

Chapter 15

Incorporating the Outcomes of COVID-19 with Other Recent Pandemic Outbreaks on Healthcare Workers: A Systematic Review and Meta-analysis



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15.1 Introduction

The world is currently undergoing through a major global health crisis, viz., coronavirus disease (COVID-19). The first case of COVID-19 appeared in Wuhan, China, in the month of December (Wang et al., 2020a). Wuhan is considered the epicenter of this global pandemic, which has now spread its arms across 215 nations. As on the morning of 15 June 2020, 7,805,148 *confirmed cases* of COVID-19 have been reported across the world, including *a death toll of 431,192 people* (Organisation WH, 2020). These statistics have made COVID-19 a major global health crisis of the century, with no effective treatment available.

Formerly, different parts of the world had already experienced various epidemics and pandemics, e.g., influenza A subtype H1N1, Ebola virus disease (EVD), Middle East respiratory syndrome (MERS), severe acute respiratory syndrome (SARS), yellow fever, etc., (Organization WH, 2017). However, the current COVID-19 pandemic is different from the ones mentioned because of its highly contagious nature; therefore, it is hardly possible to confine it within a limited region (Raviola et al., 2020).

Healthcare professionals are the frontline warriors amidst COVID-19 crisis and are particularly at high risk, because their continuous exposure to the infected surrounding slowly makes them vulnerable to mental exhaustion (Liu et al., 2020a). Majority of healthcare workers are working on long shifts with heavy workload (China NHCotPsRo, 2020) which has sapped them physically and emotionally (Liu et al., 2020a). In addition to that, healthcare providers wear personal protective equipment (PPE) for long hours leading to physical distress, which dampens their

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