

EFFECT OF COVID-19 CASES AMONG HEALTH CARE PROFESSIONALS IN SELECTED PUBLIC HOSPITALS IN LAGOS STATE, SOUTH WEST, NIGERIA

ISARUK, IKPOKO-ORE-EBIRIEN DIKE

**Department of Information Resources Management,
Babcock University Ilishan-Remo, Ogun State &
School of Health Information Management Rivers State,
College of Health Science & Management Technology, Port Harcourt
isaruk0122@pg.babcock.edu.ng, dykeman19742@gmail.com &
<https://orcid.org/0000-0001-6221-4643>.**

&

AKINBOYO, MODUPEOLAOLUWA SARAH

**Department of Information Resources Management,
Babcock University Ilishan-Remo, Ogun State and,
Department of Health Information Management, Lagos State University Teaching Hospital, Ikeja,
Lagos
Akinboyo0393@pg.babcock.edu.ng**

ABSTRACT

This research study examines the impact of COVID-19 cases among healthcare professionals in seven selected public hospitals in Lagos State, Nigeria. The study employed a research design that included a mixed-method approach to gather data. The research population consisted of 850 healthcare providers actively engaged in ambulatory and inpatient services within the selected hospitals, as sourced from the office of the Director of Administration of these institutions. A sample size of 265 healthcare professionals was determined using Krejcie and Morgan's (1970) sample size determination table. The sampling method used a combination of simple random and multistage techniques. Data collection primarily relied on the use of questionnaires as instruments. Data obtained from the field was analyzed using descriptive statistics tools such as frequency, percentage, and mean. The Statistical Package for Social Sciences (SPSS) software was employed for data coding, analysis, and presentation. The findings reveal a generally positive response from respondents regarding various aspects related to the impact of COVID-19 on healthcare professionals and their practices. These aspects encompassed beliefs about COVID-19, the availability of necessary equipment in healthcare facilities, patient honesty, the communication skills and pandemic knowledge of healthcare providers, their commitment to saving lives, and their involvement in policy initiation. Furthermore, the data suggests that respondents generally concur with the effectiveness and implementation of diverse COVID-19 preventive measures within healthcare settings. These measures include social distancing, handwashing practices, regular training on preventive measures adherence, consistent use of personal protective equipment, and the promotion of hand sanitizer use and avoidance of handshakes. The mean scores for each item in the survey indicate a relatively high level of agreement among respondents. In conclusion, this study sheds light on the perceptions and experiences of healthcare professionals in the context of the COVID-19 pandemic in Lagos State, Nigeria. The findings underscore the importance of effective preventive measures and the resilience of healthcare providers in the face of this global health crisis.

Key words: COVID-19, healthcare professionals, public hospitals

INTRODUCTION

The evolving nature and global emphasis on quality universal healthcare service delivery to the populace have made most healthcare facilities particular public hospitals in the world, that are located in either urban,

suburban, or rural communities continue to have high exposure to both international and national guests most at times. More so, in the course of ensuring universal health coverage, most healthcare facilities (hospitals) at different levels are always involving a large number of healthcare beneficiaries, contributors, and providers that intensely increases the potential for exposure to spreading infections (Leung & Lam, 2004), including public health crisis like COVID-19. The COVID-19 is a virus that has caused the crisis, devastation, global economic downturn, and tension, and as well has profound effects on healthcare and other societal systems.

According to Laws and Prideaux (2005), a crisis is an event that suddenly transpires into an unfavorable situation. The health industry has become of emergent importance to the global economy, and the COVID-19 pandemic has laid bare the health industry's vulnerability. The COVID-19 (Coronavirus) pandemic is an event that has contributed to public health crises all over the world. According to Haleem, Javid and Vaishya (2020), the pandemic truncated human beings' movements globally, hampered day to day life, and businesses, disrupted the global economy/world trade, and affected thousands of people, who are either sick or are being killed due to the spread of this disease. Lepp and Gibson (2003); Taylor and Toohey (2006) posited that perceptions of personal and physical security influence people's intentions to travel to a destination that suffers from security concerns and these perceptions are fueled in part by the media (Kozak et al., 2007), friends and family (Murphy, et al., 2007), and by information released by government agencies such as the US Center for Disease Control and the US State Department.

Furthermore, since December 2019, COVID-19 has evolved to become a pandemic and resulted in a serious issue. Schroeder and Pennington-Gray (2014), observed that public health-related crises such as epidemics are always covered by the media in a negative light. Consequently, Tanne, et al., (2020) stated that countries heavily impacted by the COVID-19 pandemic went as far as to restrict movement, close down the borders, and local and international businesses that involved crowds as a measure to curtail the pandemic spread. Similarly, a lot of scholars including Fernandes, (2020) affirmed that in the year 2020, travel restrictions took effect across the globe thereby creating an economic crisis of unprecedented magnitude. In Israel, according to Plecher (2020), 82% of all employment occurs in the service sector, and in Sweden, the service sector generated 65% of gross domestic product (GDP). More so, in the United States, Duffin, (2020) posited that the service industry is one of the largest job creators, and which responsible for 77% of GDP.

Karsavuran, (2020) stated that the global economy is currently progressively moving from a manufacturing economy to a service economy. But, Mair et al., (2014); Jian et al., (2017), posited that a lot of research carried out focused on pandemic effects on economic rather than organizational structure and the effects of pandemics on healthcare professionals. Hence, the study of global crisis (pandemic) management and its effects on healthcare service providers is fundamental in order to foreclose the act of overreliance on revenue from the health care which can be devastating in the sense that, loss of revenue often contributes to a downward economic trend and increases unemployment.

According to the WHO as of May 31, 2021, 170 million cases and 3.5 million deaths. Understanding countries' responses to the COVID-19 pandemic is important for three primary reasons: first, it allows policymakers to better understand the similarities and the differences between national strategies and better device the nature of the global response. Second, an analysis of national strategies allows researchers to identify the different policy choices involved in these strategies and the complex set of factors that shape a country's capacity to respond and make determinations about the effectiveness of different strategies and the feasibility of implementation in different local contexts. Thirdly, this analysis enables us to make recommendations about future courses of action, including how to coexist with the pandemic until it is brought under control, achieve an equitable and robust recovery from COVID-19, and build resilience to respond better to future public health crises.

While some COVID-19 response measures, such as international border restrictions, school closures, national lockdowns, and restrictions on non-essential businesses, have been broadly adopted by countries as part of their national strategies, there have been stark country-to-country variation in the implementation of other measures, such as mandatory mask-wearing, deployment of testing and vaccination, re-organization of health services, domestic travel restrictions, the creation of new task forces, and the restriction of non-

essential government services. Such variation in the types of response measures exists not only between countries but even within countries. For instance, many states in Nigeria adopted different response measures to combat the pandemic. There has also been substantial county-to-county variation in the timing and sequence of implementation particularly in the initial phase of the pandemic (like the United Kingdom, and Colombia); while some countries were slow to ramp up their response to COVID-19 until they started experiencing COVID-19-related deaths like Nigeria in Kogi State, and Cross River State.

It is readily apparent that COVID-19 has had differential impacts across Nigeria and across populations within the state, affecting disproportionately the state that is resource-limited and some other high income generating states (Lagos and Ogun), and those populations that are living in poverty and subject to marginalization and exclusion.

The differential impact of the pandemic is arguably due to a combination of countries' pandemic response and pre-existing conditions, such as a country's health system capacity and infrastructure, disease surveillance system, and pandemic preparedness and response capacity. Other facets of disease spread, like the frequency of travel to and from countries with high levels of disease prevalence, socio-demographic characteristics such as population size, age distribution, and density, and the prevalence and spread of COVID-19 variants may also account for some of the variations observed in the impact of COVID-19 across space and time within and across countries.

The second reason is that the way a country, industry, or company manages its recovery plays a significant role in how well that country, industry, or company emerges from a crisis (Racherla & Hu, 2009). Racherla and Hu further stated an organization's crisis management capabilities should be of such quality that an evolving crisis can be resolved quickly and prevented from spreading to the degree possible.

The COVID-19 global crisis has been managed significantly by different countries (both developed and developing) using diverse approaches in addition to the approved measures and guidelines stipulated in various literature and global health authorities. A lot of studies have been carried out using different indicators as measures to proffering solutions to combating the spread of pandemics on the populace and economic downturn. However, there is no known study by the researchers on the examination of organizational structure and effects of COVID-19 on healthcare professionals, particularly in Lagos State Hospital, Nigeria. These observations and the researchers' personal experiences informed the basis for this study on organizational structure and effects of the COVID-19 pandemic on healthcare professionals in selected hospitals in Lagos State, Nigeria in order to bring to the fore the outcomes of the investigation to contribute to the body of knowledge both in empirics, concepts and professional practices across the nations and diverse discipline of life.

Statement of the Problem

Globally, every service-providing organization, and in particular healthcare, is evolving with a crowd of a diverse population of multi-dimensional disciplines, cultures, races, religions, and various health challenges who often thrum into the different tiers of hospitals on daily bases either as internal or external stakeholders. The healthcare/allied professionals' onus to always provide the needed healthcare services to the populace often exposes them to the danger of being infected with one type of ailment, or virus through direct or indirect contact with internal or external stakeholders who is a carrier of the disease or virus knowingly or unknowingly especially when the hospital is overcrowded with diverse people.

Overcrowding of patients including other stakeholders in hospitals has been a challenge in most of our Nigerian levels healthcare facilities; and has been seen as an avenue to contracting diseases or viruses. Studies have attributed patients' crowdedness in hospitals to their self-referrals, poor manpower, and lack of requisite infrastructure at other levels of healthcare facilities particularly primary healthcare centers, the influence of patients' relatives, and the attitude of healthcare providers towards work (Isaruk, Ikonne & Alegbele, 2021). But the novel pandemic (COVID-19) has exacerbated the scenario coupled with healthcare professionals' brain draining on a regular basis that has become the other of the day in the Nigerian health system among other developing countries.

Investment in the public health sector was reinforced, with an emergency budget approved for COVID-19 activities, such as surveillance, testing and tracing, purchase of ICU beds, and personal protective equipment,

among others. Healthcare workers involved in the COVID-19 response received monetary incentives. The government also instituted mandatory reporting of COVID-19 cases. On April 16, 2021, the government launched the national COVID-19 Vaccination plan, initially for people over 80 years old, which has been progressively extended to younger people and people at high risk for severe COVID-19 throughout the country. As of June 14, 2021, over 5 million people received at least one dose of the vaccine. Yet, the health workers in selected areas were not properly catered for. In order to counter the limited access to necessary care during the pandemic, the government passed an emergency measure to allow more people to be affiliated with SIS, “SIS para todos” (SIS for all).

In corroboration, 2020-2021 reports of the Nigerian Center for Disease Control (NCDC) showed that Lagos State Government recorded the highest rates of positive COVID-19 cases of both internal (healthcare personnel) and external (patients/clients) stakeholders from her hospitals. Lagos State is a socio-multi diverse ethnicity with a high density of population from diverse countries residing and carrying out daily living activities in private and public organizations.

Although there are studies on COVID-19 pandemic effects on the nation's economy, a paucity of literature existed on COVID-19 effect on workers in the organization. It is on this premise that this study sought to examine organizational structure and effects of COVID-19 on healthcare professionals in selected hospitals in Lagos State, Nigeria so that the findings could be adopted as a yardstick for curtailing pandemic effects on workers both in the healthcare sector and other disciplines, and even private sectors too.

Objectives of the Study

The main objective of the study is to identify the effects of covid-19 cases among health care professionals in selected public hospitals in Lagos State, South-West Nigeria. The specific objectives of this study are to:

- i). Determine the effect of COVID- 19 on patient care management in selected hospitals in Lagos State, Nigeria.
- ii). find out factors hindering strict adherence to COVID-19 preventive measures among healthcare professionals in selected hospitals in Lagos State, Nigeria.
- iii). Identify the adoption protocol/preventive strategies of COVID -19 by healthcare professionals in selected hospitals in Lagos State, Nigeria.

LITERATURE REVIEW

Concept of Organizational Structure

Organizational structure is the fundamental function of an organization that attempts to increase the efficiency of its work and services. If an organization's structure does not fit well with its environment and internal systems it will be unable to function at high levels of effectiveness and efficiency which managers charged with influencing the design of organizations should keep in mind the basic considerations of differentiation, integration, technology, size, a span of control, and line authority, as they seek to shape or create organizational structures that will work with new information age in the system of organizations in which powerful new information networks help in transforming the oldest to the modern organization for good job operation.

Tehran and Bosh (2013), describe the organizational structure as the framework of the relations in the jobs operation process in which people and groups achieve the goals of the organization by dividing the task to determining duties and coordination mechanism for the organizational process. Organizational structure refers to the models of internal relations of organization, power, and relations and reporting, formal communication channels, responsibility, and decision making which facilitates decision making, the proper reaction to the environment, and conflict resolution between the units. The relationship between the main principles of organization and coordination between its activities and internal organizational relations in terms of reporting and getting reports are duties of organization structure Conceptualization of organizational structure is the manifestation of systematic thinking.

The organization consists of elements, relations between elements, and the structure of relations as a generality composing a unit. The structure is a high combination of the relations between organizational elements forming the existence philosophy of organizational activity. A systematic view of the organization to structure shows that structure is composed of hard elements on one side and soft elements on the other

side This note was intended to give you a quick overview of the major organizing principles developed over the last two hundred years, to introduce you to the types of organizational structure commonly employed in the 20th century, to heighten your awareness that organizational structure is a key leader decision point for building effective organizations, and to stimulate your thinking about organizational hybrids - mixing and matching pieces of what we “knew” historically about organizational design and theory as we embark on a new, information-based, millennium. It seems clear that organizational forms will continue to evolve and perhaps even that new principles will be discovered and employed. The wise and effective organizational leader will keep abreast of these developments and use them to good advantage in organizing the efforts of employees to meet strategic objectives (Johatch, 2014).

Overview of the effect of COVID-19 cases among Health Care Professionals

The WHO (2020), described the effect of COVID 19 on healthcare workers (doctors, nurses, medical laboratory scientists, maintenance staff, and health information management) as the potential for direct or indirect exposure to patients or their infectious secretions and materials (CDC, 2020). According to the Nigeria Health Watch (2020), healthcare workers are on the frontline of the fight against Coronavirus Disease – 2019, and their safety should be an urgent focus in the global response to pandemics. More so, the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has infected more than 4.6 million people, leaving more than 310,000 people dead in about 188 countries across the globe (JHU-CSSE, 2020). Globally, healthcare workers have been in the spotlight since the fight against the COVID-19 pandemic started and every country experiencing the onslaught of the virus now considers their healthcare workers as national heroes for the gallant role they are playing in combating the pandemic. One of the cardinal principles of hospital and healthcare is that it should cause no harm to the patient or to the healthcare giver. However, for many healthcare workers on the frontline of the COVID-19 outbreak response, the outcome is different including some patients across the globe (Joob & Wiwanitkit, 2020).

The COVID-19 pandemic has affected older people disproportionately, especially those living in long-term care facilities. In many countries, evidence shows that more than 40% of COVID-19-related deaths have been linked to long-term care facilities, with figures being as high as 80% in some high-income countries. Furthermore, in long-term care facilities, the case fatality for residents with COVID-19 may be higher than in the population of the same age living outside long-term care facilities. Residents of long-term care facilities often face high risk, low preventive measures, and inadequate resources to recover from COVID-19, as well as reduced access to essential health services in a context where health systems are experiencing constraints during the COVID-19 surge. The impact of COVID-19 has additionally been high among providers of long-term care services, within long-term facilities. A 2020 study by the United Kingdom Office for National Statistics of deaths by occupation found that the social care workforce had a significantly raised death rate associated with COVID-19 cases including health care professionals and patients.

Concept of Organizational Structure and effect of COVID-19 cases among Health Care Professionals

Organizational structure can be affected by goals, strategy, environment, technology, and organization size which is key and content-based and indicate the entire organization and its position within the organization (Gholam & Ali, 2016). Content and organization structural variables indicate the internal features of an organization and present a basis by which the organizations can be measured and their structural features to be compared with each other. This is a set of flexible relations and due to limited separation, it has low complexity. The members of such organizations can design an organization chart with focusing on leaders and there is no need to formality. Considering the duties or management order is done by mutual agreement and coordination and supervision which are direct and informal. Functional structure in the organization with increased complexity is managed based on a simple structure. Normally, functional structure is used as a tool to fulfill the increasing needs of separation.

These functions or activities are classified based on logical similarity of work functions. The functions that are created are based on dependent duties and shared goals for instance health care service providers. In functional structure, re-work of activities is limited and this structure is efficient. The aim of this plan is to maximize savings of specialization scale. Multidivisional structure of organizational development path, if the functional structure is developed, it is turned into the multidivisional structure as a tool to reduce the

responsibility of the decision by the top manager. A multidivisional structure is a set of separate functional structures reporting a central center. Each functional structure is responsible for the management of the daily operation. The central staff is responsible for supervision and management of the organization related to the environment and strategy. This structure is created with the aim of creating a type of structure composed of functional and multidivisional structures. The aim of the matrix structure is to combine the efficiency of functional structure with flexibility and sensitivity of multidivisional structure not only based on product logic, customer, or geographical region but also based on functional logic in multidivisional structure especially health care service providers. In a matrix organization, functionally specialized employees work in one or some project teams.

This delegation of activities to employees is done via negotiation between functional and project managers and sometimes with the presence of potential members. Network structure the network structure is formed when the organizations are faced with rapid changes in technology, short life cycles of products, and dispersed and specialized markets. In a network, required assets are distributed among some network partners as there is no unified organization in a network to generate the products or services and the network is a producer or supplier. In a network structure, the partners are associated via customer-supplier relations, and a type of free-market system is created. It means that the goods are traded among network partners as in a free market although there is some effect among health care service providers from the context to provide quality services (Danayifard, 2014).

Based on the global challenges face during coronavirus now healthcare professionals as national heroes for the gallant role they are playing in combating the pandemic. Healthcare professionals took some initiatives to cope with the stress associated with the pandemic. The coping mechanisms included avoidance of news about the SARS pandemic, small gatherings after work where problems can be shared as well as participating in other recreational activities to which the Proper training, PPE, and medical assistance are important to support healthcare providers in order to overcome some difficulties or challenges faced by healthcare professionals during the current COVID-19 pandemic a constrain like insufficiency of medical staff as well as medical equipment was common and resulted in increased workload. Apart from this, shortage of PPE, fear of being infected, social exclusion, and mismanagement contributed further to putting the healthcare professionals in adversity.

Challenges of COVID-19 cases among Health Care Professionals

Dhaka, (2020) stated that the COVID-19 outbreak was declared a global pandemic on March 11, 2020. Although social distancing is the most effective way to contain the outspread of this virus because this is not easy to implement for healthcare professionals who require direct contact with COVID-19 patients and puts them at a high risk of being infected themselves which the frontline healthcare professionals are particularly vulnerable during this pandemic owing to their commitment to containing the disease as of October 15, 2020, there were around 4,797 COVID-19 cases for doctors and nurses with more than 100 deaths of physicians in Bangladesh). Besides physiological threats, such public health emergency affects healthcare workers, including professional stress, fear of infection, and other related matters involved too. The number of doctors especially in some government healthcare facilities is scarce to the ratio in some countries like Bangladesh is doctors/10,000 people). Hence, many healthcare professionals worked around 17 h, including long tele counseling shifts each day so to mitigate this challenge, the government-appointed an additional 2,000 doctors on May 2020

Furthermore, Adam and Wall, (2020) lamented that healthcare professionals faced an acute shortage of masks, hand gloves, and personal protective equipment (PPE) to protect them from COVID-19 infection moreover, locally produced PPEs, masks, and other kits provided by the authority are being reported to be of low quality and unable to protect the medical workforce from being infected, Healthcare professionals also suffered from insomnia, loneliness, sleep disorder, and mental depression as a result of the workload and related stress because they were experiencing anxiety attacks as well as frustration due to a lack of knowledge, environmental changes, and fear of infection both by themselves and by their family members. In this context, healthcare professionals are also bound to maintain physical distance from their family members to reduce the risk of contagion, which results in further psychological distress. Hence, special attention to monitoring the psychological issues of high-risk populations exposed to COVID-19 becomes

more essential when it comes to the challenges faced by the healthcare professionals especially in Bangladesh during the COVID-19 pandemic, concerns raised by bad governance cannot be ignored. The number of PPEs provided by the government was insufficient for healthcare professionals, and they were mostly untrained regarding how to use them. This resulted in an alarming rate of infection among the medical workforce this means that health care professionals are facing tremendous difficulties at work during the COVID-19 pandemic. Despite these obstacles, healthcare professionals have adapted to deal with the prevailing health crisis (Ahmed et al., 2020)

METHODOLOGY

A research design was adopted. The population of the study is 850 healthcare providers in 7 hospitals in Lagos State, Nigeria (Source: from the office of the Director of Administration of the hospitals) with a specific focus on those that are always involved in ambulatory and inpatient services in the selected hospitals. The sample size for this study is 265 healthcare professionals. This sample size was 265 as determined through Krejcie and Morgan's (1970) sample size determination table. In this study mixed method is adopted (simple random and multistage). Firstly, a simple random technique through lottery was used to select 7 hospitals (6 secondary and 1 tertiary) in Lagos State. Secondly, three stages of the multistage sampling technique were used to select the respondents from the 7 hospitals in the state. In the first stage, the respondents were divided into healthcare professionals and non-healthcare professionals. After getting the healthcare professionals, the second stage follows separating those directly involved in ambulatory and inpatient services. In the third stage proportionately select those healthcare professionals on duty for the study. The instrument for data collection is primarily a questionnaire. The data gotten from the field was analyzed using descriptive statistics tools like frequency, percentage, and mean. The Statistical Package for Social Sciences (SPSS) software was used in the coding, analysis, and presentation of the data.

Analysis and Results

Research Question One

What is the effect of COVID-19 on patient care management in selected hospitals in Lagos State?

Table 1

Effect of COVID-19 on Patient Care Management in Selected Hospitals

Items	SA	%	A	%	D	%	SD	%	Mean Score
Health care professionals have diverse new methods of interacting with patients/clients	98	39.5	150	60.5	-	-	-	-	3.40
Frequent yearning for covid-19 prevention protocol within and outside hospital environments	105	42.3	138	55.6	5	2	-	-	3.40
Healthcare professionals are now conscious of how to handle pandemic challenges unlike before.	72	29	176	71	-	-	-	-	3.29
Healthcare providers are now vigilant in managing patients with unidentified symptoms of the ailment	71	28.8	177	71.4	-	-	-	-	3.29
COVID-19 contributed to the geometric rate of healthcare professionals brain drain	1	.4	9	3.6	114	46	124	50	1.54
Available staff is often overstressed in care provision amidst COVID-19 manifestations in patients.	59	23.8	181	73.0	8	3.2	-	-	3.21
Criterion Mean = 2.5									

In Table 1 above, majority of respondents agree (both strongly and moderately) that health care professionals have adopted a variety of new methods to interact with patients and clients. The mean score of 3.40 indicates a high level of agreement. Similarly, on frequent yearning for COVID-19 prevention protocol within and outside hospital environments. A substantial majority of respondents agree (both strongly and moderately) that there is a strong desire for adherence to COVID-19 prevention protocols, both within and outside hospital settings. The mean score of 3.40 indicates a high level of agreement. Followed by healthcare

professionals are now conscious of how to handle pandemic challenges unlike before. With the mean score of 3.29. Healthcare providers are now vigilant in managing patients with unidentified symptoms of the ailment has mean Score of 3.29. COVID-19 contributed to the geometric rate of healthcare professionals brain drain has mean score of 1.54 indicates a low level of agreement.

In summary, the result indicates a generally positive response to the statements, with respondents largely agreeing with the provided statements related to the impact of COVID-19 on healthcare professionals and their practices.

Research Question Two

What are the factors hindering strict adherence to COVID-19 preventive measures among healthcare professionals in selected hospitals in Lagos State?

Table 2

Factors Hindering Strict Adherence to COVID-19 Preventive Measures

Items	SA	%	A	%	D	%	SD	%	Mean Score
The belief of some persons is that COVID-19 in Nigeria is a scam.	135	54.4	113	45.6	-	-	-	-	3.54
Lack of prerequisite preventive equipment and tools in the hospitals.	137	55.2	110	44.4	1	.4	-	-	3.55
The insincerity of the patients to give accurate information about their health conditions.	93	37.5	154	62.1	1	.4	-	-	3.37
Health Care Providers lack good communication skills and poor pandemic trend knowledge.	117	47.2	117	47.2	11	4.4	3	1.2	1.60
The enthusiasm in healthcare professionals to save lives based on their oath of practices	70	28.2	177	71.4	1	.4	-	-	3.28
Lack of involvement of healthcare professionals at all levels at first in policy initiation.	86	34.7	162	65.3	-	-	-	-	3.35
Criterion Mean = 2.5									

Table 2 above, the majority of respondents agree that there is a belief among some individuals that COVID-19 in Nigeria is a scam. The mean score of 3.54 indicates a relatively high level of agreement. Lack of prerequisite preventive equipment and tools in the hospitals. A majority of respondents agree that there is a lack of necessary preventive equipment and tools in hospitals. The mean score of 3.55 indicates a relatively high level of agreement. Followed by the insincerity of the patients to give accurate information about their health conditions with the mean score of 3.37. Health Care Providers lack good communication skills and poor pandemic trend knowledge, the mean score of 1.60 indicates a lower level of agreement overall.

Overall, the data suggests that respondents generally agree with the statements provided, with some statements receiving a higher level of agreement than others. The themes include concerns about the perception of COVID-19, availability of equipment in hospitals, patient honesty, healthcare provider skills and knowledge, professional enthusiasm, and policy involvement of healthcare professionals.

Research Question Three

What are the adoption protocol/preventive strategies of COVID-19 by healthcare professionals in selected hospitals in Lagos State?

Table 3

Adoption Protocol/Preventive Strategies of COVID-19 by Healthcare Professionals in Selected Hospitals

Items	SA	%	A	%	D	%	SD	%	Mean Score
Social distancing policy implementation	91	36.7	147	59.3	10	4.0	-	-	3.33
Frequent washing of hands with soap after attending to patients or touching an exposed object/thing	75	30.2	167	67.3	6	2.4	-	-	3.28
Routine training on COVID-19 preventive measures adherences	83	33.5	156	64.1	6	2.4	-	-	3.31
Routine putting on personal protective equipment before attending to patients	116	46.8	131	52.8	1	.4	-	-	3.46
Rubbing of hand sanitizer and avoidance of handshake	95	38.3	144	58.1	9	3.6	-	-	3.35
Frequent pep talks on COVID-19 prevention measures awareness among both patients and other stakeholders	98	39.5	150	60.5	-	-	-	-	3.40
Criterion Mean = 2.5									

Table 2 above, shows majority of respondents agree that there has been a reasonable implementation of social distancing policies. The mean score of 3.33 indicates a relatively high level of agreement. Followed by frequent washing of hands with soap after attending to patients or touching an exposed object/thing, that stated that there has been adherence to frequent handwashing with soap after attending to patients or touching exposed objects, with the mean score of 3.28. on the routine training on COVID-19 preventive measures adherences respondents agree that there has been regular training on adherence to COVID-19 preventive measures. The mean score of 3.31. Routine putting on personal protective equipment before attending to patients, respondents agree that there has been consistent use of personal protective equipment before attending to patients with the mean score of 3. Rubbing of hand sanitizer and avoidance of handshake the respondents agree that there has been a practice of using hand sanitizer and avoiding handshakes with the mean score of 3.35, on Frequent pep talks on COVID-19 prevention measures awareness among both patients and other stakeholders respondents agree that there has been regular communication to raise awareness about COVID-19 prevention measures among both patients and other stakeholders. The mean score of 3.40 indicates a relatively high level of agreement.

Overall, the data suggests that respondents generally agree with the effectiveness and implementation of various COVID-19 preventive measures in the context of healthcare settings. These measures include social distancing, handwashing, training, PPE usage, hand sanitizer use, and communication efforts. The mean scores for each item indicate a relatively high level of agreement.

Conclusion

The findings of this study reveal a positive and collective affirmation from respondents regarding the impact of COVID-19 on healthcare professionals and their practices. The data demonstrates a noteworthy consensus among respondents, indicating a shared acknowledgment of the challenges and shifts in the healthcare landscape due to the pandemic. The identified themes encompass crucial aspects of the pandemic's influence on healthcare provision. Respondents express concerns regarding the perception of COVID-19, emphasizing

the need for accurate information dissemination and public awareness campaigns. Additionally, the availability of essential equipment in hospitals emerges as a pivotal concern, highlighting the necessity for sufficient resources to ensure the safety of healthcare professionals. The study also underscores the significance of patient honesty in the healthcare process, as transparency and open communication play a pivotal role in effectively managing COVID-19 cases. Furthermore, there is an acknowledgment of the vital role of healthcare providers in this crisis, with an emphasis on the necessity for continuous professional development and the acquisition of pandemic-related knowledge and skills. Professional enthusiasm and dedication to the oath of practice are demonstrated as essential drivers in the efforts to combat the pandemic. Respondents affirm the commitment of healthcare professionals in saving lives, even in the face of unprecedented challenges posed by COVID-19.

Recommendations

Based on the insights gained from this study, several recommendations are proposed:

1. Authorities should focus on providing accurate and accessible information about COVID-19 to address any misconceptions or doubts among the public. Clear communication channels and targeted awareness campaigns should be employed to foster a better understanding of the virus and its preventive measures.
2. Adequate resources and equipment must be readily available in healthcare facilities to ensure the safety and effectiveness of healthcare professionals in their service delivery. Efforts should be made to address any identified gaps in equipment supply.
3. Encouraging open and honest communication between healthcare providers and patients is crucial. This can be achieved through patient education, empathy, and creating a conducive environment for patients to share accurate information about their health conditions.

Overall, these recommendations aim to bolster the capacity of healthcare professionals and healthcare systems in navigating the challenges posed by the COVID-19 pandemic, ultimately contributing to the well-being of both healthcare providers and the communities they serve.

REFERENCE

- Ahmad, I., Alam, M., Saadi, R., Mahmud, S. & Saadi, E. (2020). Doxycycline and hydroxychloroquine as treatment for highrisk COVID-19 patients: experience from case series of 54 patients in long-term care facilities. *Medical Research*, xiv. doi:10.1101/2020.05.18.20066902.
- Adams, J. G., Walls, R. M. (2020). Supporting the health care workforce during the COVID-19 global epidemic. *Journal of American Medical Association*, 323(1439–4393). [doi:10.1001/jama.2020.3972](https://doi.org/10.1001/jama.2020.3972)
- Dantas, G., Siciliano, B., França, B. B., da Silva, C. M. & Arbilla, G. (2020). The impact of COVID-19 partial lockdown on the air quality of the city of Rio de Janeiro, Brazil. *Science of the Total Environment* 729(2020), 139085,1-10.
- Dhaka-Tribune (2020). Bangladesh sees 100th death of doctors from Covid-19. Kazi Anis Ahmed. Dhaka: Bangladeshi.
- Haleem, A., Javid, M. & Vaishya, R. (2020). Effects of COVID-19 pandemic in daily life. *Current Medicine Research and Practice*, xxx(xxxx), xxx. <https://doi.org/10.1016/j.cmrp.2020.03.011>
- Gholam Ali Ahmady et al. / *Procedia - Social and Behavioral Sciences* 230 (2016) 455 – 462
- Isaruk, I. D., Ikonne, C. N. & Alegbeleye, G. O. (2021)/ Health information management practices, referral systems and quality healthcare service delivery in public health facilities in Rivers State, Nigeria. *Academic Research Journal on Health Information Management*, 2(1), 1-8. <https://doi.org/10.14662/arjhim2021030>.
- Johatch, M. (2014). *Organization theory*. Translated by Dr. Danayifard. H, Tehran. Mehban publications.
- Kothari, C. R. & Garg, G. (2019). *Research methodology methods and techniques, 4th edition*. New Age International (P) Ltd., Publishers. New Delhi, India.
- Li, L., Li, Q., Huang, L., Wang, Q., Zhu, A., Xu, J...Chan, A (2020). Air quality changes during

- the COVID-19 lockdown over the Yangtze River Delta Region: An insight into the impact of human activity pattern changes on air pollution variation. *Science of the Total Environment* 732 (2020) 139282. <https://doi.org/10.1016/j.scitotenv.2020.139282>.
- Mont, O., Curtis, S. K. & Palgan, Y. V. (2021). Organizational response strategies to COVID-19 in the sharing economy. *Sustainable Production and Consumption*, 28, 52-70.
- Olum, R., Chekwech, G., Wekha, G. Nassozi, D. R. & Bongomin, F. (2020) Coronavirus disease-2019: Knowledge, attitude, and practices of health care workers at Makerere University Teaching Hospitals, Uganda. *Frontiers in Public Health*, 8(181), 1-9. www.frontiersin.org.
- Onioha, U. D. (2020). *Research companion*. Jamiro Press Link, Ikeja, Lagos, Nigeria.
- Sarwar, S., Waheed, R., Sarwar, S. & Khan, A. (2020). COVID-19 challenges to Pakistan: Is GIS analysis useful to draw solutions? *Science of the Total Environment* 730(2020), 139089, 1-7. <https://doi.org/10.1016/j.scitotenv.2020.139089>.
- Shehzad, K., Sarfraz, M. & Shah, S. G. M. (2020). The impact of COVID-19 as a necessary evil on air pollution in India during the lockdown. *Environmental Pollution*, 266(2020) 115080, 1-5.
- Tehran. Cultural research office. Bosh, T. (2013). *The theories of leadership and educational management*. Translated by Nima Sh. et al., Tehran. Sharh publications.
- WHO (2020). Rolling updates on coronavirus disease (COVID-19). 2020. 2. Liu Q, Luo D, Haase JE, Guo Q, Wang XQ, Liu S, et al. The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. *The Lancet Global health*.8:e7908:20ncet Glo1016/S2214-109X(20)30204