



ROLE OF WOMEN WORKING IN HEALTH CARE SECTORS DURING THE CORONA PERIOD IN TAMILNADU

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ABSTRACT:

In order to curb and suppress corona virus entire world administration, government and managements have been putting their ultimate effort and work effectively along with help and cooperation of the global citizens. Despite many more organs and sectors were played significant role in uprooting and annihilating corona virus from global soil, the attitudes, working hours, sincerity and dedications of the women in the global health sectors context and perceptions seems to be invincible and praiseworthy by all people. In global scenario and administrative gamut of health sectors women have been occupied numerous posting because hospital needs passionate, compassionate, sympathetic, merciful and consoling candidates, in this aspects women workers are seems to be suitable and apt for carry out all types of hospitals works. Corona have been threatening and intimating all people from ordinary citizens to army people, to ruling people, to control and contain all its drastic and dangerous impact on this society and people would not be forgiven and left out without firing corona and suppressing it. Though corona has been destroying entire people's life and needs and necessities, its destructive impact on each one of us life has been so panic and fearful without an alternative ways and path to rectify its impact on social system. Regarding to this research styles, this study has been made by researcher to know, comprehend and understand about thoughtful and dedicative duty and role of the women workers from sweepers to doctors are seems to be procurable and praiseworthy during the corona period.

KEYWORDS:

EFFECT OF CORONA, TAMILNADU GOVERNMENT ROLE, GOD MEDICINES, TIMELY ACTIONS, REMEDIAL MEASURES AND GOOD ADMINISTRATION.

INTRODUCTION

Women in health care sectors form sweepers to doctors are doing their risky and ultimate jobs for the betterment and treatment of the corona patients; in the past one year entire world has been shackled and shocked by the birth and originations of the corona virus. From its clutches and attack world people are caught and suffering lot without an alternative ways despite many department and health care doctors and scientist are involved at discovering new medicines and medications. For bring out and invent new medications world health organisation, trade organisation, international court and human rights organisation and international agency have been involved sincerely and seriously at inventing and discovering an alternative medications for protect and save world people from the corona virus attacks. Though there were male health care workers in several hospitals, women workers role and sleepless duty in hospitals has be brought so many proud and praise because they have done such marvellous protecting and savouring jobs. Most of health care sectors are choosing willingly women staff at hospitals on account of they shall discharge their duty congenially and submissively according to the patients needs and necessities, in dealing corona affected patients hospital needs to have soft nature, humble characterised and lenient proclivity people, in this aspects women are possessing inherently all those characters thereby health care sectors are choosing and having women people in running the hospitals. In this context their role and

dedication in managing corona cases, have been done more effective and excellent beyond the risky situation because corona is created contagious situation in which every body getting fear to go to outside and external side despite their relatives were infected by corona, in this terror and horror situation women who are working in hospitals were allowed to do their duty for protect and save corona patients, they did their work and have been doing their routine medical and health care works in front of the dangerous corona virus threatening. By mortgaging their life to corona virus infections and challenging to corona virus, women working in health care's fields in numerous all hospitals have been doing their work without fear and sad about their family and their life. This section were alone going to health care job with an intention and aim to work for their career development, protect patients from corona virus attacks and save all the people who are infected by the corona virus. Therefore, global administration and government have been shown great and steady attentions on praising and loading the corona virus. In discharging women role toward protecting patients from corona attacks this people had been worked lot despite they are likelihood get and fear about corona virus infecting, beyond this panic and worry they did their best work for the improvements of the society and country.

ROLE OF WOMEN WORKING IN PRIVATE HOSPITALS

Since establishment and emergency of the private sectors such as hospitals, managements, textiles, garment, cement factory, iron factory, medical factory and other so many products producing factories are described as profit expecting and gain looking factories than service minded. In this continuity this study has been exploring tendencies and temperament of the women working in private health sectors are described as money fetching and bringing gain from the corona patients, the dictation and pressures are given by the private hospitals to get more money by telling more medical problems to the corona patients, this game and fraud activities of the much more hospitals are broadcasted and telecasted by the media people and social media as to make people realise how far women workers and health care professionals are compelled and forced by the management authorities to collect money from the corona patients without mercy and clemency. Many patients from villages settings and rural areas had been infected by corona virus but they were not able to go to private hospitals since they have been asked by the private authority to pay 15000 rupees for per day treatment, due to this unaffordable and high fees people belong to poor, marginalised, weaker and hopeless sections were suffered lot, thereafter government opened new hospitals with bed facilities in which people has been admitted according to poor people convenient. Though women health care professionals want to show mercy and sympathy on corona patients they were not able to do that duty due to management pressure and compulsions toward earning money for their hospitals. If people have to see private hospitals nature toward treating the patients definitely it would be great disappointment to them because money making and yearning is major motto of them in which no mercy and clemency would be shown for anybody else.

Hospital administration would bend only to politicians and influential authorities in the society but it could not be influenced and compelled to give free treatment by anybody else.

NATURES OF THE PRIVATE HEALTH SECTORS

Sustaining patients for collect money though they have been cured

Telling fearing medical problems to the patient's relatives for collect money

Brainwashing the patient and their relatives to admit in their hospitals by not allowing them to go to any other hospitals

Generating fake medication bills if they patient has been admitted in their hospitals more than actual periods

Sending patient to other hospitals to take costly scanning for earn money later they will divide that money

Forcing the women doctors and nurses to speak attractively for make stay patient at hospitals for money purpose.

Based on mentioned points all private hospitals are involved at these trends to run their hospitals, in which more hospitals are having unpractised and trained fresh

doctors who are used to give wrong medications to the patients thereby patients are not able to survive and meet their medical expenditures. In this critical period women health care workers from clerk to staff in private hospitals are worked lot for hospitals growth and developments than for protect patient's developments. Despite government have been given many direction to all private hospitals to protect and help to corona patients non of hospitals have been come forward to obey to government norms with an intention to earn money, all those service was done by the public sectors without intentions that have had by the private hospitals.

ROLE OF WOMEN WORKING IN PUBLIC HEALTH SECTORS DURING CORONA PERIOD

Since beginning of the world governance and political administration public were ruled and governed by the public chosen government, it's all input and out puts were and would be toward welfare, privileging and empowering the public people life without bias. With this idea and notion people from ancient time to present time have been protected by the public governance and government without major drawbacks to their life and social needs, in this continuity public sectors in terms of protecting corona patients and handling corona situation effectively and efficiently handled without major drawbacks and flaw because it use and engaged more nurses and doctors to save protect the patients on humanitarian grounds. From staff to Dean, from clerk to nurses and from sweepers to CM have been involved deeply and intensively at protecting and saving the corona patients, for which daily meeting, programme, awareness campaign and visiting have been done by all hospital management under the control of the people loving Tamilnadu Chief Minister.

Under the stewardship of the Tamilnadu secular Chief Minister honourable Mr.Thiru Stalin sir medications, injection, treatment and bed facilities were done neatly and immediately than other previous government, his work refers about his mind, refers about his victory in recent elections, after winning in the election he appointed 2500 nurses as government nurses by understanding their valuable and laudable works during the corona periods. Since he has been assumed power in one month after win in the election world government is praised and crowned our Tamilnadu CM Honourable Stalin sir for his majestic and valour toward protecting the corona patient and toward reducing the Corona impact in Tamilnadu soil. For his ardent and active works nurses and doctors were so active and energetic toward implementing and accomplishing all his vision and mission, unless nurse were put their best efforts his vision and mission as to reduce corona impact and protect corona patient would not have been possible.

AS TO CURB AND REDUCE CORONA RECENTLY ELECTED GOVERNMENT HAS BEEN DONE GOOD JOB

As to honour and praise all nurses' duty their job were made permanent and regularised by the government

Many programmes and meetings were done by the recently elected government

Numerous oral advises, placard, pamhamlet and video and audio awareness programmes have been organised and done by the recently elected government

As to motivate and encourage all nurses, staffs and doctors were given rewards and awards by the recently elected governments.

Relentless and sleepless official corona meetings and programmes and extension of hospitals with bed were done by the recently elected governments

To remove and palliate people sad and worry during the corona period recently elevated government have been provided 4000 rupees with household provisions with an intention to protect poor people.

Recently elected government in Tamilnadu have been proved that it is a people oriented government by showing its possible duties which were seeming as impossible by the previous governments. In these aspects corona disease and virus have been handled meticulously and genuinely by defending the common people.

NATURE OF WOMEN WORKING IN PRIVATE HOSPITALS

1	Doctors	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management
2	Nurses	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management
3	Druggist	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management
4	Billing sections	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management
5	Receptionist	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management
6	Attendant	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management
7	Sweepers	Fearing to management	Fetching money to management than patient care	Money Minded	Fearing and thinking how to pay money to hospitals than thinking about how to protect his life and health	Anxious to management

These are the generally viewed and understood phenomena of us about the private hospital's situation toward treating the staff for nurses to doctors and patient's situation and staff situation. In which if women people think to do good services. are seems to be

impossible because management money minded nature thereby people also becoming and changing their character and proclivity according to the management authority's rules and regulations with an intention to protect their job and survival.

NATURE OF WOMEN WORKING IN THE PUBLIC HEALTH CARE SECTORS.

1	Doctors	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints
2	Nurses	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints
3	Druggist	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints
4	Ward woman	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints
5	Receptionist	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints
6	Attendant	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints
7	Sweepers	Fearing to higher authority	Public Service Minded	Welfare oriented	Freedom and comfortable	Freedom and comfortable with Constraints

In aforesaid point's situations and circumstances of the women workers in health care sectors during the corona escalated period is understood and analyse in different ways and concepts. Situation and circumferences of the women workers in health care sectors are varied and differed from private hospitals to public sectors hospitals according to their dictation and suggestion. Women people are not able to work as they think as they like in private sectors despite they have had good will and sympathy over the patients whereas they are able to do their best and good services in public sectors, norms and administrative system of both private and public sectors hospitals are making employees to work in different way against their interest. Despite there are huge variation and differentiations between private hospitals workers and public hospitals workers ,women candidates are truly attempting to work lot and much according to patients needs and necessities despite they do get stress and forces from private hospitals. Women in private hospitals are working at uncomfortable and disguised situation while women are working at comfortable and stress free situations.

Conclusion

Corona is a virus and villain to an entire society of global political system, in which people from elder to younger must be protected at all aspects with government and family supports, beyond this role and dedication of the women workers in health care fields have been significant and dedicate one, their energetic, selfless and systematic public spirited works have been understood and praised by all sections of the people. Working patterns of the women in both private and public sectors are varied

according to its established and unestablished norms which flows from higher authority and government of hospital system but their true attempts toward protecting the patients are indicated and highlighted about their womanish service oriented characters. Beyond this system, government and private management have to do something in their management styles women are able to work leniently and independently toward curing, caring and protecting the patients.

REFERENCES

1. Advisory Commission to Study the Consumer Price Index. Boskin MJ, Dulberger E, Gordon RJ, Griliches Z, Jorgenson DW, editors. Washington, DC: U.S. Government Printing Office; 1996. [accessed May 2010]. Toward a More Accurate Measure to the Cost of Living: Final Report to the Senate Finance Committee from the Advisory Commission to Study the Consumer Price Index. Available <http://www.ssa.gov/history/reports/boskinrpt.html>.
2. Aizcorbe A, Nestoriak N. The Importance of Pricing the Bundle of Treatments. Bureau of Economic Analysis Working Paper. 2008. [accessed September 2010]. Available: http://www.bea.gov/papers/pdf/wp2008-04_bundle_treatments_paper.pdf.

3. Aizcorbe AM, Flamm K, Khurshid A. The Role of Semiconductor Inputs in IT Hardware Price Decline: Computers vs. Communications. Paper provided by the Board of Governors of the Federal Reserve Systems Finance and Economics Discussion Series No. 2002-37. 2002. [accessed May 2010]. Available: <http://www.federalreserve.gov/pubs/feds/2002/200237/200237pap.pdf>.
4. Aizcorbe AM, Retus BA, Smith S. Toward a health care satellite account, Survey of Current Business. May 24–30, 2008.
5. Akobundu E, Ju J, Blatt L, Mullins CD. Cost-of-illness studies: A review of current methods. *PharmacoEconomics*. 2006;24:869–890. [PubMed]
6. American Medical Association. A Framework for Measuring Healthcare Efficiency and Value. Prepared by the Physician Consortium for Performance Improvement@ Work Group on Efficiency and Cost of Care. 2008. [accessed May 2010]. Available: http://www.ama-assn.org/ama1/pub/upload/mm/370/framework_meas_efficiency.pdf.
7. Andresen EM, Rothenberg BM, Kaplan RM. Performance of a self-administered mailed version of the Quality of Well-Being (QWB-SA) questionnaire among older adults. *Medical Care*. 1998;36(9):1349–1360. [PubMed]
8. AQA Alliance. AQA Principles of “Efficiency” Measures. 2006. [accessed May 2010]. Available: <http://www.aqaalliance.org/files/PrinciplesofEfficiencyMeasurementApril2006.doc>.
9. Arbitman DB. A primer on patient classification systems and their relevance to ambulatory care. *Journal of Ambulatory Care Management*. 1986;9:58–81. [PubMed]
10. Archibald RB. On the theory of industrial price measurement: Output price indexes. *Annals of Economic and Social Measurement*. 1977;6:57–72.
11. Arias E. U.S. life tables, 2004. *National Vital Statistics Reports*. 2007. [accessed May 2010]. p. 16. Available: http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_09.pdf.
12. Atkinson T. Atkinson Review: Final report Measurement of Government Output and Productivity for the National Accounts. Hampshire, England: Palgrave-Macmillan; 2005.
13. Averill RF, Goldfield NI, Wynn ME, McGuire TE, Jmullin RL, Gregg LW, Bender JA. Design of a prospective payment patient classification system for ambulatory care—Medicare and Medicaid managed care: Issues and evidence. *Health Care Financing Review*. Sep, 1993. [accessed September 2010]. Available: http://findarticles.com/p/articles/mi_m0795/is_n1_v15/ai_15268435/?tag=content;col1. [PMC free article] [PubMed]
14. Balk BM. Industrial Price, Quantity and Productivity Indices. Boston: Kluwer Academic; 1998.
15. Banks J, Marmot M, Oldfield Z, Smith JP. Disease and disadvantage in the United States and in England. *Journal of the American Medical Association*. 2006;295:2037–2045. [PubMed]
16. Berk A, Paringer L, Mushkin SJ. The economic cost of illness, fiscal 1975. *Medical Care*. 1978;16:785–790. [PubMed]
17. Berlowitz DR, Rosen AK, Moskowitz MA. Ambulatory care case-mix measures. *Journal of General Internal Medicine*. 1995;10:162–170. [PubMed]
18. Berndt ER, Busch SH, Frank RG. Price Indexes for Acute Phase Treatment of Depression, NBER Working Paper W6799. Cambridge, MA: National Bureau of Economic Research; 1998.
19. Berndt ER, Cutler DM, Frank RG, Griliches Z, Newhouse JP, Triplett JE. Medical care prices and output. *Handbook of Health Economics*. Culyer AJ, Newhouse JP, editors. 1A. North Holland, Amsterdam: Elsevier; 2000. pp. 120–180.
20. Bild DE, Stevenson JM. Frequency of recording of diabetes on U.S. death certificates: Analysis of the 1986 National Mortality Followback Survey. *Journal of Clinical Epidemiology*. 1991;45(3):275–281. [PubMed]
21. Black C, McGrail K, Fooks C, Baranek P, Maslove L. Data, Data Everywhere ...: Improving Access to Population Health and Health Services Research Data

in Canada. The Canadian Policy Research Networks and the Centre for Health Services and Policy Research. 2004. [accessed March 2009]. Available: <http://www.cihr-irsc.gc.ca/e/28082.html>.

22. Bloom BS, Bruno DJ, Maman D, Jayadevappa R. Usefulness of cost of illness studies in health care decision making. *PharmacoEconomics*. 2001;19:207–213. [PubMed]

23. Bolin K, Jacobson L, Lindgren B. The family as the health producer: When spouses are Nash-bargainers. *Journal of Health Economics*. 2001;20:349–362. [PubMed]

24. Brazier JE, Roberts J. The estimation of a preference-based measure of health from the SF-12. *Medical Care*. 2004;42(9):851–859. [PubMed]

25. Brazier JE, Roberts J, Deverill M. The estimation of a preference-based measure of health from the SF-36. *Journal of Health Economics*. 2002;21(2):271–292. [PubMed]

26. Bureau of Economic Analysis. A Satellite Account for Research and Development. 1994. [accessed September 2010]. Available: http://bea.gov/scb/account_articles/national/11940d/maintext.htm.

27. Burnette K, Mokyr J. The standard of living through the ages. *The State of Humanity*. Simon JL, editor. Malden, MA: Blackwell; 1995. pp. 135–147.

28. Cai L, Hayward MD, Saito Y, Lubitz J, Hagedorn A, Crimmins E. Estimation of multi-state life table functions and their variability from complex survey data using the SPACE Program. *Demographic Research*. 2003. [accessed September 2010]. Art. 6. Available: <http://www.demographic-research.org/Volumes/Vol22/6/22-6.pdf>. [PMC free article] [PubMed]

29. Capewell S, Allender S, Critchley J, Lloyd-Williams F, O'Flaherty M, Rayner M, Scarborough P. Modeling the UK Burden of Cardiovascular Disease to 2020: A Research Report for the Cardio & Vascular Coalition and the British Heart Foundation. London, England:

British Heart Foundation; 2008. [accessed May 2010]. Available: http://www.heartofmersey.org.uk/uploads/documents/oct_08/hom_1223379066_Modelling_PDF_for_website_7th_.pdf.

30. Casale AS, Paulus RA, Selna MJ, Doll MC, Bothe AE. ProvenCare: A provider-driven pay-for-performance program for acute episodic cardiac surgical care. *Annals of Surgery*. 2007;246(4):613–623. [PubMed]

31. Catlin A, Cowan C, Heffler S, Washington B. National health spending in 2005: The slowdown continues. *Health Affairs*. 2007;26(January/February):142–153. [PubMed]

32. Catron B, Murphy B. Hospital price inflation: What does the new PPI tell us. *Monthly Labor Review*. 1996. [accessed May 2010]. pp. 24–31. Available: <http://www.bls.gov/opub/mlr/1996/07/art3full.pdf>. [PubMed]

33. Caves DW, Christensen LR, Diewert WE. Multilateral comparison of output, input and productivity using superlative index numbers. *Economic Journal*. 1982;92:73–86.

34. Center on the Evaluation of Value and Risk in Health. *The Cost-Effectiveness Analysis Registry*. Tufts-New England Medical Center; 2007. [accessed May 2010]. Available: <https://research.tufts-nemc.org/cear/default.aspx>.

35. Centers for Disease Control and Prevention. *NCHS Data Linkage Activities*. 2010. [accessed May 2010]. Available: http://www.cdc.gov/nchs/data_access/data_linkage_activities.htm.

36. Champion JAI, editor. *Epidemic Disease in London*, Centre for Metropolitan History Working Papers Series, No 1. London, England: Centre for Metropolitan History, University of London; 1993. –320.