

Collapse of Healthcare Providers-medical and Paramedical-healthcare Staff after last Three Years of Pandemics and War Conflicts

C. Muss (Claus Muss)¹, V. Krcmery (Vladimir Krcmery)², M. Gulasova (Monika Gulasova)⁴, M. Olah (Michal Olah)^{2,3}, D. West (Daniel West)³

Original Article

¹ IGAP, Zurich, Dept trop Med, SEUC and Integr Group of applied and preventive Medicine, Zurich, Switzerland.

² John Paul II. school of Missiology SEU and Dept trop med, School of Medicine, Slovakia Medicine University and St. Elizabeth University Institute of tropical disease, Bratislava, Slovakia.

³ University of Scranton, Pennsylvania, USA.

⁴ Smile as a gift, Kosice, Slovakia.

E-mail address:

profmuss@gmail.com

Reprint address:

Claus Muss
IGAP
Switzerland

Source: *Clinical Social Work and Health Intervention*
Pages: 9 – 11

Volume: 13
Cited references: 12

Issue: 5

Reviewers:

Daria Kimuli
Nairobi, Kenya
Selvaraj Subramanian
SAAaRMM, Kuala Lumpur, Malaysia

Keywords:

Exhaustion of HCW.

Publisher:

International Society of Applied Preventive Medicine i-gap

CSWHI 2022; 13(5): 9 – 11; DOI: 10.22359/cswhi_13_5_02 © Clinical Social Work and Health Intervention

Abstract:

This Editorial dispatch focuses on absolute shortage of health-care workers and their psychological and physical exhaustion with devastation consequences on healthcare providers and management of pandemics and health destruction within ongoing armed conflicts in Europe and Middle East, focusing on non prioritizing HCW versus healthcare infrastructure, vaccines medications, but putting both to the same level of priority.

Introduction

Current Issue of Clinical social work and health intervention brings up another emerging issue for Direct Health Intervention, during the time of pandemics and war conflicts, in authors from Poland, Czech, Slovak, Ukraine, Germany, but not only central Eastern Europe but also US, Pakistan (is 1-12) which can be linked together as

- a. general shortage of healthcare staff
- b. exhaustion of providers of health care
- c. economic „toxicity,, of pararely running two worldwide catastrophes-Covid Infection pandemic and armed conflicts to health infrastructure and HCW staff

Major emergencies: HCW staff and/or HCW infrastructure medicines, vaccines: versus or plus?

First at all, to ameliorate collapse of quantity and quality of healthcare staff, we have to focus on better financial acceptance of medical and paramedical staff in many Eastern Central European countries and Medium to Low countries worldwide. Not only in physicians, but also on nurses, medical technology and public health staff, rescue midwifery service etc. We need a first to accept more students for healthcare education in all levels, results will come in 3 years in nursing midwifery and physiotherapy, 6-9 years in public health and laboratory support and, so this is a long path however to crucial goal.

Second-we have to prevent them from burnout syndrome and total exhaustion during next waves of pandemics, (not only COVID 19, but avian influenza, monkeypox, western nile and Marburgh viruses ect.) where depression, anxiety up to suicidal events (US, Austria, FRG) but also-deaths on real heroes-healthcare staff killed during armed conflicts on both sides trying to rescue what was possible to rescue...when Russian and or separatists invaded parts of Ukraine, Taliban returned back Afganistan, Azerbaijan to Karabakh region. Civil war „smolders,, still in Syria, Yemen etc. Those armed conflicts are extremely toxic for world economics globally, a damaging healthcare and social work infrastructure locally. Therefore financing healthcare and humanitarian help, eg food programmes within WFP provision is extremely difficult. There is a real threat that WHO and UN may stop due to economic toxicity of pandemias and conflicts erdi-

cation programme in Malaria, Neglected trop Diseases, TB and HIV in developing countries of Africa Southeast Asia.. and northern parts of Latin America.

Conclusions

What should have priority? Human resources in healthcare or funding of health infrastructure and vaccines and medicines? The answer is both, although in conjunction of the word „priority,, seems linguistically contradictory. Healthcare Interventions supported with best technology and most potent vaccines and medications are useless without trained motivated healthcare staff, working in secure conditions. Therefore we shall not ask A or B, or A vs B but how to achieve A Plus B.

References

1. PETER JUSKO, PANKOJINI MULIA (2022) Psychosocial and Educational Rehabilitation of Post-War Countries (Editorial) In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
2. MARIA KILIKOVA, VIERA HULKOVA, ANNA SABOVA (2022) Economic and Time-varying Consequences of Smoking Addiction among Nurses on Work Performance from the Aspect of Nursing Management In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
3. TEREZIA FERTALOVA, IVETA ONDRIOVA, LIVIA HADASOVA (2022) Education of Formal Caregivers as a Predictor of the Quality of Institutional Care for Dementia Sufferers In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
4. FABIAN RENGER, ATTILA CZIRFUSZ (2022) Aspects of the Level of Digitisation in Medical Care in Germany: Development of a Typology In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
5. MICHAEL M. COSTELLO (2022) The Ukrainian War's Impact on Food Security In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
6. ZUZANA SERAFINOVA, KATARINA GAZDIKOVA, LUDMILA MROZOVA, PETER DZUPA (2022) Oral Health Status in Romani Children in Slovakia In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.

7. JOCHEN DINKEL, ANKA HANSEN, COSTIM BAUMGÄRTEL, MUSCHIK ALFRED, DANIEL DEACONU, MARTIN TVRDON, MONIKA GULASOVA, REZA AGHILI, ANDREAS MIRWALD (2022) Poor Dental Health as leading Risk Factor for noninfectious Diseases: One of major WHO concerns in 21 century (note) In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
8. MONIKA BUTZ, SANDRA LEHMANN, JOHANNA PLISKE, ANJA PFEIFER, FRANZISKA MARIA THERESIA SCHARF, GERHARD SCHÖN, FABIAN RENGER, MONIKA GULASOVA, ZDENKA MACKOVA, KATARINA BUNDZELOVA, MARKETA VLADAROVA, VLASTIMIL KOZON, MILAN LULIAK IGOR KMIT, VLADIMIR KRČMERY, RAMMIYA GOTTSCHALK, ALEXANDRA ALTRAD, MARIANA MRAZOVA, ERICH KALAWSKI, CLAUDI CATHARINA, MARIA HARDY, CATRIN GAUL, PETER GAUSS, ARTUR MULLER, KILIAN GROSSMANN (2022) Physiotherapy and Psychosocial Rehabilitation in Postcovid and Postconflict Era: New Roles with same Staff? (dispatch) In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
9. JAROSLAVA PAVELKOVA, MONIKA SKODOVA, MILAN SCHAVEL (2022) The issue of Homeless young People as an Alternative of Life - Subjective Evaluation of Life on the Street In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
10. ERIKA STANGOVA, JANA LEVICKA, ERIKA OCHABOVA, MICHAELA VACEKOVA (2022) The Benefit of Sport for People with Disabilities In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
11. KEFAYAT SALMANIAN, FATEMEH SADAT MARSHIAN (2022) Prediction of Death Anxiety based on Body Image Concerns Mediated by Disease Perception in Patients with Breast Cancer In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.
12. JAKUB RAFAL BARTOSZEWSKI, PETER JUSKO (2022) Bridges Between Social Work and Health Intervention In. *Clinical Social Work and Health Intervention*, No 5, Vol. 13, 2022.