

A qualitative study conducted in 2021 among National Guard primary care physicians in the Western Region of Saudi Arabia examined the effects of the Coved 19 pandemic on the fundamental functions of primary care.

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INTRODUCTION

The COVID-19 pandemic has altered the roles and responsibilities of the healthcare system and improved the general quality of health services offered to the community. Initially, the majority of healthcare settings treated emergency cases and COVID-19 patients exclusively, which made it difficult for other symptomatic patients with other acute or chronic illnesses that were not COVID-19 to receive standard care [1]. In the midst of combating the COVID-19 pandemic, medical and surgical emergencies are often overlooked inside the healthcare system. Health services are disrupted by COVID-19, particularly for those with chronic or noncommunicable diseases who need ongoing monitoring [2]. The COVID-19 pandemic should force governments to make plans for handling issues pertaining to the population's health. The needs of women, children, the elderly with diseases unrelated to COVID, and other people with specific needs should be prioritized. It is not appropriate to enable the weak to get weaker. Even during times of peace, the most susceptible demographics are women, children, and the elderly. If the services for these populations are not maintained, the MDG and SDG benefits risk being nullified (1).

Telephone triage is a technique where doctors assess patients' symptoms over the phone and decide on the best course of action using standardized criteria. For a physician to examine patients without making physical contact, they

must possess strong assessment skills training. In order to accurately identify the patient's symptoms and deliver the appropriate care plan based on those symptoms, they employ evidence-based protocols in conjunction with their expertise of disease processes and symptoms [3]. The lack or uneven application of defined guidelines is leading to an increasing evaluation of the consistency and quality of telephone triage services at many community health centers. Over the past twenty years, there has been an increasing amount of interest in health centers obtaining defined methods for evaluation that triage nurses can utilize [4,5]. Because of this, community health centers all throughout the country are starting to create strategic plans to put in place accurate, dependable, and reasonably priced telephone triage systems.

METHODS

Study Design: Primary healthcare centers in the Western region of Saudi Arabia were the focus of this qualitative descriptive study, which also involved the selection of the physicians who work there. The scientists used semi-structured interviews as a means of gathering data from doctors employed at particular primary healthcare facilities in the Western region of Saudi Arabia.

RESULTS

In total, 97 physicians participated in the study; 44 (45%) of the participants were men and 52 (55%) were women. Of the physicians, 21 (22%) were general practitioners (GPs) or staff physicians, 3 % were registrar doctors, 12 (24%), assistant consultants, 54 (56%), consultants, and 7 % were family physician consultants.

Regarding the status of primary care management practices during COVID-19, the majority of participants expressed that they had reduced collaboration with colleagues in order to minimize direct contact. They also mentioned that they had applied the MOH protocol, which involves taking safety precautions, social distancing, and reducing contact. Regarding the workload, participants' opinions varied. Some stated that

it has increased due to the ease of access to telephone consultations, while others stated that it decreased initially but has since returned to its previous level. Still others agreed that virtualization reduced the load but increased responsibility.

Clinical decision-making is different and is dependent on the patient's health issue, whether it be an acute or chronic problem. In addition, telephone consultations provide limited information, primarily allowing patients to be questioned about their symptoms and self-examinations but not their temperature or pulse rate. Accordingly, every participant stated that while there has been no change for acute cases, the decision for chronic cases varies depending on the circumstances and the date of the patient's last follow-up. Certain acute instances must be treated in person rather than virtually; if a patient presents with any acute symptoms that point to COVID-19, I will treat them differently than I have in the past; nevertheless, for chronic patients.

In general, the media is extremely important in raising community awareness of the COVID-19 epidemic, according to the ministry of Health. At the health level, all healthcare providers—especially physicians—have a crucial role to play in educating their patients about health issues. All participants concur that health education is important, as is providing comprehensive care or patient-centered care. Some participants mentioned that they educate their patients or families about health issues, while others support patient education but feel that it is too difficult to provide comprehensive care or health education for patients because of staffing shortages and a lack of time.

DISCUSSION

The primary healthcare system in the Western part of Saudi Arabia was altered by the COVID-19 pandemic, as shown by our in-depth interviews and concentrated group discussions. The primary care physicians in the national guard were tasked with segregating patients with and without the virus. According to physician opinions, workload has increased in certain cases due to easy access to telephone consultations; in other cases, workload has decreased initially but has since returned to pre-COVID levels; still others concur that workload has virtually decreased but responsibility has increased.

Different doctors had different opinions when it came to clinical decision-making during telephone consultations. Some stated that the clinical decision depends on the patient's health problem, whether it be acute or chronic; in other words, for acute cases, nothing changes, while for chronic cases, it depends on the case and when the patient last had a follow-up. Other doctors also pointed out that patients, especially new cases, shouldn't be treated virtually

and that clinical and physical examinations should be done before making a final decision.

All participants completely agree on the importance of health education and providing comprehensive care, or patient-centered care; the media generally plays a vital role in raising community awareness of the COVID-19 pandemic. At the ministry of health level, all healthcare providers, especially physicians, have an essential role in providing health education to their patients.

CONCLUSION

Using telehealth technology is a 21st-century strategy that safeguards patients, doctors, and other stakeholders while still being patient-centered. In situations when distance is a significant factor, telehealth refers to the provision of medical services by medical professionals while utilizing information and communication technology (ICT) to facilitate the interchange of accurate and valid data. Using telehealth technology has several advantages, particularly when it comes to routine and non-emergency care as well as services like psychiatric counseling that don't need for direct patient-provider engagement. Furthermore, utilizing a tele-physician to cover numerous sites can help with some of the workforce's issues. When people are under quarantine, telehealth can become essential for the general public, medical professionals, and COVID-19 patients. It allows patients to consult with a clinician in real time for advice on health issues. The objective of this research was to ascertain and thoroughly examine the contribution of telehealth services to illness prevention, diagnosis, treatment, and control during the COVID-19 pandemic.

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