to the research held in Punjab Pakistan which tries to prove the perspective of psychological and emotional challenges faced by HCWs in Pakistan and the female HCWs are psychosocially challenged by society and the hospital authorities (Sumbal Shahbaz1 & ., 2021).

The disease is such a condition in the body of the individuals which adversely affects physical, mental, and social situation remnants. This situation seems to be a disproportionate relation between a human's particular biology and his environment. The germ theory of disease trusts

scientific theory for the multitude of diseases caused by the accomplishments of microorganisms. Coronavirus, too small a microorganism cause COVID-19 a disease in people. In a research paper anthropological approach to COVID-19, an effort has been made to understand the coronavirus and its effects on the socio-cultural lifespan of the people based on the non-participatory observation and available literature by using descriptive research proposal. From this study, it can be said that coronavirus caused COVID-19 disease in the respiratory organ of people which is the maximum sensitive part of the body to be alive. Coronavirus has amplified fear among the people across the world which openly affects all socio-cultural aspects as educational, commercial, inequality and domestic violence, cultural, religious, risk perception, and suicide activities of people. In this situation, it is better to focus on personal security, complete social accountability, improve knowledge and skills on both native and modern medicine to cure and safeguard from such types of pandemic diseases founded on their ecological environment (sapkota, 2020).

COVID-19 has carried healthcare employees in general and nurses in particular into the limelight as not ever before. It is significant to study the intensity of the impact of this pandemic on the profession. Even under the circumstances of the pandemic, the most important nurses' occupational values are worthwhile accomplishments, the importance of professional challenge, diversity and interest in the job, personal growth and development, and independence in their practice (Bella Savitskya, June 2021). The global workforce contains 27.9 million nurses, accounting for 59% of healthcare professionals worldwide (Bean., April 9th, 2020).

Studying components of professional satisfaction discovered that the most extraordinary important constituent of professional satisfaction in this study is the component correlated to personal achievement. This means that unfluctuating under the circumstances of the pandemic, the utmost important nurses' occupational values are appreciated accomplishments, the importance of

professional challenge, diversity and importance of the job, personal growth and development, and independence in their practice. The same result of the importance of the sensitivity of the job's merit laterally with a feeling of having delivered skilled and quality care maintenance to patients was reported in the study conducted in England in 1993, using the analogous method of factor analysis for revealing professional satisfaction mechanisms (M. Traynor, 18 (1) (1993),). Other components of professional satisfaction such as workload, work circumstances, reward extrinsic factors according to Frederick Herzberg's two-factor theory (F. Herzberg, 1959) were significantly less important in comparison with many powerful components related to personal accomplishment.

To emphasize emergency preparedness at the national and community levels, the government of Pakistan gives out commands to shut down outpatient treatment as well as elective surgical facilities (Sethi BA, 2020).

Qualified HCPs are vital in such a situation. Nonetheless, to ensure the efficient training of the healthcare staff during the pandemic, not only are ample numbers of HCPs required, but they also need enhanced abilities to deal with the higher inflow of patients (Shanafelt T, 2020). For all of this, their wellbeing and safety are vital if they are to render unrelenting and advanced patient care, in addition to combating the outbreak (Liu Q, 2020; 8,6). In order to develop an effective support system for HCPs, it is critical to understand the core sources of anxiety and to address them, rather than opting for generic approaches to stress reduction.

Female HCPs have foregone their own needs to contribute to fighting the pandemic and have shown the highest altitudes of professional commitment (Labrague LJ, 2020;28,7). On the other hand, they have to cope with emotional and psychological stress as well as social isolation and desertion because of the health threats (Sun N, 2020;48(6)). Indeed, the outbreak of covid-19 in

Pakistan carries forbidding challenges for all HCPs, but female HCPs experience additional problems because of their double responsibilities, that is, at home as well as in the workplace. This qualitative study aims to pronounce the experiences and challenges faced by female physicians, nurses, and associated health professionals caring for covid-19 patients during the outbreak.

Covid not only hit the employment of health care workers is also root to the world's greatest recession the ongoing pandemic creak down the world economy. Amid the covid-19, the world is in the condition of lockdown making vast dejection (Kaplan, Frias, & McFall-Johnsen, 2020). In the midst of recovery and repression, the world economic system is characterized as go through substantial, broad uncertainty. Economic forecasts and consensus among Macroeconomics experts show significant disagreement on the global extent, long-term effects, and projected reclamation (Bordo, Levin, Levy, & Sinha, 27 January 2021). Global stock markets crashed in March 2020, with a drop of several percent in the world's major indices.

Minor and medium-sized businesses got prompted and victimize by the outbreak of covid-19 in micro-level all over the globe. Major victims of the COVID-19 outbreak are micro, small, and medium-sized enterprises (MSME).

Pakistan's public health system was overstretched long before the arrival of the coronavirus pandemic. On average, Pakistan has one doctor for every 963 people and one hospital bed for every 1,608 persons (COVID-19 – PAKISTAN SOCIOECONOMIC IMPACT ASSESSMENT & RESPONSE PLAN., 1 MAY 2020), according to UNDP figures. Pakistan faces a shortage of 200,000 doctors and 1.4 million nurses to cope with the crisis (hussain, May 19, 2019).

Pakistan's previously delicate economy had only just been moving towards stability when the health crisis hit. Experts fear that the pandemic's economic fallout will considerably derail the

country's recovery process. In early 2019, in the face of a financial crisis, Pakistan reached out to the International Monetary Fund (IMF) for a bailout set worth six billion dollars. The economy was simply just recovering from the crisis when the pandemic hit.

Owing to the pandemic, an additional 2.45 million individuals are now hurt from food insecurity. One-third of Pakistan's population lives underneath the poverty line while 66% of the population or 145 million people living in poverty, requires instant relief (how-the-covid-19-crisis-is-affecting-pakistans-economy, How covid-19 crisis affecting the economy of Pakistan., n.d.).

Pakistan's exports chiefly encompass textile products. These exports are down since the Covid-19 crisis happening, with some orders even being lost. Moti does not expect a claim to pick up again upright pandemic. "All of this will negatively impact foreign reserves and ultimately the currency value. In the long run, financial markets will also be negatively affected, (saleem., 2020,7,23.))" he said.

Certain pandemic impediment measures like lockdowns, social distancing, and travel restrictions reserved by the Government have been thoroughly analyzed to regulate how they impacted the livelihoods of approximately 7.15 million workers. Subsequently, a rise of 33.7% of the poverty level is estimated. While many negative impressions on primary, secondary, and tertiary sectors of the economy such as agriculture, education, and health care are witnessed, a radical improvement in the air excellence index of urban centers of the country has been verified amid lockdowns. With the current economic crisis, the breakable health care system, and critical health literacy, a well-managed and corresponding action plan is obligatory from all segments of the society directed by the public authorities (Zaidi, 6 January 2021.).

“In the developing world, separately from comprising the virus and dealing with the economic crisis, our biggest worry now is to save people from dying of hunger. The problem on the one side is to protect people from COVID-19 and on the other to save them from dying of starvation due to lengthy lockdowns,” the prime minister said (wasim., 13, april, 2020).

4. Area profile

In this chapter, you will get to know about the whole area where I have done my research. Through this chapter, a reader envisions and imagines the field area, so it considers as an important chapter to understand the area.

Area studies of a field is a report which provides an overview of some population use as a sample to compare and conclude it with a wider area (study of some selected population from the population of the wider area).

4.1 Islamabad

I have done my research work in the capital of Pakistan which is Islamabad. The name Islamabad is a combination of two words “Islam” and “Abad” which means the city or area of Islam (Room, (13 December 2005)). A school teacher "Abdul Rahman Amritsar" gave the name according to a historical book by Muhammad Ibrahim zabeeh (Capital Talk , 2020). In the 1960s capital of Pakistan shifted from Karachi to Islamabad for various reasons like its living standard (Hetland) greenery (Shirley & Moughtin, 11 August 2006) and safety ("Safe City Project gets operational: Islootes promised safety – The Express Tribune", 6 June 2016.). The city is administered under the administration of the Pakistan federal government. According to globalization and world cities network it's a gamma city.





Location of Islamabad source id google maps.

4.2 Early history of Islamabad

In history, Islamabad is one of the earliest sites of human settlement in Asia, situated at the Pothohar plateau region of northern Punjab. Dating from 100,000 to 500,000 years ago, some earliest stone age artifacts have been found in this plateau (Pakistan Defence Ministry, 6 November 2010). Dr. Abdul Ghafoor's excavation reveals prehistoric cultural evidence in the area. Human skulls have been found dating back to 5000 BCE which indicate this area was home to the Neolithic, later developed small communities in the region around 3000 BCE (Pakistan Defence Ministry, 6 November 2010.) (LEAD., 20 July 2011).

Between 18 and 23rd BCE, Indus civilization also flourished here. Later Aryans migrated here. Many great armies like Zahiruddin Babar, Genghis Khan, Timor, and Ahmed Shah Durrani during the invasion of the Indian sub-continent. The federal sector of archeology and museums during 2015-2016, by the support of financial support and national funds of cultural heritage, carried out preliminary archeological excavations in which unearthed the remnants of Buddhist stupa at Ban Faqirran near Shah Allah Ditta caves, dates from the 2nd to 5th century CE (Amjid, 2016).

4.3 Recent history

Islamabad has attracted people from all over Pakistan, making it one of the most cosmopolitan and urbanized cities of Pakistan (CDA Islamabad, Archived from the original on 26 September 2009). As the capital city, it has hosted several important meetings, such as the South Asian Association of Regional Cooperation summit in 2004 (DAWN News, 4 January 2004).

The city suffered a lot during the earthquake in Kashmir in October 2005, damage caused by a huge magnitude of the earthquake in Kashmir.

Islamabad has fascinated people from all over Pakistan, making it the most pluralistic and developed city of Pakistan. Islamabad is closer to the GHQ general headquarter situated in Rawalpindi, and the disputed territory of Kashmir. The purpose of shifting capital from Karachi to Islamabad was to select a safe and easy approach region from all over Pakistan.

Greek firm of architects, led by Konstantinos Apostolos dioides designed the master plan of the city based on a grid plan which was triangular in shape with its apex towards the Margalla Hills. The capital was not moved directly from Karachi to Islamabad; it was first shifted temporarily to Rawalpindi in the early 60s, and then to Islamabad when essential development work was completed in 1966 ("City of Islamabad", Retrieved 17 October 2014.).

4.4 Population

The total population of metro area Islamabad in the recent census of 2020 was 1,014,825. The population census of Islamabad in 1998 was 529,180. Change of Growth is 91.77% (Talk 2017 cases of Islamabad https://en.wikipedia.org/wiki/2017_Census_of_Pakistan).

4.4 Geography

Islamabad is located at 33,43N 73.04E on the north edge of pothohar plateau at the foot of Margalla Hills in the capital territory, Its elevation is 540 meters (1,770ft) ("Islamabad Airport". Climate Charts) (Brunn, Williams, & Zeigler., (2003).). Murree hill stations lie at the northeast of the city, and Haripur district of Khyber Pakhtunkhwa in the north. Kahuta is in the southeast and in the northwest of Islamabad there is Taxila, wah cant and Attock district, Gujjar khan, Rawat and Mandurah are on the southeast, and metro police to the south and southwest. Islamabad is 120 kilometers from Muzaffarabad, 185 kilometers from Peshawar, 295 kilometers from Lahore, and 300 kilometers away from Srinagar.

The city of Islamabad stretches an area of 906 square kilometers (350 sq. mi). An additional 2,717 square kilometers (1,049 sq. mi) area is known as the Specified Area, with the Margalla Hills in the north and northeast. The southern lot of the city is the rippling plain. It is shattered by the Kurgan River, on which the Rawal Dam is located.

4.5 climate

Islamabad is a humid subtropical climate, having five seasons (winter, spring, summer, rainy monsoon, and autumn). The hottest season in Islamabad is June where the average temperature mainly exceeds 38c (100F). The wettest month is July evening thunderstorm and heavy rainfall with a probability of cloudburst. Islamabad microclimate condition is regulated by three artificial reservoirs that are Rawal, Simli, and Khanpur dam.

In the city, temperatures stay mild, with snowfall over the higher-elevation points on nearby hill stations, notably Murree and Nathia Gali.

4.6 Civic administration

Generally known as ICT Islamabad capital territory administration or Islamabad administration is the civil administration and the main law and order control agency of federal capital.

The local government consultant of the city is the Islamabad Metropolitan Corporation (IMC) with some help from the Capital Development Authority (CDA), which oversees the planning, development, construction, and administration of the city. Islamabad territory is divided into eight zones: administrative zone, commercial district, educational sector, industrial sector, diplomatic enclave, residential area, ruler area, and green area. The city Islamabad comprises of five major zones: zone I, zone II zone III, zone IV, and zone V. in area zone IV is having the largest area. The sectors altered from A to I each are sub divided into four sub-sectors.

4.7 Islamabad Rawalpindi metropolitan:

In the 1960s when the master plan was drawn for Islamabad, Islamabad, and Rawalpindi, along with adjoining areas, metropolitan areas. The region would encompass the developing Islamabad, the old colonial cantonment city of Rawalpindi, and Margalla Hills National Park, including adjacent rural areas. Whatever Islamabad is a portion of Islamabad's capital territory and Rawalpindi is a chunk of Rawalpindi district of Punjab.

Initially, four major highways connect the near areas Soan highway, capital highway, Muree highway, and Islamabad highway. Merely two new highways are constructed, Kashmir highway and Islamabad highway. Islamabad is the core of all the governmental activities while Rawalpindi is the center of all industrial, commercial, and military accomplishments. The two cities are measured sister cities and are highly interdependent.

4.8 Architecture

Islamabad architecture is a combination of modernity and old Islamic and regional traditions. An example of the integration of modern architecture and traditional style is the Saudi-Pak tower. The fawn-colored structure is clipped with blue tile works in Islamic tradition and is one of Islamabad's tallest buildings. Other examples are Faisal Mosque, Pakistan monument. Secretariat complex designed by Gio Ponti, Prime Minister Secretariat based on Mughal architecture and national assembly.

4.9 language

According to the 1998 census, the mother tongue of the majority of the population is Punjabi at 68%, and the major dialect is pothohar, 15% of the population are Pashto speakers, while 18%

speaking other languages (Population Census Organization, Govt. of Pakistan. , 17 February 2006). Similarly, according to the 1998 census, the total migrant population of the city is 1 million, with the majority (691,977) coming from Punjab. Around 210,614 of the migrated population came from Sindh and the rest from Khyber Pakhtunkhwa and Azad Kashmir. Smaller populations emigrated from Baluchistan and Gilgit Baltistan (Population Census Organization, Govt. of Pakistan., 13 November 2010.).

4. 10 Literacy

The mainstream of the people lies in the age group of 15–64 years, around 59.38%. Only 2.73% of the population is above 65 years of age; 37.90% is below the age of 15 (Population Census Organization, Govt. of Pakistan. , 27 August 2010.). Islamabad has the highest literacy rate in Pakistan, at 88%. 9.8% of the population has done intermediate education (equivalent to grades 11 and 12) (Population Census Organization, Govt. of Pakistan. , Archived from the original on 20 July 2009.). 10.26% have a bachelor or equivalent degree while 5.2% have a master or equivalent degree. The labor force of Islamabad is 185,213 and the unemployment rate is 15.70% (Population Census Organization, Govt. of Pakistan. , 27 August 2010).

4. 11 Religion

Islamic is the largest religion in the metropolitan, with 95.43% of the populace following it. Christianity is the next largest religion with 4.34% of the population following it. The Christians are concentrated mainly in the city areas. Hinduism is trailed by 0.04% of the inhabitants according to the 2017 survey ("PML-Q opposes Hindu temple in Islamabad", 2020).

4. 12 culture

Islamabad is home to numerous immigrants as of other areas of Pakistan and has an ethnic and religious variety of significant ancient. Due to its position on the Pothohar Plateau, remnants of antique cultures and civilizations such as Aryans, Soanian, and Indus valley civilization can still be found in the region. A 15th-century Gakhar fort, Pharwala fort is located near Islamabad. Gakhars build up the Rawat fort in the 16th century, the chief of Gakhar was named sultan Sarang khan.

Saidpur village is supposedly named after said khan, the son of Sarang khan. A Mughal commander, Raja man Singh change the 500years old village into a place of Hindu worship. He constructed many small ponds: Rama Kunda, Sita Kunda, Lakshaman Kunda, and Hanuman Kunda. The region is home to a small Hindu temple that is preserved, showing the presence of Hindu people in the region. The shrine of Sufi mystic Pir Meher Ali shah is located at Golra sharif, which has a rich cultural heritage of the pre-Islamic period. Archaeological remains of the Buddhist era can also still be found in the region. The shrine of Bari imam was built by Mughal emperor Aurangzeb. Thousands of devotees from across Pakistan attend the annual urs of Bari Imam. The event is one of the largest religious gatherings in Islamabad. In 2004, the Urs was attended by more than 1.2 million people (Khawar.).

The Lok Virsa Museum in Islamabad preserves a wide variety of expressions of folk and the traditional cultural legacy of Pakistan. It is located near the Shakarparian hills and boasts a large display of embroidered costumes, jewelry, musical instruments, woodwork, utensils, and folkloristic objects from the region and other parts of Pakistan.

4. 13 Health care

Islamabad has the bottommost degree of infant death in the country at 38% passing away per thousand compared to the national average of 78% mortalities per thousand. Islamabad has both public and private medical centers. The main hospital in Islamabad is the Pakistan institute of medical science (PIMS) hospital.

Number of government and private hospitals

There are seven government hospitals in Islamabad which help to cope with covid-19 during a pandemic.

Pakistan institute of medical science (PIMS)

History

It's located in sector G-8/3 Ibn-e-Sina raid, having a complex building structure holding a total area is 140 Acres. It was designed for 592 beds and had 22 medical and surgical specialists. Its construction started in 1980 and completion was held in 1985. The plane of Pakistan institute of medical sciences (PIMS), was conceived in the early 60s as the premier hospital for the capital to provide tertiary level patent care service and accept referrals and was inaugurated by Muhammad Khan Juneho in September 1987. Doctors and allied health professions at all to provide tertiary level patent care service and accept referrals. Surgery and allied specialties, obstetrics/ gynecology, and pediatrics provide clinical services, conduct applied researches in relevant specialization, and develop linkages with academic institutions national and international agencies including WHO, UNICEF, JICA to provide state of the art clinical services, to promote health care activities, research and medical education.

Tel number Tel of PIMS emergency call is +92-52-9260500

M/S sir Llewelyn Davis Weeks.

This institute provides curative and diagnostic services to patients from all over Pakistan, including FATA Gilgit Baltistan and Kashmir. Moreover, PIMS also ensures service provision to parliamentarians, governmental officers, and judicial staff round the clock. To facilitate patients and their attendants all components are highly visible and clear signposting for services being provided in PIMS. It has excellent diagnostic facilities i.e. pathology radiology, blood bank, angiography, scanning, stress electrocardiography, EMG and nerve contraction, bronchoscopy, endoscopy, and other GI procedures.it also has a fully equipped accident and emergency center, intensive care unit, coronary care unit, operation theatre, and private wards modern as well as necessary facilities.



PIMS HOSPITAL ISLAMABAD

Location of the hospital

The hospital is situated in the middle of Islamabad city. PIMS is surrounded by commercial and residential areas. It covers an area of approximately 356976sq.ft. The hospital is near to the Centaurus mall, nori hospital, blue area, NADRA office, Khyber plaza Sitara market.



The location of the PIMS source is google.

Table of departments in PIMS

Sr. No	Departments name	Sr. No	Department name
1	Accident and emergency	17	Neurology
2	Anesthesia	18	Neurosurgery
3	Blood bank	19	Oncology
4	Burn center	20	Ophthalmology
5	Cardiology	21	Orthopedic surgery
7	Cardiac surgery	22	Pediatric surgery
8	Dentistry	23	Pathology
9	Dermatology	24	Plastic surgery
10	Medicine	25	Psychiatry
11	E.N.T	26	Pulmonology
12	Gastroenterology	27	Radiology
13	Gynecology	28	Physical medicine
14	Gynae	29	Rheumatology
15	Neonatology	30	General surgery
16	Nephrology	31	Urology
		32	Isolation canter

The source is field data.

Services provide by PIMS

Cardiology	General surgery
Dental	General medicine
Urology	Neurosurgery
Blood bank	Oncology
Dermatology	Pathology
Radiology	Pharmacy
Plastic surgery	E.N.T
Orthopedics	Gastroenterology
Nephrology	Ophthalmology
Psychiatry	Covid vaccination
Rheumatology/ physical	
Medicine	

The source is field data.

Number of doctors

Amid pandemics, doctors play a vital role. In the panic condition of covid-19 doctors forgot to perform their duty. The total number of doctors in PIMS is 240 but 34 finest and experienced doctors available 24/7.

Number of nurses

In health care, nurses are very important to take care of patients especially when there is a pandemic and attendants of any patient are not allowed to stay with patients, so with their care kindness many patients with covid recover. The number of nurses is merely about 568 under the supervision of the chief nursing superintendent. There is a head nurse in each medical ward who is responsible for duty and different affairs during duty timing.

Pharmacy department

Pharmacists are also an important factor in health care, because of having comprehensive knowledge of drugs and medicine. Which plays an important role in the matter of PIMS. Pharmacists also act as the front fighters during the pandemic of covid-19 they also provide teleservice in the condition of lockdown. The pharmacists are responsible for pharmaceutical services, quality assurance of drugs, adverse drugs reaction reporting, and the establishment and management of a safe system of work within their department.

The pharmacy department also guarantees the judicious use of available financial resources in providing cost-effective quality medicines. It also ensures the coherent and appropriate use of these essential drugs.

The department of pharmacy also provides a hospital pharmacy training program for fresh and undergraduate pharmacy students from different universities from all over the country.

Blood bank

A blood bank is there in the PIMS hospital to fulfill the required need of blood deficiency of patients. Although it cannot fulfill the need of all the patients because of the huge number yet it stores the blood which frequently is given to the bank by patients themselves.

Medical store

Other than a lot of medical stores outside of the hospital there are also many medical stores situated in different places of the hospital premises. These medical stores are owned by the hospital but given to different companies on contract.

Transport system during the pandemic all transport system was blocked but the hospital has its transport system. They use ambulances for the patients and vans for the staff. Transport of hospital used for an admitted patient in an emergency.

Play round

A playground is also there in the hospital for children in the PIMS hospital.

Federal government service hospital

Polyclinic, service road, G-6/1, Islamabad

Emergency call number

Capital Hospital (CDA Hospital)

Near Melody G-6/3 Islamabad Tel: 9221334-43/9260450

National Institute of Health

Chak Shahzad, Islamabad Tel: 9255110-5

Nuclear Oncology & Radiotherapy Institute (NORI)

G-8/3 Islamabad. Tel: 9261313, 9260620

Nescom Hospital

Sector H-11 Islamabad

KRL Hospital

Sector G-9/1, Islamabad

Private Hospitals

Shifa International Hospital

Ali Medical Hospital

Maroof International Hospital

Kulsum International Hospital

Integrated Health Services

HS Children's Medical Center

Islamic International Medical Complex

Dar-ul-Shifa Hospital

Islamabad Specialist Clinic

Aslam Memorial Medical Hospital

Islamabad Private Hospital

Elahi Medical Centre

Fauji Foundation Hospital

Hope Medical Dental and Diagnostic

Diagnostic centers

Advanced Medical Center

Islamabad Diagnostic Center (Head Office)

Islamabad Diagnostic Center Blue Area

Islamabad Diagnostic Center F-10 Point Islamabad

Islamabad Diagnostic Center E-11 Islamabad

Capital Diagnostic Center

Nayab Lab and Diagnostic Centre

Ali Medical Diagnostics

Islamabad Radiology Clinic

Margalla Diagnostics and Clinics

Critical Analysis of

5.1 Health care sector

As we all know, the health-care sector is always in critical condition in any part of the world. It chokes especially during epidemics and pandemics. Hospitals, sanatoriums, nursing homes, and care homes, as well as medical and dental practices, ambulance transportation, complementary medicine, and other health-related activities such as medical laboratories and scientific and research services, are all part of the health-care sector, across a diverse range of public, private, and non-profit organizations.

In the health-care field, my research focuses on hospital nurses and doctors (health-care workers) and how they deal with covid -19 during pandemics while working in harsh environments

.5.2 Attitude of Doctors

A qualified doctor distinguishes how to cope with any situation that occurred. Good doctors treat in a good way to their patients. A doctor is a person who holds the highest university degree. Doctors are considered medical expert in their particular domain of the Degree. This degree permit a practitioner to practice under given rules and laws defined by the one's country. Sometimes many countries need the requirement of a house job or internship before starting the practice. In Pakistan, there is also an authority which register the doctors and it is known "Pakistan Medical Commission." It is a regularity authority that maintains official register of Medical practitioners within Pakistan. Pakistan Medical Council was initially established in 1948 under the British Indian Medical Council Act 1933. Present day Pakistan Medical and Dental Council came into effect after the Pakistan Medical Council Ordinance 1962.

A professional doctor practices medicine, which is apprehension with encouraging, or restoring health, diagnosis of disease, and cure of disease, injury, and other physical and mental impairments. Doctors give attention to their practice on certain disease categories, besides various methods of treatment. The doctor is accountable for medical care to individuals, families, and communities. Proper medical practice is required for a doctor for detailed knowledge of the academic discipline and as well as treatment of patients.

During field a respondent told that, “A doctor should have a role model for the general public. A good doctor will promote healthy diet and healthy life. A doctor should practice in given rules and regulations defined by the regularity authority. He should adhere maximum ethical standards of Medical Practice.”

Respondent also added that, “Doctor and patient relationship is also important to cure the certain disease. It is also important for the doctor to understand the cultural meaning of the diseases because patients’ cognition works according to their upbringing. Culture plays a vital role to spread or stop a certain disease.”

In any hospital, a good and sincere doctor tries to treat their patient in a good way and tries to treat their patients with patience. They do not think about their personal advantage in this regard. Their social relations also depend on fast recovery from sickness. If a patient is in isolation there is no other option than mutual understanding for a positive outcome. Doctor and patient are responsible for their behaviors. They should behave ethically. It is a big problem that how doctors will behave toward their patients if one is not conscious.

If the doctor is unable to diagnose the disease, he or she should not conduct experiments or practices on the patient, as this would be considered as a misuse of the patient. If the doctor is

unable to diagnose the disease or is unaware of a specific treatment, the patient should be referred to another well-experienced doctor.

As far as the doctor-patient relationship is concerned, the doctor will respond or treat his or her patient in a polite manner. It will leave a positive impression on the patient, and it results in better relationship between doctor and Patient. There is also a need for sincerity in the profession and patients need counselling.

5.3 Coronavirus

Corona virus disease is an infectious disease, and it is also known as Covid-19. It is a newly discovered disease. It causes severe acute respiratory syndrome. It's a new infectious disease that originated in China's Wuhan city in 2019.

Since May 20, 2020, it has infected 4806,299 people and killed 318,599 people in China, but now it is a pandemic spreading throughout the world. The coronavirus is a virus that spreads from one person to another (worldometer, 2021).

Different symptoms with the percentage

	Symptoms	Percentage
1	Fever	83
2	Cough	82
3	Shortness in breath	31
4	Abdominal pain	2-10
5	Nausea in fever	10

Patients with Covid-19 ranging from mild to severe with a large portion of the population having most common symptoms reported are fever (83%), cough (82%), and shortness of breath (31%).

In a patient with pneumonia chest x-ray mainly shows multiple mottling and ground-glass opacity. Gastrointestinal symptoms like vomiting, diarrhea, and abdominal pain were also described by 2-10 % patients suffering Covid-19 and 10% patients also complain of nausea in fever.

Low lymphocyte and eosinophil counts are common in COVID-19 patients, as is a decrease in hemoglobin value and an increase in white blood cells, neutrophil counts, and serum levels of CRP (C-reactive protein), LDP (lactate dehydrogenase), AST (Aspartate aminotransferase), and ALT (alanine aminotransferase). Coronavirus infection primarily affects the lungs. This is something that all COVID-19 patients have reported. It may also have an impact on the patient's digestive, cardiovascular, kidney, and central nervous systems.

According to a source from the doctor's Italian medical agency or company, AIFA has approved a clinical trial in which enoxaparin and heparin are given dermatologically to Covid-19 patients to prevent thromboembolism. Heparin has antiviral properties. It is well-known for its ability to prevent coronavirus and other viral infections.

The safety issue is discovered during the outbreak of Covid-19, as the only way to stay safe is to follow the safety measures. Due to the fear of infection, masks have become mandatory in all communities around the world, which could result in a decrease in covid production. The wearing of face masks is regulated differently in each country. Wearing a face mask, on the other hand, is generally advised.

One of the respondents told that, "As Corona virus spread all over the world and whole developed world took measures to counter this disease. Our government also take measures to prevent this virus, but our public is illiterate, and they did not pay heed to these measures. People were advised by the NCOC to maintain the three to four feet distance, avoid handshaking, avoid indoor parties

or dinners, and wear the masks. Our Nation did follow the instructions of the NCOC and fell victim of this disease.”

Other respondent from PIMS Hospital said that, “Government took strict measures to prevent and mitigate the effects of this disease but those measures did not work effectively due to the negligence of the people. Here is the question, why people neglected the instructions given by the government? Because we are not a developed country. Our country is already facing economic problems. Most people are daily wagers and they do not have any other sources of income to cope with this pandemic. It was difficult for them to sit at their homes.”

This shows that people did not neglect the instructions consciously, but they were forced to avoid these measures. It was happened due to their poor economic condition. This poor economic condition leads them to the spread of the disease.

During visit to the hospital, I meet with a Coronavirus Patient. Although I face a lot of problem to meet a Covid-19 patient somehow I manage it by the help of the on-duty staff at PIMS hospital. When I asked about symptoms of the disease.

He told that, “In the start, I had a fever and I take it for granted that it is a normal fever and then I had flue after 2 days. it was difficult for me to take the breath normally. Meanwhile, my taste buds stop working and even I do not smell. This condition remains for two weeks. These two weeks were difficult for me because nobody was visiting me. All the time, I was alone and loneliness increases the stress about the disease but By the Grace of Allah, I recovered from this disease.”

5.4 Covid-19 and Behavior of Doctors

There was a fear and danger of getting the infection of coronavirus. Doctors have manage to maintain their job in a very well manner but according to the data gathered through my interviews

show tiredness and fear of infection. The life of paramedical staff or doctors is not secure during this pandemic. One of my respondents told that,

"My life is not secure in the PIMS despite having a good job. It is a stressful environment, and we are doing extra duty. We always have to follow the precautions to prevent the virus that's why when we are on duty. We will always be in personal protective Equipment (PPE). This stressful environment leads to psychological disorders. Due to the burden of the patients at PIMS and continuously attending the patients disturbed me a lot. I was mentally disturb due to the critical conditions of the patients."

Keeping in view the life is more precious than job security but the work environment is very dangerous for the employees of the hospital. There is always a chance of contraction of the virus. Families of the Medical and paramedical staffs are always on risk. They are working in the hospital with such a grave mental stress that's why they mental health is degrading. Mental stress is affecting their performance during duty hours.

Another respondent told that, "We are not getting any extra allowances and benefits from the government in monetary terms. We are working 24/7 and wearing a PPE. It is difficult to work actively by wearing PPE. This thing also increase the stress. We feel tiredness, lack of sleep, extra duty hours are affecting our health."

Above mentioned things increase the exposure to Covid-19 of health worker. Hospital administration should take care about the duty hours of the doctors and their exposure to the disease.

5.5 Isolation center in PIMS

There is an isolation Center in the PIMS hospital having 10-bed facility.

Isolation facility in Islamabad

District	Hospitals	Beds
Islamabad		
Islamabad	Pakistan institute of medical science (PIMS)	10 beds
Total	1 medical facility	10 beds



Health care workers in the covid ward.

5.6 Case study: 1

Respondent name: Dr. Tanveer

Age: 31

Education: MBBS, FCPS

Monthly income:

Occupation: doctor

Tanveer is a physicist in PIMS Islamabad. He is performing his duty in the ICU of the hospital in the pandemic of coronavirus. Dr. Tanveer said, Jobs are very badly affected in Pakistan. Many employees of private companies became jobless during the pandemic. It was due to the low sale and purchase of the goods. But the health and medicine sector grown up their business during the pandemic other than health-related organizations all industries and companies are affected.

He used to call this situation with the word psych-trauma, the trauma is caused especially towards the health sector workers because they were initially not well known for its cause of covid-19. Many researchers are doing work on it but there is a sense of danger in peoples who work in the health sector. He gives the information about facilities of safety. Enough safety facilities are not available like lifesaving kits, the covering suite (PPE) to cover the whole body especially nurses, doctors, and other paramedical staff. There is a sense of danger in public much more initial 3 to 6 months also to visit the hospitals but after that specific period the fear was relatively low. Now the fear is relatively low or going off.

Doctor Tanveer said they are doing well, and everyone was panic in the first phase of quarantine. Pharma industry do not have a satisfactory vaccine. Many Pharma Companies are working hard to develop a vaccine to counter the virus. Like *AstraZeneca* and *Moderna* vaccines are beneath trial,

and various other companies have introduced the vaccines. We cannot say something about the effectiveness of the vaccines earlier the trails.

Work environment is totally safe for the health workers because health workers are following the precautionary measures. Health workers are appropriately using hand sanitizers and wearing PPE's. They are protecting themselves and their patients by following the precautionary measures. According to him, they cannot stop working in this stressful environment even though their own lives are always a risk because there is high risk of exposure to the virus. How can we prevent the risk of spread of virus? It is must that our nation should follow the SOP's issued by the government and health sector because whole world is suffering from this disease. Developed countries like USA, UK, France, Germany, and many other countries are tackling with this disease very carefully. These countries had issued strict instructions to prevent virus. Our country does not have many resources to tackle this disease efficiently that's why it is essential for us to follow the precautions.

Our staff is facing several problems, like as they are in isolation, and they are not allowed to meet their family members. They are facing administrative difficulties. Administrative staff is getting many benefits, but Doctors and paramedical staff is ignored by the hospital administration. Availability of the relevant medicines is also a big issue. Other major problem is dealing with relatives of the severely infected patients.

5.7 Fear of Being Infected by Covid

Doctors are working in stressful environment, and they have the fear of being infected by the virus. This fear is affecting their performance during duty hours. Many doctors and paramedical staff express their fear of being infected and their families are also at stake. Many families of the doctors also get infected by the virus and some doctors are also died due to this virus. But in Pakistan

doctors are national heroes because they had sacrificed their own lives to protect the whole nation. They were the front-line fighters during the pandemic. Everyone from the PIMS hospital played a vital role to control this disease.

5.8 Case study: 2

Name: Dr. Fatima

Occupation: doctor

Age: 28 years

Education: MBBS

Fatima is a 28-year-old doctor. She is a young doctor who is doing her job at PIMS hospital. She said that she does not care about the job since the outbreak of the Corona virus, but her health was at great risk. COVID-19 makes a great impact on her life even she does not contract the virus, but she was totally exhausted mentally and physically. She said we are strained mentally as we have to cope with the fear of losing our loved ones and our own health is in danger because we have a direct contact with corona patients.

Her opinion about job insecurity was, 'Alhumdullilah' I didn't face the issue of job security because during pandemic health organizations need more staff as compared to the normal days. Furthermore, the issue of job insecurity was for those who have no other source of income.

The job environment is unfavorable for health, but health workers manage to perform their job in a pretty good way. She said the job environment affects the performance of health care workers. Because they have to work a lot. Healthcare and frontline workers have been affected by this pandemic and are considered high-risk groups for adverse psychological effects. This is due to several factors: (1) high risk of exposure to COVID-19, lack of personal protective equipment, sudden increase and prolonged work hours, being a part of significant ethical and emotional taxing

decision-making, and fears of infecting their loved ones. In addition to this, healthcare workers must isolate themselves from loved ones, further exacerbating adverse psychological insults. These psychological stressors can lead to anxiety and depression. It has been suggested that if healthcare providers seek out psychological treatment, it includes a psychosocial assessment to monitor for insomnia, substance abuse, domestic violence, anxiety, and depression, amongst others. These findings are highly concerning as healthcare professionals indeed risk their health to treat others. Still, we as a community must open further dialog to shed light on mental health in frontline workers.

She said anyone should not make the excuse of COVID-19 to get a personal benefit because it's such a serious infectious disease. Doctor Fatima said the government has played a main role in hitting the masses and spreading awareness among people. As a nation, we have to learn a lot and try to follow SOPs, rest of it depends on us.

6. Covid-19 effect the economy (The Effects of the COVID-19 on Economy)

The blowout of the Coronavirus disrupts the developed economies of the world. Economics acting a vital role in the development of any country. Most of the country's economy is grounded on business, banking, whether it's engineering, medical industry or any other industry. It is important that all economic events should be done efficiently but the existing pandemic has disturbed all sectors of life. The entire world is stagnant and economic actions are shrunk due to this disease. Import and exports are closed, and no production activities are going on. Pakistan is also one of those countries which are affected by the pandemic. The Pakistani economy is severely affected by the outbreak of the Corona Virus. Micro, Small, and medium-sized enterprises are the major victim of this virus in Pakistan. These enterprises are facing several issues such as financial, supply chain disruption, decrease in demand, reduction in sales and profit. Many enterprises were not prepared to handle such kind of situation. This situation had leads to unemployment and the shutdown of the businesses.

Recent pandemic has affected healthcare services all over the world. International hospitals and health care facilities are facing financial challenges. The Association of American Hospitals told that there will be an impact of \$ 202.6 billion and American hospitals and health care systems lost the above-mentioned revenue. If we see the global standpoint, the world bank projects that global growth is predictable to shrink by 8% and poorer countries are feeling most of the impact (Kaye,, Okeagu, Pham, & Silva,, 2020). Pakistan is also one of them.

I have conducted some case studies to explore the economic impact of the Corona Virus on the Healthcare system. These case studies are written down and clearly defining that unemployment has increased due to the shutdown of the services sector, and the shutdown of the small industries and other businesses. An increase in unemployment creates other social problems. Such as there is an increase in violence, theft, and begging.

6.1 Case study

Respondent name: Bilal

Age: 37

Profession: Doctor

Doctor Bilal from PIMS hospital said that our economy has been affected by the pandemic. As a third-world country, we have been suffered severely from the pandemic as compared to the rest of the world. Unemployment has been increased due to the closure of the service sector and global trade is hampered.

As for the health care workers, the work environment was too anxious. It was crucial for them to be present at duty if they want to safe their job. In the hospital, the environment was not suitable for the health workers because they do not have proper PPE's, hand sanitizers, and face masks. The non-availability of the PPE's increases the exposure to the Coronavirus that's why their lives were at risk.

He also talked about the non-availability of the PPE's. We are already an underdeveloped economy and we do not have many resources to cater to the health care sector all over Pakistan. This is the main reason; we faced a shortage of PPE's. This problem has also affected our performance.

Other thing, the implementation of social distancing, frequent handwashing, and mass testing is impossible without support. Many healthcare facilities throughout the country resorted to calling for donations of PPE from the community, and resourceful citizens devised creative ways to fashion PPE from household items. Similarly, healthcare facilities around the world experienced widespread shortages of ICU beds and ventilators. Globally, most healthcare facilities did not have the capability to test extensively making it difficult to identify and isolate infections. These shortages were exacerbated as lockdowns around the globe disrupted supply chains.

6.2 Economy of health sector

Health economics is well-recognized for an effective and fair health system. Pakistan is an underdeveloped country and its health system issue are different from the developed countries but health economics tools are equally applicable all over the world. Pakistan is a low-middle income developing country. The health system of the country has evolved to a well-planned district-based network of health facilities with highly skilled manpower and availability of lifesaving medicines

with indigenous manufacturing capacity. Meanwhile, the expectations from the health system have also increased over the last few years. The present health system is facing difficulty in coping with growing pressure from the media, politicians, and civil society. Every other day electronic and print media covers negligence in medical practice, strikes by medical staff, and harmful effects of spurious and low-quality medicine, unethical medical practice, out of order diagnostics equipment in government hospitals, the spread of epidemics, and last but not the least presenting patients and families entrapped into poverty due to catastrophic out-of-pocket health expenditure. Implicit in these stories are the weaknesses of the health care system in providing services according to the needs of the population.

Now a day, our health sector is a victim of the Covid-19. The economy of the health sector is also got impacted by the covid-19 pandemic. As we talk about the economy of the health sector everything or all organizations going through a pandemic. Hospitals either private or public have been affected by the pandemic of covid-19. Government hospitals giving allowances to their employees, and to some extent give free medication to the patients so they do not feel any economic suffering. But private hospitals and pharmacists took advantage of the situation and gain a good economy by increasing rates of medicines and fees of checkups. The number of customers for pharmacies increased day by day during the pandemic. And jobs increased in hospitals during pandemics, but people have fear doing jobs in hospitals.

Economic hardship, risk among health care workers

“The sudden economic standstill can pose enormous challenges for the mental health of workers (Z. I. & Santini et al., 2020).” Apart from an amplified risk of loneliness as a result of social isolation, various socioeconomic groups may be especially vulnerable to Covid-19-induced anxiety and depression as a consequence of existing threats of job loss, loss of wages, and financial loss. The extensive impartiality from the labor market increases the question of who is exposed to Covid-19-induced economic adversity, such as abrupt income loss and workload reduction, and whether this causes mental health complications. Researchers have also discovered that feelings

of shame and fear of a looming job loss drive at least a large portion of these effects, making them highly dependent.

6.3 Case study

Respondent Name: wajid

Profession: doctor

Age: 34

Education: MBBS, FCPS

Doctor Wajid think that pandemic has increased Job security, it does not significantly effect on health care workers, because they are working in a government hospital as hospital itself a great need of hour in the pandemic either it is private or government.

According to Doctor Wajid, he does not feel any job security during COVID-19 as a professional doctor. His life was at risk and health care workers also scared of getting virus because number of health workers got the infection while working. “As I performed my duty in isolation ward, so by seeing the critical condition of patients I suffer from mental stress and anxiety because we as a curers feel helpless owning not any specific treatment.

On the other side, this pandemic is burdening the heath sector in Pakistan because we already have deficiency of Oxygen cylinders, PPE’s and medicine related to the Coronavirus. People are purchasing the medicines on the high rates and this thing disturbs the monthly budget of everybody. People do not have purchasing power to afford costly medicines and health facilities.

So our health system needs a sustainable investment in health sector. It includes sufficient human source in, improved working conditions and occupational safety is essential. We should have a resilient health system in our country.

6.4 Economy of Pakistan Other than Health Sector

First of all, economy of any country is based on the business concerning any side including engineering and medical or any other major factor if there is a pandemic, pandemic its self means that all the world is enrolled in the same condition not only in one country. You have to close the borders and that leads to stop importing and exporting all goods. Which gives a very bad impression on your economy. The blockage of ways out of our country damages the stock market, and the temporary closure of borders delays traveling which restricts tourism and contributes to the economy of Pakistan.

While intervening with doctors in PIMS hospital I found that, the pandemic was very disastrous because the whole world was at risk, no job security, no life security, and there was not any new opportunity available for earning as the stock market was totally run in the loss. Like other countries, Pakistan also suffer a lot as it is already in crisis. Due to covid-19 the whole system is disturbed because people have fear interacting with other people social contacts got affected as companies firing their employees due to loss in business as if they hire new employees after lockdown they take time to adjust to that specific job environment. Both customers and employees got effected by COVID-19. Opulent become more opulent, especially pharmacy owners and private hospital owners so that the poor person becomes poorer.

Covid-19 badly affects the economy center it has increased the inflation and decrease affordability and productivity so there are fewer customers in the market, but the customers for pharmacies

increased day in day out during pandemic. In view of doctor Tanveer “I think pandemic affect the economy of Pakistan so badly because we were already in crises.”

Jobs are very badly affected in Pakistan many employees of private companies became jobless during the pandemic situations because of the decline of the business of companies. All the industries, education sector, and all other production units become close because of this the economy very much affected by lockdown.

According to Zarriyab the private sector is affected very much, if we see the economy many people got disturbed by COVID-19 during the lockdown as people of the country were disturbed very much then of course the economy of the whole country had disturbed. As working centers get off then not any country can make his income and how people earn to live their lives.

Finally, I think the economy of Pakistan got affected by the pandemic. The things of daily use are not available in the markets due to lock down. Factories, industries, and mills are shut down due to pandemics. There is no production and without production, it is not possible to mitigate the impact of Covid-19.

6.5 Case study

Respondent name: Gull

Age: 48

Profession: Nurse

Education: Nursing course

She really doesn't know about the economy of Pakistan, but she expresses her experience of Pandemic. She told that her monthly budget was affected by this disease. She said her husband

was a driver, so during the lockdown, he just stayed at home. It was a strict lockdown imposed by the government and he did not go to work. She was working in a hospital and her job was secure. She was the only earning person of her home during the pandemic. It was very difficult for them to live in low income.

Nurse Gull was also suffered from Covid-19. In the start, she had a cough, fever, sneezing, drowsiness, and weakness then she was suggested to test the Coronavirus. It was positive. She was sick at least three months but she survived this critical phase. She had rejoined her job when she recovered.

She does not think, any employee use the pandemic for his personal benefit to get rid of hectic duty. Because who got their covid-19 test negative, they came back to their jobs.

6.6 Job Security during Pandemic

First of all covid-19 effect all the sectors regarding safety and security of job rather than medical field, medical fields is the only way where we hire more medical professional starting from paramedical staff including doctors” except medical field all factor are giving termination to their workers because of lack of input or income.

No matter a hospital is government or private the health care workers in my analysis were quite confident about the safety and security of their job during interview they seem to be little bit tired of their heavy duty hours. Other than health care worker or other government officials, like daily wagers, shopkeepers, employees of shopping malls and salesman they must find some alternate work to fulfill the requirement of having food, shelter and everything which may consider as the basic need of life.

Health care workforces don't face any job insecurity but face issue of work environment during lockdown in the period of covid-19 pandemic because as in such a panic condition everyone try to rush towards government hospitals because of affordable charges of treatment, so they confess that they have had face lot of job burden. According to her, people suffer other than medical sector like those who are having their own business, for example shopping malls, shops, parlors and their employees.

In health organizations it may hospitals or pharmacies there were not any issue regarding unemployment in pandemic, because pandemic need more hospitals and quarantine center jobs were increased at health sector like in RIE, they hire more medical officers at the start of covid-19 likewise trainers jobs became less for example PGS (preimplantation genetic screening). But in corona wards there was jobs increase for MOs (medical Officer), nurses and other paramedical staff.

6.7 Health care workers effected mentally by covid-19

Health security is at a great risk during lockdown in pandemic and till now it's at risk. I think COVID-19 make a great impact all over the world even those health worker whom did not get infection physically they tell about their mental health and having the risk of getting infected by the deadly virus. 'According to a doctor it impacted us mentally, at physically we are strained at mentally as we have to cope the fear of losing our loved ones as well as seen many patients die. If speaking physically it has been along us because we have to work for more hours than the work hours we use to work in.'

Health care workers manage to cope their fear to secure their jobs. A nurse trainer express his views regarding his job. She said, a person related to nursing occupation was very much looked-

for during pandemic but the social life got disturbed very much in the panic situation of pandemic. In emergency time of pandemic the administration arrange our 24 hours duty and we have to stay at the hospital for many days due to lockdown. Somehow 'we had to do our duty in any way to secure our jobs'.

A nurse also explain that she was satisfy with her duty because she was the only financial supporter to her family because her was a professional driver but in pandemic her husband got fired of his job due to lockdown in the country.

6.8 Impact of covid-19

One of my respondent told that the life of paramedical staff or doctors is not secure in the hospital. Work environment is too stressed and dangerous for all employees in the hospital. The healthcare worker's behaviors towards patients was calm and good. They were not only coping with their fear but also became strength for the patients by giving positive views. Healthcare workers are also expected to experience moral and ethical clashes that challenge their beliefs and personal values of care. The subsequent psychological suffering can have thoughtful and long-lasting effects on their mental health, identity and personal relationships.

A doctor was stressed of having duty in COVID wards that was a big tension for her. She told that she and her whole family was at high risk of getting infection due to having her work in Covid ward. Owing the risk of getting infection health care worker claim of having stressed but as a front line worker they do their duty by putting their own life in danger.



Medical professionals got effected and tested covid-19 positive.

7. Fear, Risk and Coping Amongst Health Care Workers

Fear has a substantial physical and psychological impact on people. This pandemic has produced different kinds of psychological syndromes and increases the anxiety level worldwide. This pandemic has created insecurity. This uncertainty is the hardest thing to grip now a day because everything is shut down. Nobody knows that how long this situation lasts.

Health care workers are performing their duties efficiently but they are living in a fear of contraction of the Virus. During interviews, health care workers at PIMS hospital Islamabad expressed their views that they have fear, but that they are able to cope with fear and the risk of infection. They used to say, 'Our health is more valuable and important than our job security.' The healthcare workers are also concerned about the novel infection because they were initially unaware of the novel coronavirus and they had no idea how to deal with covid-19 patients. There was no specific treatment for the fatal virus, and the majority of the risk factors associated with the coronavirus were not to touch or get close to the patient, but later health workers were provided with PPEs to make their work a little easier, but the risk remained.

Working in the hospital, many doctors were unable to visit their homes due to heavy duties and the risk of transmitting a deadly virus to them and from them to their families. While everyone loves their family, doctors show their love in a unique way by putting their own selves in danger by staying at the hospital for several days. They had demonstrated their loyalty to their profession by working as an army in the field of health by coping with their fear.

Different Health and Psychological risks to Health workers.

S.No	Total number of respondents	20
1	Risk of health	98%
2	Fear	95%

3	Impacted physically	40%
4	Cope with fear or mental stress	98%
5	Job security	99%

7.1 Case study

Name: Lalunnihar

Age: 52

Profession: Nurse

Unemployment is already at a peak due to pandemics. This Pandemic creates issues for daily wagers but also creates problems for newly graduates. They are still unemployed despite having skilled degrees. It is also an opportunity for the health sector and Pharma Industries and industries related to the health sector. The health sector remains in dire need of the staff during Pandemic but other sectors such as service downgrade their staff and industries hold their product that's why it creates havoc all over the country and people were forced to remain their homes.

Lail Un Nihar said, her job was secured during lockdown but the fear of having coronavirus always haunts. Many health workers left their job due to this fear. According to her, the opinion the work environment was not secured for her because she was always at risk of getting the infection from their fellows or from the patients. They do not have any idea of getting infected by the virus when Coronavirus came patients came here in PIMS. It was a great challenge to deal with Corona Virus patients.

According to her, health care workers work as usual during the pandemic as they did their work before the pandemic. They also have huge risk and fear regarding to their health as we worked in the fatal environment so we also have mental stress. “I also do all the domestic tasks at home so my tension is much more. Initially we don’t know if we are infected or not so, I scared to get and also transmit virus to my husband and children. But to secure my job and serve humanity I am working in deadly environment, it’s just like playing with fire”.

7.2 Case study

Name: Naila

Age: 45

Profession: Nurse

This pandemic had obviously affected the service sector in Pakistan. Especially those people were affected who works in the private sector by lockdown due to pandemic. All factories, industries, and private organizations had become shut down and people had suffered a lot due to the burden of costly medicines.

We face a lot of stress during working hours at hospitals due to this Pandemic of Covid-19. we work regularly by risking our own lives. Our lives are important than jobs, but serving humanity is more important than securing our lives by making excuses to get rid of job stress. When my organization needs me, I prefer to devote my duties to serve humanity instead of rest at home. I also get infected by the Corona Virus during my job here at the hospital. My family was worried about my life when I got infected and isolation made me more depressed and anxious.

It is true that the work environment had affected our performance because we suffered from mental stress in the pandemic. In a normal situation, we had proper treatment and some cure for every disease. We still do not have proper treatment of Covid-19. We are just relying on typical medicines like Panadol and disprin tablets that's why our experienced feel helpless to treat the patients.

7.3 Case study

Name: Jumaa

Age: 55

Profession: Head junior nursing staff

Work environment during the pandemic of COVID-19 was very much disturbing it affect us mentally as well as physically because there was fear to deal with any patient because the symptoms were some time silent and we had fear of getting infection. "Performing my duty in this fatal environment stayed in the hospital for days so, I am not only suffer from the stress of coronavirus, but also have tension of my family as I live in a nuclear family so, there was no one to entertain my family with their service to go marker and bring eatables and utensils of daily use.so, with lot of mental stress I suffer from fatigue and anxiety".

Somehow government was do for its best but overall performance was not very good.

Government should make rescue cells to provide at least grocery and medical facilities like medicines for such situations to give help the unemployed peoples and peoples who lost their jobs due to lockdown by pandemic so they also able to live their lives peacefully in such a panic condition.

7.4 Case study

Name: Abdul Rasheed

Age: 47

Profession: Male nursing staff nurse

Actually due to the pandemic all the jobs related to private sectors likes companies and factory workers face this issue not the government workers really suffer with such issue. ‘Alhumdullilah’ COVID-19 does not affect me physically but it affect me mentally and psychologically. As it was infectious disease so we all have fear of getting infection from patients while working in the hospital. Owing the situation we make ourselves easy and comfortable to help our patients by only thinking that the condition need our profession even the situation was very deadly we cope with our fear to help humanity. I and my co-workers feel more vulnerable while in duty.

As we are government servants so we done our duties full time regularly and don’t feel any issue of job security.

Yes the environment of our job was full of dangers initially we suffer from it allot some of nurses intended to leave the job having difficulty to cope with fear. The health care workers act as army in hospital to fight with corona virus. The fear was little bit loss when the hospital arrange protective equipment’s for health care workers our organization of hospital supply full safety equipment’s to safe ourselves.

I don’t feel job insecurity during the pandemic, as working in a hospital it is vulnerable to my mental and physical health.

This organization I think gain economically because every person rush to the hospitals to testing the COVID-19 even with only having the symptom like flue.

7.5 Case study

Name Dr. Junaid

Age: 39

Profession: house officer nursing staff

The work environment especially in the medical institutes and hospitals are very uncertain, as the whole situation was uncertain so not with full facilities it risk our lives in pandemic we just serve the nation by contributing our front fighting role.

The work environment obviously does effect the performance in normal days we work confidently but in back rope of COVID we got conscious we put PPs and we have to follow the precautions to save ourselves as well with the patients. With it we have to work more with a lot of stress in pandemic. We care more and we distress more in working in hospital. While working for long hours without rest, lack of support and vital equipment we feel vulnerability concerning our own selves and our family.

I didn't feel any job insecurity in medical sector but I seems vulnerability to my life. According to me different organizations got economic lost during pandemic as all the things got closed. But medical pharmaceutical industry grown up in the pandemic.

Do people get benefit of COVID, obviously I does because black sheep's are present in everywhere some people were go to labs for COVID test to get rid of the hectic job routines.

Government claims to give security to people by imposing lockdown and made a strict lockdown I think they somehow do their best.

I got impacted, as well as I am concern with patients directly so in the very starting days of covid-19 I just start my house job so it was very difficult to treat the patients in such a panic situation where well experienced doctors feel helpless to treat the patients, and I suffer with psychological disturbance and hade fear of infection also. During whole session I got disturbed my inductions left and that affected me as I join late my job also due to lockdown and the time frame and the mental health mater a lot being new in my profession I also being tartare being new in the organization.

Job security does not effect at being hospital worker. But generally it effect a lot rest of all the organizations rather its government or private but the employees of government being safe and regularly receive their pays.

7.8 Case study

Respondent: Farwa

Age: 31

Profession: doctor

She doesn't got impacted by covid-19 because of having job at medical sector "I'm not impacted by covid-19 and I use to help my patents during 11 hours of pandemic". My health was at risk of infection if I have had got infection then my whole family suffer and they and they also get infection from me. By considering the helpless infectious people of covid-19 we cope our fear of getting infection. As a professional of health care we face a rapid increase in the volume and

intensity of our job in an unknown environment and expose to unexpected trauma with little experience and training, having such an additional challenges we have manage to coping up the vulnerable condition.

The work environment was dangerous for her work environment was not safe for me but the job was secure in pandemic. Due to harsh conditions of pandemic she feel health insecurity rather than job. And said I don't feel job insecurity.

7.9 Case study

Respondent: Musarrat

Age: 48

Profession: Doctor

The life of paramedical staff or doctors is not safe during this pandemic situation. According to my respondent, "She is doing job at PIMS hospital and her life is not secure but her job is secure." Keeping in view the life is more precious than job security but work environment is very dangerous for lives of all employees of hospital.

She said that, "A doctor's family always remain at risk. How can doctor perform his/her very well due to such great mental stress and anxiety? They work 24/7 and always dressed in PPE's and have double mask at their faces. This kind of situation increase the stress and anxiety because an individual feel that he is a prisoner. This situation forces them to work in a Corona free environment. On the other side, they are doing a burdensome work but they do not get extra allowances. This thing demoralizes the paramedical staff and staff loose their interest in duty. Tiredness, stressed work environment, high mental stress and sleeplessness all these factor effect

the performance of the staff. We suffer from mental stress, anxiety in the panic condition. We saw our patients helplessly having no specific cure. Our health is at a great risk of covid-19 but we used to give painkillers for pain relief. Nurses and doctors are giving their services twenty-four hours by forgetting their own health and cope with fear to help their patients.

Hospitals being a government organization does not face any such a thing like economic loss or gain. Some Staff was granted extra allowance at the first week of pandemic but not after that. Other private hospitals face the problem of none availability of PPE's, Sanitizers and other relevant medicines.

Government should announce different packages for medical sector and for all walks of life who were terminated from their jobs. Government should give the food packages to the people who do not have any source of income during this pandemic. This little help will support them to survive in these hard times.

8. Summary and Conclusion

Global community was led by the emergence of health crisis. This health crisis emerged due to the spread of the corona virus at the end of 2019. This virus originates from WUHAN china. In January 2020, the world health organization declared outbreak of the coronavirus disease as covid-19 and public health emergency situation. Most of the world population was not ready to understand the condition spread by covid-19 from china in which the whole life style of peoples changed, the response of global health community and policy maker was also slow. In March 2020 the world health organization made assessment and declared the covid-19 as a pandemic. Towards the pandemic initially people give just an ordinary response which leads suddenly a huge emergency and developed panic among the masses.

During this research work corona virus is (covid-19) disrupting every aspect of life. The economy of world collapsed, job insecurities commonly found in all departments and placing exceptional demands on our society. Preliminary findings of the research define that Covid-19 has leave deep scars of depression, anxiety loneliness, insomnia and frustration on health care workers, and on those who are directly working with covid-19 patients.

There was the bombardment of obscure, unsatisfactory and unfiltered information of about Corona virus. Many scientists were unaware about the mutation of the Corona virus. How it mutates with human body, and how it affects and cease the function of the lungs? Most of the health workers were directly exposed to this virus. Health professionals were confused about the virus. They were

not sure about their prescribed cure, and a large number of their colleagues were infected by this virus. Some health care workers have faced stigmatization even their families made them isolated because of flow of negative news. In everywhere there was the news of dying only in this drastic condition which made them listlessness and stress among health care workers social media play its role by reporting that patients also get recover from the disease through doctor's care and treatment. With the statistic report given by media create little bit stability in the condition of world.

The research find out the breakout of covid-19 was unique for most of health care workers however, some health care workers have experience the pandemic first in their life. The situation of pandemic needs long-term fight because all the world has been suffering from the panic of covid in the same condition which required consistency and patience to cure. The ways made to protect the health care workers from psychological issues like distress, anxiety and frustration. It is extensively accepted that healthcare professionals are in specific need of evidence-informed maintenance initiatives to help moderate the effects of the COVID-19 pandemic on their recent and upcoming security. Health care workers have access to a range of resources such as helplines, online therapy and group counselling sessions, and access to online tools to help manage symptoms such as anxiety and sleeping difficulties is often provided. Healthcare experts should also be aware of the primary symbols of stress and tension and ensure they run through self-compassion and prioritize self-care. Individual coping policies, such as acceptance, behavioral motivation and mindfulness, are thought to be mainly effective during crises. They need full time up to date regarding new deadly virus covid-19, so the confusion, depression and stress further ebbed down by understanding the situation. All the health care workers including janitor staff to administration face the same stress and depression, so there should be a mutual trust, consistency in behavior and

proper availability of PPEs, international slandered guidelines and reliable duty hours may help to overcome the stress level but in the hospital PIMS where I did my research work, doctors do duty of extra hours by even not getting reasonable extra allowances. No doubt doctors amongst the people who had highest risk of getting new and fatal infection, so they worried more than anyone else. Many of the health care workers got infected and fell sick by working in the fatal environment of hospital, so it caused undue stress and restlessness when colleges were sick by performing duty and came in contact of the covid-19. Most doctors have no one after them to look after their family during their self-quarantine.

At last the research findings are that, most health care workers like doctors and nurses get afraid of bringing the virus to their home. These perplexing times are as unbreakable for the societies, communities, patients as well as health care workers. The biggest requirement of time is to consider the fears, anticipations or expectations and perceptions of health care workers in our situation as it is a topic which is only just assured any attention. Health care workers including doctors and nurses there to treat as well their views and fears also should be considered and addressed. This study was conducted to see the risk of getting infection, fear and stress and identify address their needs, and job satisfaction among health care workers structured interviews had been conducted from 20 doctors and nurses.

8.1 Conclusion

According to my research which is about vulnerability, among health care workers and how they cope with the fear and depression having job security. I have done in the region of Islamabad in the health sector I did my research through open-ended interview from doctors and paramedical staff and nurses of PIMS hospital by face as well as online owing the corona virus vulnerability. I

conclude by the analysis of interviews done with health care workers and observed there was not any job insecurity among health care worker inside beside jobs increase during covid pandemic. Health care workers having the fear of being infected by corona virus while dealing with patients directly in the incurable condition are vulnerable, its confirmed from the research most of the health care workers experience depression, anxiety, insomnia and distress. I interviewed from 20 respondents including doctors and nurses while interviewing all of them express their experience of having fear, risk and depression of getting infection but manage to cope with the fear of getting infection of deadly virus owing the situation because they act as the front fighters towards the panic condition. The health care workers were satisfy with the security of their job, because there was need of much more staff to deal with patients although the employees of health care sector face mental health problems and some groups were intended to leave their job, they also worried for their families may get infection from them. In both private or government sectors concerning health jobs including pharmacies were secured during lock down by COVID-19, but the employees share their social and personal life experiences which shows the other local companies, factories and industrial workers lost their jobs due to lock down in pandemic. Only the jobs of government sector were remained saved. Health sectors work environment was vulnerable for the lives of employees related to their health safety and security.

Covid-19 proved the health care workers as the front fighters and they face numerous challenges by directly treating patients. The health care system is at its breaking point around the globe. Keeping in view life is more important than job security and there should some serious identification of how we reconfigure our services. The frontline medical staff need to be protected physically as well as mentally through relaxing duty hours, giving online therapies to stressed HCPs, group counseling sessions and access to online tools to manage the symptoms of anxiety

and sleeping difficulties is often provided which lead to cope up with the current condition of pandemic.

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Annexure

1. How you see the impacts of Covid-19 on the economic sector of Pakistan?
2. Do you think Covid-19 has affected the job-security in Pakistan?
3. If you think the corona pandemic has impacted the job security, if yes then how?
4. How you see the response of the government to tackle the issue of job security amid the corona pandemic?
5. How you got impacted by the Covid-19 virus?
6. If you have faced the issue of job, health vulnerability during the pandemic, how you managed it?
7. What should be the way forward to resolve the issue of job security during the corona virus?
8. Do the work environment is favorable to secure your job and lives in this pandemic?
9. Do work environment affect your job performance?
10. Is this organization face economic loss or gain by this pandemic?
11. Do you feel job insecurity during any phase of lockdown? Or intend to leave the job by owing health risk?
12. What do you think, employees take advantage of COVID-19 for their personal cause to get rid from job responsibilities?

