

A Study on the Role of Social Health Care Workers during COVID Times in Madhurawada Village of Visakhapatnam District

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Abstract

On the off chance that patients have gentle side effects, they are urged to remain at home with close observing. In the event that conceivable, assessment by means of telehealth ought to be facilitated to diminish the gamble of likely openness to different patients and staff. Numerous foundations have likewise settled screening facilities that are isolated from other clinical regions to lessen the gamble of openness to asymptomatic patients with malignant growth who are looking for care. With an end goal to incorporate guardian support during patient visits and medicines, phone or video correspondence with parental figures ought to be obliged. Disease focus strategies can be imparted to patients and guests through letters and messages, and during telephone screening to set suitable assumptions. The present paper is aimed at the role of social health care worker duty of COVID people in Madhurawada village of Visakhapatnam district

Keywords: COVID, Health Care Workers, Patients Information, Village, Knowledge of COVID

1. Introduction

An interesting test in the malignant growth populace is that numerous patients going through cytoreductive treatment, and particularly those with lung illness, may encounter comparative side effects as a result of treatment or because of their basic sickness process [1-2]. In this manner, it is vital to guarantee that patients are properly evaluated for other likely etiologies, including different diseases (eg, blood societies in the administration of patients with neutropenia fever). Gathering this populace empowers important and clinically proper treatment to proceed, at the doctor's attentiveness, with lower chance of openness to others [3-4]. Likewise, patients who are COVID-19-positive or under assessment for COVID-19 might accept their consideration in assigned units when they are confessed to the medical clinic.

2. Theory

Andhra Pradesh has created an elaborate governance model based on Navaratnalu that includes welfare

schemes. All government hospitals will be modernised in two years to be on par with corporate hospitals for better Aarogyasri treatment. A picture of one of the government hospitals would be shown in the near future. As needed, the number of Doctors will be increased. Low-income mothers do not need to be concerned about their children's education. Loans from the Women's Cooperative Society would be paid directly to them in four installments. YSR Cheyuta will be given to BC, SC, ST, and Minority women. The current Corporations system will be overhauled, and a more transparent system will be put in place. In this severe COVID times, AP government has deployed social health care workers for the information of effected people, their dire situation and treatment process.

Research Methodology

Ebb and flow assessment is an appealing exploration technique. This incorporates all around described and unique handling, cautious exploration and comprehension of the data gathered, and steady conveyance. To finish the investigation of this sort of data, test the hypothesis and arrive at the unavoidable outcome, it is vital to pick the technique and suitable hardware to utilize. In this study, the review was viewed as a valuable device for social event data. Arbitrary respondents from ancestral regions close or around the city of Visakhapatnam were chosen in view of cutting edge, straight and unpredictable test strategies.

Objectives of the Study

1. To compare the information and idea about COVID spreading information in Madhurawada village of Visakhapatnam district
2. To compare the knowledge about COVID Treatment process in Madhurawada village of Visakhapatnam district.

Hypothesis

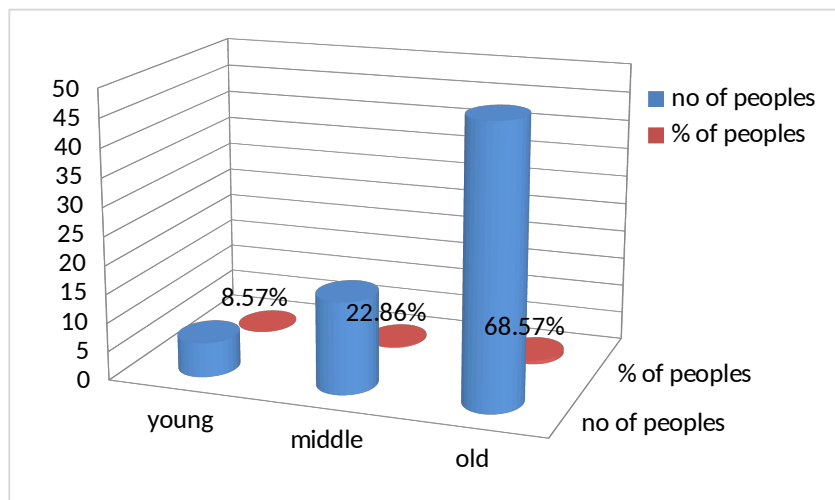
1. There will be no significant difference between clinical duty's and communication with respondents in Madhurawada village of Visakhapatnam district.
2. There will be no significant difference between the patient information and patient personal care in Madhurawada village of Visakhapatnam district.

3. Results and Discussion

3.1 Age wise Classification

From the Figure 3.1 the graph is plotted against different type of age peoples and percentage of the people. From this graph shows old age peoples (68.57%) more social health care worker and gets high percentage compare to young age peoples (8.57%) and middle age peoples (22.86%). In this figure, red color indicates the percentage of different age peoples and blue color indicates the no of peoples [6].

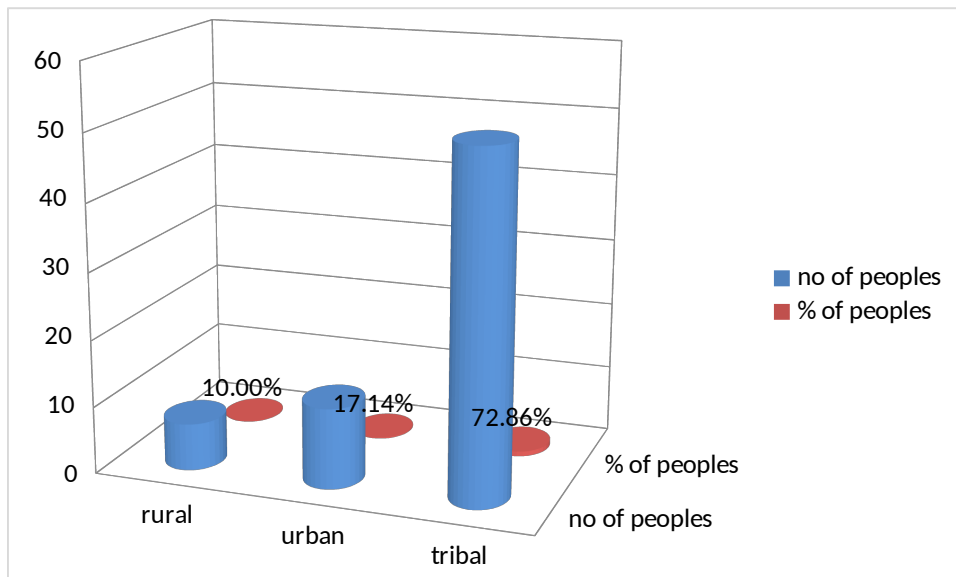
Figure 3.1: Age wise Classification



3.2 Different Village Types

From the Figure 3.2 the graph is plotted against Type of peoples for no of peoples and % of the people. From this graph shows tribal peoples gets high percentage (72.86%) compare to rural peoples percentage (10.00%) and urban peoples percentage (17.14%). In this figure, red color indicates the percentage of the peoples and blue color indicates the no of peoples [7].

Figure 3.2: Different Village Types

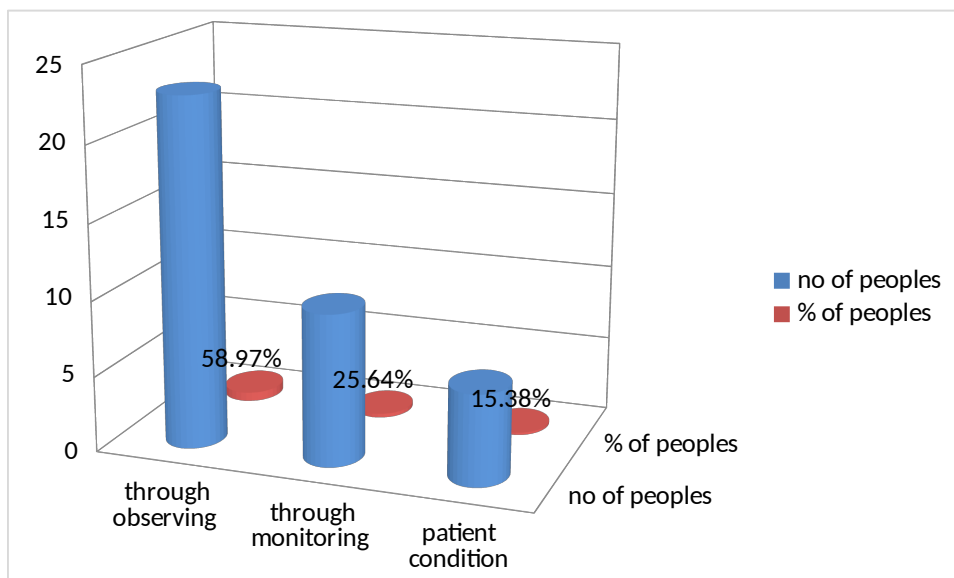


3.3 Knowledge about Patient

From the Figure 3.3, the graph is plotted against different type know about patient for no of peoples and percentage of the people. From this graph shows know the Knowledge about patient through observing the patient and its gets high percentage (59.97%) compare to through monitoring the patient (25.64%) and

through patient condition levels (15.38%). In this figure, red color indicates the percentage of the peoples and blue color indicates the no of peoples [8].

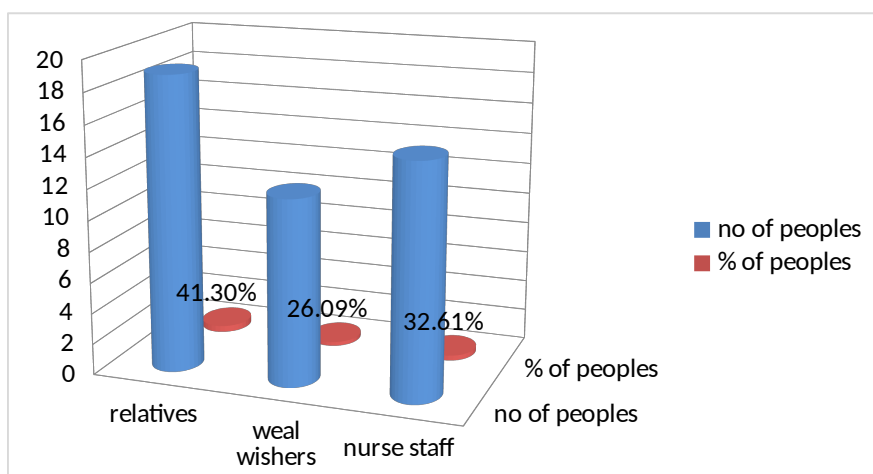
Figure 3.3: Know about Patient



3.4 Communications with Patient

From the Figure 3.4, the graph is plotted against type of communications with patient for no of peoples and percentage of the people. From this graph shows relatives more communicate with patient and its gets high percentage (41.30%) compare to weal wishers (26.09%) and nurse staff (32.61%). In this figure, red color indicates the percentage of the peoples and blue color indicates the no of peoples [9].

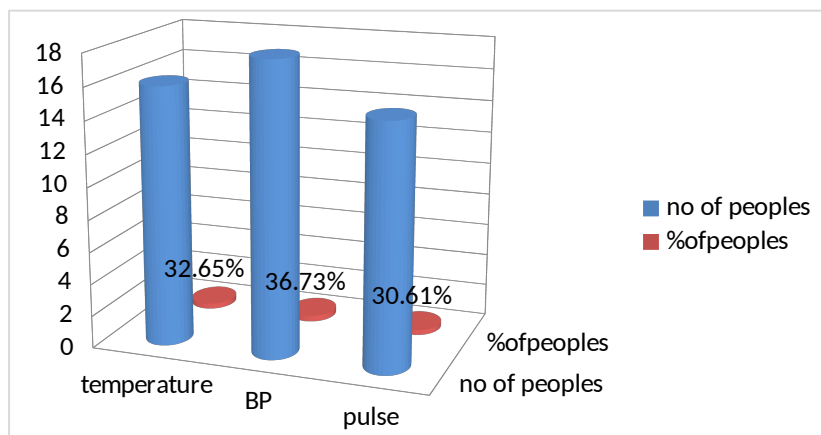
Figure 3.4: Communication with Patient



3.5 Clinical Duties for Patient

From the Figure 3.5, the graph is plotted against type of clinical duties for patient for no of peoples and percentage of the people. From this graph shows BP checkup is the main clinical duties for patient and its gets high percentage (36.73%) compare to temperature checkup (32.65%) and pulse checkup (30.61%). In this figure, red color indicates the percentage of the peoples and blue color indicates the no of peoples [10].

Figure 3.5: Clinical Duties for Patient



3.6 Patient Personal Care

From the Figure 3.6, the graph is plotted against type of Patient personal care for no of peoples and percentage of the people. From this graph shows for Patient personal care to prevent the infection effects to the patient and its gets high percentage (52.38%) compare to provide hygienic food for patient (19.05%) and personal care patient safety (28.57%). In this figure, red color indicates the percentage of the peoples and blue color indicates the no of people [11].

Figure 3.6: Patient Personal Care

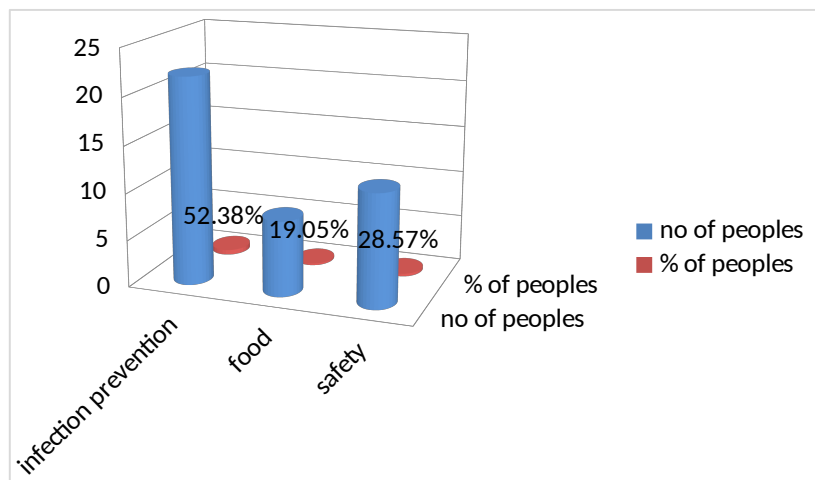


Table 1.1: ANOVA Single Factors

Groups	Count	Sum	Average	Variance
Age	30	70	2.333333	0.643678
Village type	30	70	2.333333	0.712644
Knowledge about patient	30	39	1.3	0.355172
Communication with patient	30	46	1.533333	0.602299
Assisting with clinical duties	30	49	1.633333	0.585057
Patient personal care	30	42	1.4	0.524138

Table 1.2: ANOVA

Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	31.97778	5	6.395556	11.21048	2.22E-09	2.266062
Within Groups	99.26667	174	0.570498			
Total	131.2444	179				

A proper F test for the single variable impact is remembered for the ANOVA table. ANOVA, or investigation of change, is a measurable technique for contrasting the method for at least two gatherings of values. The likelihood of acquiring a F measurement of 11.2048 or more prominent when the p-esteem is valid ($F > P$).

Conclusion

During this period of emergency, the great foci for each social health care worker is safeguarding the prosperity of patients and medical services laborers while proceeding to give a sustaining and safe climate to work and really focus on patients. The upsetting worldwide involvement in COVID-19 restricted, and now and again crushed, the medical services conveyance frameworks we have depended on to give protected and powerful consideration to our patients through Social Health care workers by Government of AP. Regardless, our medical care local area stays devoted, flexible and versatile. In particular, the responsibility towards patients, AP Government and Social Health care workers still serve and will keep on directing their reaction during these phenomenally difficult times. With cautious assessment and change of our methodology, we can keep on furnishing our patients with powerful and humane consideration without forfeiting the wellbeing and security of our groups, partners and families.

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