

Comparative Study of the Behavior of the People Confined for Covid-19 with and without Upper Respiratory Tract Infections

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ABSTRACT

Coronavirus Infectious Disease (COVID) had a terrible influence on peoples' mentalities. Many various aspects of a person's personality have been impacted by it. The COVID hospital's quarantine period is the most challenging one, as we will discover if we look into the issue more. It has an impact on a person's personality in several ways. If we consider the opposite side of this issue, we discover that the individual themselves have the key to the issue's resolution. The ability to handle a challenging circumstance depends on the person's mental and physical fortitude. The key question of the current study is whether people with Upper Respiratory Tract (URT) infections have a more optimistic outlook on life than other people do in times of crisis, such as the COVID pandemic. A survey with questions was performed to gather the required data in order to complete the work. For the survey, five behavioral aspect-bases were established. The samples came from COVID patients that were either non-infected or URT Infected. These arguments led to the conclusion that during the COVID pandemic's quarantine phase, patients with URT infections behaved better than those who were not. This discovery is very beneficial to a primary care doctor who treats a patient at the initial point of contact. An individual who specializes in family medicine, internal medicine, or pediatrics assumes ongoing responsibility for the patient's all-encompassing treatment.

Keywords: Oxidative stress, Diabetes, Peroxidation, Antioxidant therapy

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INTRODUCTION

It is claimed that if a person's conduct has to be evaluated, one should pay close attention to how he behaves when faced with struggle and adversity. And nothing could possibly have been worse than Corona! It would not be an understatement to suggest that the coronavirus infectious disease (COVID-19) has negatively affected people's mental health given the physical and financial devastation it has caused [1]. In these trying times, it is not hard to envision the agonizing effect that telling someone to avoid individuals they know, trust, and love might have on their mind. Behavior is the result of a variety of factors that combine physical and psychological traits

[2]. People from the same environment will share some qualities that will greatly influence their conduct since behaviour is a result of both environment and heredity. Under addition, the society saw a significant amount of people in quarantine acting rebelliously, refusing to cooperate with authorities or even obstructing the performance of their official duties [3]. Everyone has experienced situations where people fought, misbehaved, or physically assaulted the authorized employees [4]. Of all professions, those in healthcare have the greatest risk of violence at work [5]. Compared to other professionals, they have a four times higher risk of becoming hurt and missing work, especially when doctors frequently interact with patients who are under stressful or emotionally exhausting circumstances [6,7].

We're not only talking about one particular group generating news here; interestingly, we're also talking about educated people who never made headlines like physicians, merchants, and non-resident Indians [8]. As a result, we also made the decision to assess and determine if individuals with URT infection typically perform more correctly, responsibly, and set an example

for society at large [9,10]. Although COVID-19 made everyone snooze, it will undoubtedly leave us all with more questions than answers. One virus drove the globe to its knees, demonstrating that humans are not greater than nature. We can prepare a populace that is more law-abiding, cooperative, disciplined, and better able to face pressures of adverse and trying circumstances, even though there are certain factors we cannot control [11,12]. The persons with coinfections might serve as role models in the battle against the COVID-19 epidemic. Understanding the behavioural differences between URT infected and non-infected people in the context of the COVID-19 setting is the study's main goal. The study also tests whether or not a person with a URT may prevail even in the most challenging situations provided they have a strong immune system and mental stability.

METHODOLOGY

In the current investigation, a URT infected person has been treated as an individual for research purposes. The remainder of the population has been referred to as "non-infected folks" because they did not meet this condition. The primary goal of the current study was to assess many facets of an individual's behaviour under the extremely challenging COVID-19 pandemic settings. The most painful time is the quarantine period. The fundamental question that the current study seeks to answer is whether URT infected people have a more positive outlook on life than other people do during times of crisis like a COVID-19 pandemic. This question seeks to determine whether URT infected people possess stronger characteristics as compared to non-infected people.

A survey with questions was intended to be conducted to gather the needed primary data in order to complete the assignment. Five behavioural aspect-bases were established for the survey to measure each subject's personality attributes. The following five factors were used to compare the behavioural characteristics of people with and without URT infections

Altercations with medical staff

Following instructions given by medical staff

Cooperation and Coordination with fellow mates

Coping with the situation

Response to medication

The first two components represent the degree of discipline, the third, the degree of harmony, the fourth, mental health, and the final, the individuals' bodily and mental health. Samples of patients from Sri Balaji Medical College and Hospital in Chromepet, Chennai, were chosen for the data collection. All of the study's participants completed a particular COVID-19 Survey Questionnaire that was developed and presented in the English language. The samples came from COVID patients who had been classified as either URT-infected or non-infected individuals. The research is significant because

it included samples from a wide range of environments, maintained them in comparable situations, exposed them to comparable challenges, interacted with comparable medical personnel, received comparable care and diets, and experienced comparable levels of uncertainty. 258 samples were chosen at random, with the following breakdown.

RESULTS

The findings will disclose the conclusion made under the various features since all of the samples were examined in similar environmental settings, stored in comparable circumstances, treated by comparable types of medical personnel, and subjected to comparable levels of uncertainty. During the pandemic, it's important to learn that maintaining discipline includes being on time, remaining sober, showing respect, etc. This is crucial for navigating difficult circumstances in life. What use does discipline serve in epidemic scenarios is the question!

This question was answered under two separate heads

Was there a fight with the staff, doctor, or another instance of inappropriate behaviour? To this point, it was discovered that 18% of non-infected people had misbehaved with the police on some occasion or another, compared to just 7% of athletes and 93% of URT infected people who had never engaged in indiscipline or physical altercation.

When asked if they followed the physicians' directions, just 5% of infected people disobeyed the doctors' orders, compared to 23% of non-infected people. About 95% of those affected followed the advice or prescriptions of the medical professionals.

Cooperation and Coordination with Fellow Mates

Any system must be supported by an environment that encourages cooperation among various members in order to function properly and achieve its objectives. Unfortunately, this does not happen spontaneously, thus a few people need to put up an effort and take action in order to contribute to creating and maintaining a cooperative work atmosphere. How much collaboration and coordination were shown in the current study is examined in relation to the COVID-19 pandemic (Table 1). While 80% of infected people engaged with their fellow humans, supporting them in various situations, just 56% of non-infected people did.

Coping with the situation

Combativeness and the ability to cope under pressure are rare traits. People abandoning trivial issues can be seen in several societal contexts. Put your seatbelt on and face the issues. However, in the context of the pandemic, the following various behavioural patterns were seen: Is a URT infection more capable of handling pressure in difficult circumstances like the one we're in right now? Is he more upbeat about life? When questioned such as Do you believe the situation will get better? Do cases

Table 1: Comparison of behavioral pattern of urt infected and non-infected persons.

URT infected persons			Non-infected persons		
Details	Nos	Percentage	Details	Nos	Percentage
Samples	147	100	Samples	111	100
Male	121	82.31	Male	84	75.68
Female	26	17.69	Female	27	24.38
Cases of altercations			Cases of altercations		
No	136	92.52	No	83	74.77
Yes	11	7.48	Yes	28	25.23
Following Doctors advice			Following Doctors advice		
No	7	4.76	No	25	22.52
Yes	140	95.24	Yes	86	77.48
Behavior			Behavior		
Indifferent	19	12.93	Indifferent	29	26.13
Negative	11	7.48	Negative	20	18.02
Positive	117	79.59	Positive	62	55.86
Coping			Coping		
Cannot be understood	11	7.48	Cannot be understood	20	18.02
Negative	24	16.33	Negative	40	36.04
Positive	112	76.19	Positive	51	45.95
Response to medication			Response to medication		
Cancel	74	50.34	Cancel	96	86.49
Slow	4	2.72	Slow	1	0.9
No medication required	1	0.68	No medication required	1	0.9
Normal	2	1.36	Normal	2	1.8
Quick	66	44.9	Quick	11	9.91

ultimately lose value? Will you improve? While 36% of those from non-infected individuals displayed negativity and indications of depression, around 76% of those from URT infected individuals had a good coping strategy and were optimistic about life and their position.

Medication

In the COVID-19 scenario, medication is absolutely necessary for the corona patient's survival. The conclusions are as follows: Only 10% of non-infected people had a speedy recovery, compared to nearly 45% of URT infected people who responded rapidly and normally to medications. The study confirms the following

URT infected People are more disciplined approximately (95% vs 75%).

URT infected People are more responsible and cooperating towards fellow citizens/society (80% vs 50%).

URT infected People are more positive towards life even in a negative situation better equipped to handle pressure (76% vs 55%).

URT infected People have shown quicker response to medication as compared to the non-infected person (46% vs 9%).

CONCLUSION

This study has demonstrated how using a number of crucial behavioural features under pressure may help manage a challenging scenario. Only a person in good

physical and mental health could display such controlled conduct in the COVID hospital's stressful environment of pressure, despair, disease, and unfavourable surroundings. The main ideas may be summed up as follows:

URT infected persons were found to have a better record of not being involved in an altercation with the staff/doctor/incident of misbehavior.

An examination of the cooperation factor revealed that URT infected persons scored higher on cooperation than the non-infected persons.

URT infected persons showed a quick response to medicines administered and recovered quickly. This can be attributed to better immunity and a healthier body which one attains by medication and exercises.

This finding offers great help to a primary care physician who provides care to the patient at the point of the first contact.

An individual who specializes in family medicine, internal medicine, or pediatrics assumes ongoing responsibility for the patient's all-encompassing treatment. The primary care doctor can accurately predict or assess the patient's recovery if he is informed prior to treatment that the patient has a sporting history.

REFERENCES

1. Feng Y, Cheng X, Wu S, et al. Hybrid drug-screening strategy identifies potential SARS-CoV-2 cell-entry inhibitors targeting human transmembrane serine protease. Struct Chem 2022; 33:1503-1515.

2. Saravanan KM, Zhang H, Hossain MT, et al. Deep Learning-Based Drug Screening for COVID-19 and Case Studies. *Methods Pharmacol Toxicol* 2021; 631-660.
3. Ferreira LN, Pereira LN, da Fé Brás M, et al. Quality of life under the COVID-19 quarantine. 2021; 30:1389-1405.
4. Choi M, Choi Y. Employee perceptions of hotel CSR activities during the COVID-19 pandemic. 2021; 33:3355-3378.
5. Sahebi A, Moayedi S, Golitaleb M. COVID-19 pandemic and the ethical challenges in patient care. 2020; 13.
6. Yang Y, Kim H, Hwang J. Quarantine facility for patients with COVID-19 with mild symptoms in Korea: experience from eighteen residential treatment centers. *J Korean Med Sci* 2020; 35.
7. Putman MS, Ruderman EM. Learning from adversity: Lessons from the COVID-19 Crisis. *J Rheumatol* 2020; 47:791-792.
8. Sundaram KK, Kumar AV, Alphonsa T, et al. COVID-19 and Tuberculosis: Two Knives in a Sheath. *Coronaviruses*. 2022; 3:33-46.
9. Zhang H, Gong X, Peng Y, et al. An efficient modern strategy to screen drug candidates targeting RdRp of SARS-CoV-2 with potentially high selectivity and specificity. *Front Chem* 2022; 10.
10. Zhang H, Yang Y, Li J, et al. A novel virtual screening procedure identifies Pralatrexate as inhibitor of SARS-CoV-2 RdRp and it reduces viral replication in vitro. *PLoS Comput Biol* 2020; 16:e1008489.
11. Cai T, Tascini C, Novelli A, et al. The management of urinary tract infections during the COVID-19 pandemic: What do we need to know?. *Uro* 2022; 2:55-64.
12. Diaz Pollan B, Guedez Lopez GV, Garcia Clemente PM, et al. Urinary Tract Infections in Hospitalized COVID-19 Patients, What's Up, Doc? 2022; 11.