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The COVID-19 pandemic in India affected the quality of life for community health care professionals

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Abstract

Outstanding to the nature of the sicknesses, unfavourable working situations, long work hours, disgrace, and discrimination in the community, the situation of the healthcare professionals in COVID-19 has gotten worse. A cross-sectional study employing an online inquiry form survey created on a Google form stood planned at two COVID-specific centres in New Delhi. Age, sex, job type, work environment, and discipline did not significantly affect any aspect of quality of life. Pre-existing PHC structures were a major sign that the majority of nations have the essential elements and means of operation for CHN. However, considerable shortcomings undermine CHNs' efforts to improve PHC in these countries. The primary causes of these gaps, according to the research, are policymakers' overall lack of commitment and their restricted ability to employ the global and regional policy tools available to them for CHN-related issues. The pandemic mostly affected HCWs' general vitality, mental health, and social well-being. The main concern mentioned by the majority of respondents was social isolation.

Keywords: Health, nurses, preventive, role, quality of life, COVID-19

Introduction

The COVID-19 pandemic has exaggerated societies' lives all throughout the world. The outbreak put health care providers under unprecedented pressure to make difficult judgements and perform under duress. These decisions included dividing up scarce resources among equally deserving patients, weighing their own medical and psychological needs against those of patients, weighing their duty and desire to care for patients against those of friends and family, and offering care to all critically ill patients who had little or no resources. There have been worries in the past concerning the poor living conditions of healthcare workers (HCWs) and QOL of healthcare workers has emerged as a major concern, with the current COVID-19 pandemic expected to endure until 2021. During a pandemic, effective resource management and medical staff management are critical. COVID-19 is a catching disease caused by the SARS novel Coronavirus-2 (SARS nCoV-2) virus, which is mainly transmitted by aerosols of saliva/sputum coughed up or fluid sneezed out of the nose. It is still debatable whether the virus is transmitted through mouth-to-mouth contact or through excrement. The highly contagious respiratory mode of infection transmission means that it spreads swiftly. Risks to occupational health, hazardous working circumstances, insufficient training in infection control, lack of protective gear, public mistrust, and all of these variables together have a substantial negative influence on the quality of life for health professionals. It is a broad notion that is intricately influenced by an individual's physical and mental well-being, beliefs, and connection to protuberant environmental factors. This study aims to investigate the quality of life and its major variables among healthcare workers (HCWs) in a low- to middle-income nation such as India during the COVID-19 epidemic. It will be crucial to comprehend the general wellbeing of healthcare professionals and recommend policy changes that can improve it. The problems that need to be resolved to raise the standard of living for frontline personnel battling the pandemic are highlighted by Rashid *et al.* (2022). 322 randomly chosen health care workers (HCWs) from India who tested positive for COVID-19 and had recovered from the illness prior to the interview participated in this cross-sectional study, which was done via telephone interviews. In 2020, data was gathered between June and November.

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Kaur and associates (2022) The nature of the illness, unfavourable working circumstances, extended work hours, stigma, and discrimination within the community have all contributed to the decline in the health and well-being of COVID-19 healthcare workers. Throughout the pandemic, HCWs' general well-being was primarily impacted in the mental, social, and general vigour categories. The majority of HCWs cited social isolation as a serious problem. The authors of Young *et al.* (2021) ^[14] aimed to determine personal and job-related risk and protective factors as well as to measure. During the COVID-19 pandemic, nearly half of the healthcare workers reported having major mental health symptoms, including thoughts of suicide. Together with personal characteristics, perceived workplace culture and supports also had an impact on the intensity of symptoms. Yactayo, Monterrey, (2021) we did a systematic evaluation of research conducted in Latin America and the Caribbean (LAC) to investigate the effects of oral disorders on oral health-related quality of life (OHRQoL). We looked through the following databases: LILACS, PubMed, EMBASE, CINAHL, and Scopus. Bauman, E.; S. Almadadi (2021) ^[15] Even though there are several risk factors associated with periodontal disease, low-income populations have a disproportionately high disease burden. This study set out to determine the effectiveness of a customised oral health education curriculum in conjunction with normal dental care for individuals from low-income households. No changes were seen in any of the clinical outcomes analysed between the two groups. The customised oral health education course employed in this study did not seem to significantly improve clinical periodontal health outcomes when compared to standard restorative dental care. & al. Opydo-Szymaczek (2021) ^[16] this cross-sectional study set out to ascertain the prevalence of dental caries and the variables influencing the use of dental services in a community of children aged seven. Seven-year-old students were examined verbally, and their parents or legal carers were the subjects of socio-medical investigations. It was held at five elementary schools located in the provinces of Lubusz and Greater Poland. In compliance with World Health Organisation (WHO) norms, the dental examination was performed. Even though children in Poland are entitled to free dental care, the usage of dental services is nevertheless influenced by socioeconomic factors. The population under study had poor oral health, and regular dental checkups were scarce. These factors underscore the need of raising oral health literacy among parents and kids and fostering positive attitudes towards dental treatment. Bramantoro Taufan (2020) ^[17] Problems with oral health can negatively impact general health in a number of ways, such as physical fitness and In order to ascertain the effect of oral health on total physical fitness in this study, we set out to perform a methodical review of the literature. Without taking into account publication year, we carried out a comprehensive literature search in two different databases (PUBMED and EMBASE). The article was included if the major objective, using human participants, was to assess the impact of oral health and/or dental issues on physical activity by objective physical measurements or physical performance tests. This study shows that oral and/or dental health issues have a detrimental effect on performance and physical fitness. In 2020, Trumello *et al.* This study's primary goal was to examine how healthcare workers coped psychologically during the COVID-19 pandemic's peak,

assessing variations based on whether they worked with COVID-19 patients or not, as well as in regions where the epidemic spread more severely. The views of medical practitioners regarding psychological assistance were examined. The results showed that 7–15% of individuals had stress, anxiety, and despair. Additionally, non-medical healthcare workers were more likely than medical personnel to report having anxiety. A comprehensive assessment of research on the effects of pandemic outbreaks, including SARS, MERS, COVID-19, Ebola, and influenza, was carried out by Preti E. *et al.* in 2020 ^[18]. A cross-sectional survey-based study on 1257 healthcare workers in 34 Chinese hospitals was carried out by Lai J *et al* in 2020. Study results indicated that a sizable percentage of health care workers (HCWs) reported having depressive symptoms (50.4%), anxiety (44.6%), insomnia (34%), and distress (71.5%). A cross-sectional online study on the quality of sleep (QoS) and health-related quality of life (HRQoL) among 201 healthcare workers was carried out by Stojanov J *et al* in 2020 ^[19]. A systematic evaluation of 900 papers on the variables influencing healthcare professionals' psychological health during the COVID-19, Ebola, MERS, and SARS pandemics was carried out by Philip J. *et al.* in 2020. Results showed that pandemics have a significant effect on health care workers' psychological health. A systematic review of 30 papers about the COVID-19 pandemic's effects on healthcare professionals' mental health that were published in MEDLINE, Web of Science, and Google Scholar was carried out by Braquehais M. D. *et al.* in 2020 ^[20]. The majority of research found that anxiety and depressed symptoms were highly prevalent among healthcare workers (HCWs), and that these symptoms were linked to COVID-19 exposure, epidemiological problems, a lack of material or human resources, and individual characteristics. A descriptive and correlational study on the organisational commitment and quality of work life among 51 Iranian emergency nurses was carried out by Hashmpour R *et al.* in 2019. Weyant, R. J., Daly, M. A. Peres, and L. Macpherson (2019) One of the most prevalent illnesses in the world, oral diseases have a negative impact on people's quality of life and have serious health and financial repercussions. Akter, (2018). Maintaining oral health is a human's first priority. This can be done by recognising common problems, getting the right treatment, and increasing awareness of dental health issues. Enhancing people's understanding of common dental problems and how to maintain good oral health is the main objective of this research. Yap (2017) for general health and a high standard of living, oral health is essential. The World Health Organisation (2012) defines oral health as the absence of discomfort in the mouth and face, oral infections and sores, and other illnesses that affect a person's ability to chew, bite, and maintain psychological well-being. In Nigeria, Lawal (2017) documented the dental caries experience and treatment requirements of a population of adult females because they believed that adult females' knowledge and experience with dental caries was essential for preventing dental caries in family members, particularly children. In a cross-sectional study conducted in 2017 by Kakade and had their perceived requirements, usage, and restrictions analysed through structured interviews. Expanding and promoting nurse-led research across a range of care contexts is one of the NHS's policy priorities. The goal is to "create a people-centred research environment that empowers nurses

to lead, participate in, and deliver research for public benefit". There is a chance to expand on this expanding momentum and enhance research led by community nurses. Research opportunities for community nurses have historically been few. Community nurses may lack the experience and confidence to participate in research because there are few opportunities, mentors, and role models available. When community nurses lack the time and confidence to participate in research activities, valuable studies may be delayed significantly (Barclay 2019) [8]. As a result, nurses must rely on research done predominantly in hospital-based settings, frequently with distinct patient groups, as there is currently insufficient data to support community-based nursing treatment. Community health nurses can be found providing care in a variety of settings, including schools, homeless shelters, and places of worship. Their main priorities are to attend to the needs of the general public and CHN. By collaborating with diverse community partners and healthcare practitioners, CHNs can effectively contribute to UHC if they are appropriately informed, supervised, and supported. Communities' health is impacted by a multitude of health conditions that collectively affect the general health of various nations. To guarantee a comprehensive approach to diseases like tuberculosis (TB), HIV, no communicable diseases (NCDs), and other illness-causing phenomena, such as environmental toxins, violence, accidents, and natural and artificial disasters, policymakers must put in place health service delivery structures. Because the common preventable risk factors that underpin both communicable and non-communicable diseases are not addressed, the disease burden keeps increasing. Emerging global health risks such as the Middle East Respiratory Syndrome (MERS) and Ebola virus disease have put many people's lives at risk, including those of close healthcare workers. For example, a recent WHO analysis found that over 50% of Ebola infections among healthcare professionals in the Republics of Guinea were among nurses, nurse assistants, and nurse aides. There is a greater need for community health workers due to shifting demographic trends, growing health risks, and rising sickness rates. These complex and dynamic interactions demonstrate how community-level interventions that promote health and prevent disease are necessary given the state of global health trends. CHNs can only play a major role in resolving these global health challenges if governments ensure that there are adequate policies and high-quality educational programmes supporting the practice of CHN.

Objectives

To evaluate HCWs working in specialised COVID-19 hospitals who are involved in the prevention, control, and treatment of the disease.

Research methodology

The SPSS 24 was used to enter the data. To verify the data entry, univariate analysis was carried out. With the relevant central tendency measurements, the data were summarised in tables and graphs. On the basis of gender, age, profession, specialisation, and kind of care given, relevant subgroup analysis was carried out. The main factors influencing the Health Care Workers' (HCWs) Quality of Life (QOL) score were evaluated using multivariate analysis. The investigators compiled the list of HCWs employed at the

study site. After calling the HCWs, an email was sent with a link to an online Google form. The survey ran from June to July of 2020. After seven days, there were more reminders. All study participants who consented to participate in the study received up to three reminders. To guarantee attendance and lower the dropout rate, phone reminders were sent out after the initial email reminders.

Results

One might wonder why certain preventive healthcare services, like adult and childhood vaccinations, yearly screenings for men and women, and prenatal and dental care for pregnant women and adolescents, are not offered at a 100% rate given the widespread availability of multimedia through social networks. Preventative healthcare relies heavily on community awareness, and national health campaign coordinators may look for other important variables influencing community health. Nurses' cultural self-efficacy was shown to be strong while caring for Black patients and poor when caring for Asian and Latino patients in a study involving 190 community health nurses. The comprehension of cultural norms pertaining to authority, humility, and respect in relation to health-related attitudes and behaviours received the lowest marks. When translators were effectively used to communicate important messages, scores went up. Researchers discovered gaps in the nursing curriculum that left nurses ill-prepared to care for a variety of demographic groups, and they came to the conclusion that nurses lacked confidence when caring for patients from different cultural backgrounds. The majority of nations, including Iran, have government agencies that are staffed and equipped to implement planned programmes. The private sectors in metropolitan areas continue to provide treatment-based services to populations living in urban and suburban locations. Primary care and preventive health services should be centred in remote and rural locations because there is limited access to multimedia, a shortage of healthcare professionals prepared to work in outreach sites, and muddy roads that make it difficult for people and visitors to travel around fast. Resilience must be acknowledged as a theoretical framework within a society in order to design an effective community-based preventive plan and explain how societies overcome adversity. A British study found that nurses significantly lowered the main risk factors for cardiovascular disease in middle-aged patients, underscoring the role that nurses play in preventive healthcare. In primary care settings, nurses may evaluate patients' health and take their blood pressure twice as frequently as other healthcare workers, record information on smoking behaviours four times more frequently, and address weight-related concerns five times more frequently. The paradigm of community health nursing avoids making too generalised generalisations. In order to address environmental, resilient, and community capacity for healthcare issues across various populations, it addresses collective ideas of nursing domains. Conceptual frameworks are provided to assist rural community health nursing initiatives in both urban and rural communities in implementing preventative interventions for people's health and welfare. With this information, Iranian nurses working in any field will have the ideal chance to encourage, inform, educate, and inspire the public to think about health screening, yearly physicals, childhood and adult vaccinations, and health education for patients of all ages.

Nursing practice does not start or end in a clinical setting or hospital. It's important to keep in mind that the adage "Once a nurse, always a nurse" relates to the fact that, despite the limitations of medicine, nurses can always offer advice and education to the general population. Nurses are vital to the program's execution, regardless of whether the government or the private sector is providing funds. Nurses are unquestionably essential to society's advancement in wellness and health. Iranian nurses need to take their responsibility more seriously if they hope to make a permanent difference in the country's health. Licenced nurses provide services to the general public, groups, families, and individuals at home, in health centres, clinics, schools, and places of employment with the goals of promoting health, preventing illness, caring for the sick at home, and encouraging recovery. A significant portion of the populace in developing nations like India lacks access to the healthcare system, underscoring the importance of the public health nurse's role. It should be a goal-driven approach that prioritises maintaining positive relationships between the community and the health team, promoting health, particularly with regard to lifestyle diseases, emphasising healthy eating, and protecting health by averting illness or altering the course of disease through reasonable measures such as breastfeeding exclusively and immunisations, among other things. She must also ensure that the fair distribution of health services, devoid of distinction between the rich and the poor, the rural and the urban, the male and the female, etc., remains one of the pillars of primary healthcare. She has been vital to the community's health, particularly in situations where there are medical professional shortages in rural India due to various constraints. She has the ability to significantly lower the newborn and maternal death rates in the area. It has been said that the best measure of a country, state, or community's condition of health is its infant mortality rate. By quickly sending patients to more advanced facilities, she might be able to prevent these deaths. With the assistance of an authorised social health activist (ASHA), a volunteer health worker employed by the National Health Mission, she should concentrate more on enrolling pregnant mothers for antenatal checkups (ANC) and providing basic health services. For this, she need constant orientation. It is possible to conclude that illness is not a random occurrence. Community health is influenced by a wide range of sociocultural, economic, environmental, and genetic factors, all of which are fully understood by medical specialists like public health nurses. Since mothers and children constitute a demographic that is significantly more at risk, special attention should be paid to comprehending and addressing their concerns. A community health nurse's job is to improve the health of vulnerable populations, including mothers, children, and other at-risk groups. Healthy homes will benefit society as a whole and the nation as well. It will be crucial to comprehend the general wellbeing of healthcare professionals and recommend policy changes that can improve it.

Table 1: Sentiment of Personal Health Risk

S. No	Options	HC Workers			
		Nurses	NA	NT	
1	Strongly Agree	F	140	94	286
		%	84.61	53.19	83.47
2	Agree	F	24	67	38
		%	13.19	37.76	10.24
3	Neutral	F	1	11	14
		%	1	5.76	3.19
4	Disagree	F	1	1	1
		%	1	1	1
5	Strongly disagree	F	1	1	1
		%	1	1	1
Total			267	272	442

Table 1 presents the results for the sensation of self-health at risk. The table shows that 84.61% of nurses strongly agree, 13.19% agree, and 5.19% disagree that NA feel their own health is at stake. Regarding the feeling of having one's own health at risk, 53.19% strongly agree, 37.76% agree, and 5.76% are neutral. Among NT, 83.4% strongly agree, 10.04% agree, and 3.19% are neutral. The findings showed that over 93% of participants from the selected hospital expressed satisfaction with the quality of care given to EPs. Data are examined using the weighted average approach, which accounts for respondents' ratings. The result value of reflects the respondents' 'Agree' evaluation of the hospital support they receive.

Table 2: Concerned sleep decoration after COVID duty

S. No	Options	HC Workers			
		Nurses	NA	NT	
1	Strongly Agree	F	122	116	224
		%	74.33	71.2	65.76
2	Agree	F	20	42	111
		%	11.2	23.47	27.76
3	Neutral	F	6	5	14
		%	3.20	2.33	3.3
4	Disagree	F	14	2	2
		%	7.47	2	2
5	Strongly disagree	F	2	2	2
		%	2	2	2
Total			262	268	453

Table 2 displays the results for the disturbed sleep pattern following C-19. The table indicates that, of nurses, 74.33% strongly agree, 11% agree, 3% were neutral, and 4.47% disagree that they had a disturbed sleep pattern following C-19; among NA, 62% strongly agree, 23.47% agree, and 2.33% disagree; and among NT, 65.76% strongly agree, 27.76% agree, and 3.39% disagree. As per the findings, over 89% of participants from the selected hospital expressed agreement with the staff's expertise about the work course. The data is examined using the weighted average approach, which takes the ratings of the respondents into consideration.

Table 3: Dry during COVID activity

S. No	Options	HC Workers			
		Nurses	NA	NT	
1	Strongly Agree	F	66	102	120
		%	37.19	63.1	36.24
2	Agree	F	77	44	86

		%	43.47	24.61	23.76
3	Neutral	F	11	1	46
		%	5.76	1	15
4	Disagree	F	14	17	44
		%	7.47	11.19	11.76
5	Strongly disagree	F	2	1	31
		%	0.61	1	8.04
Total			264	265	421

A Table 3 displays the results for dehydration during C-19 duty. Regarding being dehydrated during C-19 duty, the chart shows that among nurses, 37.19% strongly agree, 43.47% agree, 5.76% were neutral, 7.47% disagree, and 0.61% strongly disagree; among NA, 54% strongly agree, 24.61% agree, and 11.19% disagree; and among NT, 36.24% strongly agree, 23.76% agree, 15% were neutral, 11.76% disagree, and 8.04% strongly disagree. According to the findings, "the majority of respondents of the chosen hospital evaluated as 'agree' towards leadership are a role model for other hospitals." The data is examined using the weighted average approach, which takes the ratings of the respondents into consideration. With an outcome value of 2.73, the respondents were in agreement that the hospital's leadership ought to act as a template for other institutions. More than 3-4 of respondents of chosen institutes under research are satisfied with EP security and safety, according to the data.

Table 4: Availability of leave during COVID duty

S. No	Options	HC Workers			
		Nurses	NA	NT	
1	Yes	F	16	20	51
		%	8.61	11	13.76
2	No	F	148	144	288
		%	92.19	87	84.04
3	Don't know	F	2	2	2
		%	2	2	2
Total		268	266	440	

Source: primary data.

Table 4 presents the availability of leave during C-19 duty findings. The data shows that among nurses, 8.61% agreed and 92.19% denied that they had availability for leave during C-19; among NA, 11% agreed and 87% denied; and among NT, 13.76% agreed and 84.04% denied that they had availability for leave during C-19.

Consequently, "the majority of respondents of selected hospital claimed they are aware of leave requirements to be observed by them," the research states.

Conclusion

Whether the government or the private sector is funding the programme, nurses are essential to its implementation. Without a doubt, nurses contribute significantly to the promotion of health and well-being in society. If Indian nurses hope to make a permanent difference in the welfare of society, they must take this role more seriously. Our research was done in Delhi hospitals specifically designated for COVID-19. We made an effort to evaluate the treatment health workers' (HCWs') quality of life, level of contentment with the surroundings, and other unrelated aspects that might affect their quality of life or increase their risk of being sick. Analogous research has been conducted on previous pandemics including the global COVID-19 outbreak. The findings have unequivocally demonstrated

that HCWs in pandemics, outbreaks, and disaster-like circumstances have a markedly reduced quality of life as well as severe negative consequences on their physical and mental health. The factors that lead to low quality of life are largely consistent across studies. According to Preti, *et al.* 2020 [18], there is actual data from a number of pandemics that emphasises the necessity of addressing the negative effects that epidemics and pandemic breakouts have on the mental health of healthcare workers. Assessment and encouragement of resilience and coping mechanisms, a focus on frontline health care workers, supply of sufficient protective supplies, and setting up online support systems are all recommended. Surprisingly, it was shown that drinking and smoking were also coping mechanisms. Developing strategic ways that safeguard the mental health and HRQoL of healthcare workers is crucial. The purpose of the reviews was to assess the nature of work-life balance (WL) for paramedics and MC takers in a public emergency clinic example and to identify the variables that affect the respondents' level of job satisfaction. The numerous review-related offices were used to select the respondents randomly. The data was properly tabulated to produce accurate results, and then quantifiable tools such as ANOVA, mean, and SD were used to analyse the data. This allowed us to assess the respondents' performance levels at work.

Conflict of Interest

Not available

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Not available

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