

A PERSPECTIVE ANALYZE OF WESTERN BALKAN SOCIETIES IN TRANSFORMING THE HEALTH CARE SYSTEM STRUCTURE DURING COVID-19

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ABSTRACT

This paper aims to identify the correlation between the Covid-19 pandemic and the ability of the health care systems to restructure to combat the pandemic. There is inadequate information on the relationship between the two variables in the current literature review, making the primary data essential in carrying out the study. In this study, the researcher used a correlation research design to establish the cause-effect relationship between the two variables: Covid-19 and its effect on restructuring the health care systems economy in the Western Balkan area. An increase in the shortage of medical equipment has reduced the health care systems' ability to restructure for the pandemic. The study also found out that the health care facilities in the Western Balkan experienced a widespread shortage of ventilators and ICU beds, making it a significant challenge to contain the virus. Increased unpreparedness led to a decrease in health care systems' ability to restructure. The fallout of Covid-19 has impacted almost every facet of the healthcare economies in the Western Balkan region. The study found that the lack of preparedness was the main contributor to the struggles experienced in the region's healthcare facilities. There was a lack of preparedness on the part of the health care system in the Western Balkan because the medical response to the corona pandemic imposed a staggering cost on the local health care systems. That left many people from the area to struggle with the demand spikes on their limited resources, making it hard for the health care institutions to survive the pandemic effects. In the region, like in other areas worldwide, the health care sectors are designed to tackle more than the average demand for health care services in common diseases. However, for the Covid-19 pandemic, the story is different as it requires extra resources. In most cases, the highly exorbitant investment may not make sense to most health care systems because such a magnitude of pandemic rarely occurs, making many consider investing such resources to other sectors of the economy.

Keywords: Covid 19, Health Care, Economy, Western Balkan

INTRODUCTION

The Covid-19 pandemic has created healthcare and economic crises in Western Balkan countries, making the Covid-19 recession a reality (Niente & Shutina, 2020). Before the onslaught of the pandemic, health care was considered immune to recessions since the demand for health care services remained constant because people would get sick in bad and good times. However, that has not been the same for the current pandemic. Individuals have been forced to minimize outside activities, encouraging physical distancing (Williams, 2020).

To that end, those who would otherwise be sick health care services have chosen to stay home to keep the medical systems clear to help reduce the spread of the virus. Many hospitals have also been admitting only the Covid-19 patients, forcing those with no urgent health care needs to find alternative ways to cope away from the hospitals (Bieber et al., 2020). That has led to the economic crisis in the health care sector since most healthcare institutions face a high decline in other patients as the health care team deals with the Covid-19 patients (Svrtinov et al., 2020). The health care sector in the Western Balkan society has been reported to experience a decrease of up to 75% in health care services usage, making it hard for the sector to survive without the government's help (Arežina, 2020). Most clinical staff have been receiving reduced salaries while others' wages have been frozen completely (Williams, 2020).

The pandemic made it hard for the health care systems to restructure economically as the demand for the services has reached all-time lowest (Djurovic, 2020). The health care sectors in the Western Balkan countries face reduced access to the necessary finances, making it difficult for them to reorganize themselves to cope with the current Covid-19 situation (Roksandić, 2021).

MATERIAL AND METHOD

Material

The population parameter for this study was the health care professionals from the Western Balkan region. The choice of the population was because the region is purported to be among the most affected by the Covid-19 pandemic, leaving the health care sectors in the area insufficient to support themselves. That made it necessary to carry out the study in the region to reach a more accurate result from individuals with firsthand experience of the effect of Covid-19 in the restructuring of the health care systems economy. This research used a sample size of a thousand health professionals from different hospitals within the Western Balkan countries. The choice to use a thousand participants was because the Western Balkan region is large and would require a larger sample size to fully understand the effects of Covid-19 on restructuring the economy of the health care systems in the area (Vangeli, 2019).

The researcher selected participants based on three criteria: age, length of service and type of hospital. The age group of participants ranged between thirty to fifty-five years, ensuring that the participants were old enough to engage in a constructive study. The researcher also ensured that participants were people who have served in the health care sector for more than ten years, making sure they have enough experience to share with the researcher. Finally, the participants' selection criteria considered the type of hospital they work from, with the researcher preferring individuals from public hospitals since most private hospitals closed earlier, making it hard for them to share accurate information on the topic.

The researcher chose the health care professionals for this study, believing that they would provide the sampling precision required.

Research Question

- ✓ What is the relationship between the increased effects of Covid-19 and the healthcare systems' ability to restructure to combat the virus spread?

This research has one dependent and independent variable. The independent variable is Covid-19, and the dependent is the restructuring of the healthcare system.

RESEARCH DESIGN

Research design is the general strategy the researcher uses to integrate the study components logically and coherently, ensuring the research problem is effectively addressed (Ivanov, n.d). In this study, the researcher used a correlation research design to establish the cause-effect relationship between the two variables, Covid-19 and its effect on restructuring the health care systems economy in the Western Balkan area.

Methods of Data Collection

The researcher used questionnaires in the data collection. The questionnaires were carried out online, with the researcher sending the questionnaires through emails to the chosen participants. The researcher chose online questionnaires because it is much cheaper than having a one-on-one interaction with the participants. It, therefore, ensured that the cost of the study was kept at its minimum. Online questionnaires also ensured that the participants had enough time to respond to the questions appropriately and accurately, ensuring the findings are more reliable (Terziev, 2021). Besides, internet accessibility in the region is perfect, making online participation more appropriate (Vangeli, n.d). Finally, online participation ensured the participants were not exposed to the virus, protecting their health.

FINDINGS

The study found several effects that Covid-19 has had on the economy of the health care system in the region, making it hard for the health care sector to restructure and adapt to the damages the virus has had on the economy of the health care system.

Increased unpreparedness led to a decrease in health care systems' ability to restructure. The fallout of Covid-19 impacted almost every facet of the healthcare economies in the Western Balkan region (Morina, n.d). The study found that the lack of preparedness was the main contributor to the struggles experienced in the region's healthcare facilities (Balkans, n.d). In most cases, the personal protective equipment for the health care personnel was not adequately supplied, making it dangerous for the health care workers to carry out the jobs effectively. For instance, the health care professionals or the participants demonstrated that only forty percent of the health care workers could access the N95 respirators, making it hard for the rest to control the spread of the virus (Radović, 2021). They also indicated that less than twenty percent of the health care professionals could access the goggles or face shields, making it a challenge for the health care personnel to interact with both Covid-19 and non-Covid-19 patients freely (Latal, 2020). That directly affected the health care economy as people became afraid to visit the hospitals, scared they would contact the virus through the health care personnel (Bastian, 2020).

An increase in the shortage of medical equipment has reduced the health care systems' ability to restructure for the pandemic. The study also found out that the health care facilities in the western Balkan experienced a widespread shortage of ventilators and ICU beds, making it a significant challenge to contain the virus. The majority of the health care facilities in the region did not have enough capacity to extensively test for the virus, affecting their ability to identify and isolate the infected (Oxford Analytica). The shortages were further intensified as the need for lockdown disrupted the supply chains that ensured the necessary materials like drugs and other equipment for the services (Puca, 2020). That made it hard for the health care system to restructure and adapt to the new situation.

Besides, the economic gap came in when the health care facilities were unable to pay the health care workers, forcing some of them to abandon the patients to seek alternative sources of

income (Djordjević, 2020). While many health care institutions lowered the wage rates for the employees, others froze the income completely, leaving the workers with no option but to seek an alternative source of livelihood (Djurovic, 2020). However, the governments in the region offered a subsidy to the health care facilities to stop them from running out of business.

The corona pandemic exposed the weakness of the public health care systems where the technology used to combat the virus raised challenges in different aspects. For instance, the study shows that the nature of the virus requires more vital coordination of systems, people, and data in facilitating the overall collaboration to fight it (Outlook). However, the health care stakeholders and the health care agencies have not been using the systems and data formats, hindering the health care systems' ability to identify trends and develop interventions for the virus spread (Djurovic, n.d). The epidemiologists, health researchers, and government officials have not been connected by the integrated systems, making it hard for them to understand the evolving nature of the virus in time.

The participants showed that the treatment and prevention services for non-communicable diseases had been disrupted since the beginning of the virus, making it hard for the health care systems to make profits (Begović, 2021). That has lowered the health care sectors' ability to restructure and adapt to the ever-changing virus requirement. The health care workers who specialized in the non-communicable diseases were reassigned to deal with the corona patients, making it hard for the health care institutions to restructure for the virus economically (Davradakis, 2020). The overall patient shrunk in the area by approximately seventy percent, leaving hospitals with drugs with no one to sell them to. That was primarily why most hospitals could not sustain their health care workers, forcing them to seek employment elsewhere (Native, 2020).

The lockdown and social isolation requirements also meant that the companies that supplied the hospitals with the equipment were negatively affected, lowering their ability to supply the necessary tools and drugs necessary in combating the virus. The inability to supply the equipment left patients with serious illnesses such as cancer, cardiovascular diseases and diabetes unattended to by the health care providers (Nava, 2020). The non-attendance to such a group of patients implied that the hospitals could not make enough income to effectively run the health care system, hindering their ability to restructure for the virus. Besides, the pandemic led to the increased cost of health care while at the same time reducing the household incomes, creating an environment in health care systems that discourage any positive economic activities. That led to the mass closure of most health care institutions, especially the private sector, which relied heavily on the service fee to run effectively.

The pandemic led to increased deaths among the health care practitioners, lowering the health care systems' ability to deal with the pandemic. According to the participants or the health care professionals, over ten percent of the health care service providers in the western Balkan perished from the virus, leaving the health care system with inadequate personnel to attend to many cases. Besides, that implies that the health care system must train new workers to replace the lost ones, but that takes time and money, creating an economic gap that hinders proper restructuring from combating the deadly virus (Kuqi, 2021).

DISCUSSIONS

There was a lack of preparedness on the part of the health care system in the western Balkan because the medical response to the corona pandemic imposed a staggering cost on the local health care systems. That left many people from the area to struggle with the demand spikes on their limited resources, making it hard for the health care institutions to survive the pandemic effects. In the region, like in other areas worldwide, the health care sectors are designed to tackle more than the average demand for health care services in common diseases; however, for the Covid-19 pandemic, the story is different; it requires extra resources (Stanciu, 2020). In most cases, the highly

exorbitant investment may not make sense to most health care systems because such magnitude of pandemic rarely occurs, making many consider investing such resources to other sectors of the economy. Consequently, that leads the population vulnerably to similar highly contagious viruses, making the investment necessary to increase the preparedness for any type of pandemics in the future (Kuqi, 2021).

The preparedness rate should include all the health care institutions in the region to have adequate access to the necessary equipment in controlling the pandemic. While some areas experienced average supply for such equipment, others experienced the lowest rate of supplies of materials such as personal protective equipment, showing the high level of unpreparedness for contagious diseases in the western Balkan region. The poor preparation for the contagious disease should mainly be blamed on the independent government agencies such as the state health care departments, who are often tasked with procuring and planning the resources. That is because most states in Western Balkan, like the rest of the world, have autonomy in the public healthcare operation management, making them liable for any challenges faced due to lack of preparation in the entire health care systems. The regional governments should liaise with the policymakers to ensure adequate provision of effective health care to avoid the challenges faced in the current corona pandemic.

However, they should understand that overreliance on autonomous agencies in distributing vital medical equipment is not the best way to go about public health transactions. That is true because the current pandemic has proven that such agencies can be unreliable, causing mass deaths in the region (Kuqi, 2021). This study demonstrates that even when the prices of resources are fixed before a pandemic, most autonomous agencies still have the incentives to pursue their interests, leading to blocked transactions in the middle of a fatal pandemic (Becker, 2020). Alternatively, the health care systems in the region should consider a well-designed central entity to assist agencies in sharing the medical equipment, eliminating the costly effects of self-interest from the autonomous agencies. That would ensure that resources are evenly distributed from the surplus areas to the regions that need more of the same (Gordana, 2020).

CONCLUSION

The study has demonstrated that an increase in Covid-19 pandemic effect increases the inability of the healthcare systems to restructure their economy in the western Balkan countries. The increased spread of Covid-19 reduced the ability of the health care systems to restructure since it led to many health care institutions unable to pay the workers, leaving the institutions with fewer people to manage the virus. Increased coronavirus lowered the ability of the healthcare sector to restructure because it led to change in technologies to control the virus. That involved technologies that raised different challenges. For instance, the study shows that the nature of the virus requires more vital coordination of systems, people, and data in facilitating the overall collaboration to fight it. However, the health care stakeholders and the health care agencies have not been using the systems and data formats, hindering the health care systems' ability to identify trends and develop interventions for the virus spread. The epidemiologists, health researchers, and government officials have not been connected by the integrated systems, making it hard for them to understand the evolving nature of the virus in time.

CONFLICT OF INTEREST

This is a situation where personal judgment may compromise the researcher's ability to offer practical judgment on the findings. To avoid that, the researcher submitted the financial disclosure

forms at the time of proposal submission for funding. That includes disclosing when the funding was received and when the application for the protocol was submitted.

SOURCE OF FUNDING

The funding source for this research was from corporations through the research and development department that contributed five hundred thousand dollars.

ETHICAL CLEARANCE

To ensure the research complies with the NASW standards, the researcher considered the code of ethics such as self-termination, informed consent, social diversity, and cultural competence, ensuring that everybody is well respected throughout the process. The researcher ensured proper data submission, storage, distribution, and security for the NIH standards.

To ensure informed consent of the participants, the researcher engaged the participants only in the professional relationship context, ensuring that personal information is not included in the analysis. Besides, the researcher informed the participants of the risks and limitations of the online interview, enabling them to understand better what they are about to engage in. The participants cannot make an informed decision; the researcher protected such individuals by seeking permission from a third party such as the spouse and close family members. That would ensure that personal information is not shared. To remain culturally competent, the researcher sought to understand different cultures and their function in society and human behavior by identifying the strength in other participants' cultures.

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