

Effects of Covid-19 in the Healthcare System

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Abstract

Center for Disease Control and Prevention (2019) defined the coronavirus disease 2019 (COVID-19) as a virus caused by a novel coronavirus, which was first discovered during an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. The World Health Organization's Eastern Mediterranean Regional Office (2020) explained that the coronaviruses (CoV) are a large group of viruses that cause ailments inclusive of the regular cold to even more severe ailments such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been formerly found in humans. The deadly illness was birthed from SARS-CoV-2 and was eventually named COVID-19 by the WHO (2020) and the name was chosen to prevent defaming its foundations in terms of populaces, topography, or animal connotations.

Key words: COVID-19, Health care; Corona Virus; SARS-COV

Signs and Symptoms

According to the Ministry of Health & Wellness [1] in Jamaica, the most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea and these symptoms are usually mild and begin gradually. WHO (2020) explained that COVID-19 affects different people in diverse ways and that most infected persons will experience mild to moderate form of the illness and recover without hospitalization. Some fewer common symptoms include loss of taste or smell and a rash on skin, or discolouration of fingers or toes (WHO, 2020). It was highlighted that some serious symptoms were difficulty breathing or shortness of breath, chest pain or pressure and loss of speech or movement [1] concluded that older people, and those with underlying medical problems like hypertension, heart problems or diabetes, are more likely to develop a serious form of the illness and should seek medical attention immediately

Prevention

WHO (2020) explains that to avoid the virus and to slow the spread of COVID-19, the public is advised do the following:

- Cleanse your hands frequently and preferably with soap and water or use an alcohol based hand sanitizer.
- Maintain at least 6 feet distance between you and people in general especially those coughing or sneezing.
- Evade touching your face, especially out in public. • Cover your mouth and nose when coughing or sneezing.
- Remain at home if you are not feeling well.
- Refrain from smoking and other activities that weaken the lungs.
- Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.

Gallegos [2] explained that the virus was initially reported to the WHO on the 31st of December in 2019 and on the 30th of January 2020, WHO announced the COVID-19 outbreak a global health crisis [3]. The New York Times (2020) reported that on the 11th of March 2020, the WHO announced COVID-19 a global epidemic, its first such description since announcing H1N1 influenza a epidemic in 2009. The COVID-19 pandemic has now

spread across the entire globe. As on August 24th, Jamaica has a total of 1695 cases, with 819 recovered cases and 16 deaths, while worldwide there has been 23.4M cases, 15.2M recovered cases and 809K deaths. The United States of America has recorded the highest deaths totalling over 180K with Brazil a close second at 115K and several other countries have been devastated by this virus. This pandemic creates a standstill in production in almost all affected countries, attacking supply chains across the world, and a precipitous decline in consumption collectively with a breakdown in certainty [4]. Rigorous methods being applied, even though crucial to contain the virus, are thrusting our economies into an unparalleled "deep freeze" state, from which emergence will not be straightforward or automatic [4]. The most pressing priority for most countries is to minimise deaths and health and the spread of the virus; but the epidemic has also set in motion major economic, financial and collateral crises that will burden our societies, especially on our healthcare system for the future. Economic and Financial effects (inclusive of the growing backlog of healthcare procedures) [5] in his address at the 23rd Forum on Global Issues stated that in times of economic crisis, people tend to relinquish private health care and make more use of publicly financed health services. This trend has come in a time when the public,

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health system in many countries is already vastly overstretched and underfunded like this covid-19 epidemic [6] In many low-income countries like Jamaica, more than 60% of health spending comes in the form of direct out-of-pocket payments (IMF, 2020). Economic recession upsurges the risk that people will disregard care, with prevention falling by the wayside, less preventive care is predominantly disturbing at this time when demographic ageing and a rise in chronic diseases, non-communicable diseases and mental illnesses are global trends (IMF, 2020). Grays (2020) explained that in the United States of America, hospitals and clinics are experiencing a reduction of in-person clinic visits due to social distancing and that the major factor is the halt placed on elective procedures and surgeries in order to prepare for COVID-19 patients. Surgeries have been reduced by approximately 50 percent nationwide and even though the government hospital stimulus fund aims to increase reimbursement for COVID-19 admissions, hospitals are expected to still lose over \$1,000 per COVID-19 patient. (Grays, 2020) [8] Confirmed Grays (2020) by explaining that since people are being asked to practice physical distancing and minimise outside activities, many people who would otherwise be using healthcare are now choosing to stay home. [8] Stated that while healthcare workers are busy dealing with COVID-19 patients, healthcare offices are still suffering from the decline in other patients. His report highlighted that some primary care practices have reported reductions in the use of healthcare services of up to 70% [8]. The healthcare industry in developed countries typically one of the fastest-growing industries, with an average total of 8,500 jobs being generated monthly; yet, in March 2020, only 200 jobs were generated in the United States of America (USA) [7]. When services are cut, as they have been during this epidemic, income streams are lost and with the unexpected loss of revenue, expenses are reduced [7,8]. The situation has gotten so out of control that private hiring firms and hospital operators are announcing layoffs and pay cuts all across the globe [6]. Healthcare professionals at small, rural hospitals are being laid off, reassigned, or their contracts were cancelled and smaller practices are being forced to temporarily close their doors, some permanently [7]. Javanmardian, Shellenbarger & Smith (2020) expressed that COVID-19's financial toll has been revealing itself. The Mayo Clinic estimated a \$3 billion revenue deficit in 2020 and is expected to suffer a \$2 billion loss this year [9]. Javanmardian, Shellenbarger & Smith (2020) explained that the fate of what a post-pandemic scene holds implies a return to the normal operating model is definitely not a sustainable choice for the future. Hospitals and health systems should methodically re-evaluate and transmute their organizational models (Javanmardian, Shellenbarger & Smith, 2020).

The physical and mental exhaustion of the frontline healthcare workforce

Our healthcare professionals here in Jamaica and around the world are the direct frontline soldiers in this battle against COVID-19 and are far stretched by demand, double and triple shifts, some are unable to go home out of fear of compromising family members, some are afraid for their lives and the lives of their patients, some are managing troublesome patients who are declining to be isolated as well as treated and many end up in a consistent confusion attempting to be beneficial and productive [10]. One can just envision the significant levels of feelings, stress, the physical and mental fatigue that they are encountering during this time [10]. According to [11], with an calamity of this magnitude, psychological counselling for crisis intervention is required for all healthcare and allied staff since they are at higher dangers for mental issues. During any normal time, 50% of physicians are battling burnout, or emotional fatigue caused by work related stress [12]. Many studies explained that healthcare professionals' mental health was a restrained, widespread

public health crisis prior to COVID-19 and now, that they are fighting a deadly virus with personal protective equipment shortages and no evidence-based treatment [13]. Social segregation and individual sentiments of isolation are realized risk factors for suicide, and it is already proven by research that doctors have higher percentages of successfully completed suicides than the general population [12,14]. Research on mental distress in healthcare workers had already shown that doctors were more likely to suffer from psychiatric disorders when compared to workers from other industries [15]. Additionally, approximately 50% of doctors were suffering from burnout, and that they suffered higher percentages of suicide than the general population [16]. A recent study conducted in Wuhan, China demonstrated that women, nurses, and frontline healthcare professionals are especially at risk to experiencing depression, anxiety, insomnia, and distress in these work conditions [17]. The novel coronavirus epidemic threatens to aggravate work-related stress among certain healthcare professionals and to intensify their psychological suffering [17].

The Collateral Issues

WHO Geneva (2020) revealed from a recent survey that prevention and treatment services for noncommunicable diseases (NCDs) have been severely interrupted since the COVID-19 pandemic started. The principle finding is that health services have been somewhat or totally disturbed in numerous countries with the greater part (53%) of the countries surveyed have partially or totally disturbed services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies [18,19] explained the COVID-19 pandemic and the resulting economic recession have adversely affected many persons mental health and created new impediments for persons already battling mental and substance misuse disorders. UN (2020) reported that before the epidemic, in most communities in countries all over the world, there was already limited access to quality, affordable mental health care. This access has now been further diminished due to COVID-19 as the epidemic has interrupted health services around the globe (UN, 2020). [17] Highlighted that the key factors affecting services are: infection and risk of infection in long-stay facilities, including care homes and psychiatric institutions; barriers to meeting people face-to-face; mental health staff being infected with the virus; and the closing of mental health facilities to change them into care facilities for people with COVID-19. [20-23] stated that outpatient mental health services around the world have also been severely affected. Interest for up close and personal psychological wellness administrations has fundamentally diminished in light of dread of contamination, especially among older individuals[24-27].

Conclusion

The COVID-19 pandemic has emphasized the already overburdened public health systems in many countries, and to the challenges faced in hiring, deploying, retaining, and protecting adequate well-trained, supported, and encouraged health professionals. This pandemic has highlighted a strong need for sustainable investment in healthcare systems and how crucial it is to develop resilient healthcare systems. Additionally, enforcing the critical role both in crisis response and in building a future that is prepared for health emergencies.

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