

info@mediresonline.org

ISSN: 2836-3558

MINI REVIEW

Locating Position of Frontline Personnel in Relation to COVID-19

Kusum K Rohilla

Nursing Tutor, All India Institute of Medical Sciences, Deoghar, Jharkhand, India

***Corresponding Author**: Kusum K Rohilla, Nursing Tutor, All India Institute of Medical Sciences, Deoghar, Jharkhand, India

Received: 23 December 2022 A; Accepted: 30 December 2022; Published: 11 January 2023.

Citation: Kusum K Rohilla, (202). Locating Position of Frontline Personnel in Relation to COVID-19. Psychiatry and Psychological Disorders. 2(1).10.58489/2836-3558/006

Copyright: © 2023 Kusum K Rohilla, this is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

The terrible and tainted history of mankind is marked by wars, assaults, invasions, occupying other people's territory, and killing other people and their animals in the process. However, since the onset of the Industrial Revolutions in the previous century or so, we have gradually come to the realization that in order to achieve and preserve economic success, we need the collaboration of others, and since that time, full-scale wars have all but vanished. But when we fight nowadays and help others fight, we realize that most of the time, technology means are employed to hurt people rather than using raw force. This justification paves the way for individuals of either gender who are capable of using cutting-edge weapons to enter the arena and determine the outcome for their side. As a result, the parallel may not be applicable in the present day because war is no longer a solely masculine phenomenon. There are many flaws when we utilize male concepts to describe our fight against COVID-19.

Keywords: Locating, Frontline Personnel, Coronavirus disease, COVID-19

Introduction

Inspiring accounts of women, many of them young, who have contributed to the COVID19 situation [1] Women make approximately 70% of the health workforce; they are the pandemic's unsung heroes, Soumya Swaminathan, World Health Organization's chief scientist, July 26, 2021.[2]

About two and a half years ago, when the coronavirus disease 2019 (COVID-19) pandemic erupted against humanity, we knew very little about what lay ahead. However, frontline employees, healthcare workers, and suppliers of crucial services took on a task, put on a brave face, and provided the sick with the best treatment they could.[3] Additionally, many of the people caring for the patients of the extremely contagious disease contracted the virus themselves, and occasionally their families became stranded and paid a price for the difficult effort. While the majority of them made a full recovery, several did not.[4]

Because of this, persons engaged in a valiant battle against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are referred to as soldiers. However, it is important to remember that when we look back on our history of freedom, we find

a number of female fighters. When defending against foreign invasion, men and women experienced similar suffering at various moments in history.[5]

It is not surprising that women workers are putting up resistance against the mutated virus in this conflict while rubbing elbows with their male counterparts when one considers the number of women leaders and grassroots activists that sprang from the ground.[6] The outcome is distinctive when we jointly take on a challenge while using all of the available force. Therefore, I believe that this kind of struggle is fought by all genders, not just by men, and that both genders' contributions to the workforce should be valued equally and accorded the respect they deserve.[7]

It is now widely acknowledged that technology, as opposed to traditional sheer force, is used more frequently in modern combat than ever before. It is not surprising that male dominance is out of the question when robotics, drones, gathering surveillance data, spying on the enemies, having sophisticated weaponry, gathering real-time intelligence, locating devices/faces/identifiable attributes, and eavesdropping determine the outcome of a modern

Psychiatry and Psychological Disorders

war.[8]

Even though I disagree with the wording of the analogy, the cause for my disagreement goes beyond the fact that we no longer fight nowadays only or primarily via brute force. If you view the conflict through the lens of its female contributions, both historically and currently, it is not a masculine thing. In contrast, healthcare professionals need complete personal protective equipment (PPE), as well as appropriate rest, sick days, government-advertised pay, and support from the state to meet their legitimate needs.[9]

When we earnestly pledge to shield the sick from all hardship, we ought to include our staff as well because they carry out our objectives on the ground. Health care professionals are trained to treat civilians at a health care facility by empathy, caring for others, caressing an unknown infant, patiently listening to every boring complaint, and showering love on the sick, whereas the army is trained to win a war through brutality. Additionally, they won't be allowed to do so until the state takes care of them.

Financial support and sponsorship

Nil

Conflicts of Interest

There aren't any competing interests.

References

- Morgan, R., Tan, H. L., Oveisi, N., Memmott, C., Korzuchowski, A., Hawkins, K., & Smith, J. (2022). Women healthcare workers' experiences during COVID-19 and other crises: A scoping review. International Journal of Nursing Studies Advances, 100066.
- Rohilla, K. K., Kalyani, C. V., Gupta, S., Gupta, A., & Gupta, M. (2021). Quality of Life of People with Cancer in the Era of the COVID-19 Pandemic in India: A Systematic Review. *Clinical practice and epidemiology in mental health : CP* & EMH, 17(1), 280–286.
- 3. S. K. Pandey and V. Sharma.
- 4. Chakraborty, I., & Maity, P. (2020). COVID-19 outbreak: Migration, effects on society, global environment and prevention. *Science of the total environment*, *728*, 138882.,
- Ghosh, S., Yadav, A. K., Rajmohan, K. S., Bhalla, S., Sekhawat, V. S., Prashant, J., ... & Kotwal, A. (2021). Seropositivity of severe acute respiratory

syndrome coronavirus 2 infection among healthcare workers of the Armed Forces medical services, India: A multicentric study. *medical journal armed forces india*, 77, S359-S365.

- 6. D. R. Kusum K Rohilla, Bhagwati Devi, Parvin K Yadav, Kamlesh Malik, Mahendra K Saini.
- Rao, S., Rohilla, K. K., Kathrotia, R., Naithani, M., Varghese, A., Bahadur, A., ... & Kant, R. (2021). Rapid workforce development to combat the COVID-19 pandemic: experience from a tertiary health care centre in North India. *Cureus*, *13*(6).
- 8. M. Kumar, P. Rani, B. Joshi, R. Kishor Soni, A. Kumari, and K. K Rohilla.
- 9. K. R. R. Mahendra Kumar, Ankita Singh, Anita Kumari, Raman Sharma.