**Stigma of Covid-19: The Basic Challenge in Health Economics**

**Mostafa Roshanzadeh**, Assistant professor, Shahrekord University of Medical Sciences, Shahrekord, Iran.
**Morteza Hasheminik**, Dept of nursing, Sabzevar Branch Islamic Azad University, Sabzevar, Iran.
**Mehdi Jamalini**, Dept of nursing, Tabas Branch Islamic Azad University, Tabas, Iran.
**Ali Tajabadi**, (Corresponding author), Assistant professor, Sabzevar University of medical sciences, Sabzevar, Iran.

**Abstract**

Health economics is a branch of economics science and has a great share in the economic situation of countries. Hospitals, as the largest, main and most important center for providing health care, occupy a large part of the resources. Therefore, the information related to costs in hospitals is one of the most important inputs in the decision making process. Today, costs are rising, so if hospitals do not work to increase their own revenue and reduce running costs, they will certainly face a serious challenge. Currently in Iran, while the economic situation of the society does not seem to be very favorable due to the oppressive sanctions, the outbreak of Covid-19 disease has also had a negative impact on this trend and has provided hospitals with their costs have run into problems.

Factors such as allocating some hospitals as a reception center for Covid-19 patients, free treatment for hospitalized patients, duration of treatment, the need for follow-up after discharge of patients and the construction of convalescents increased the costs of medical centers. On the other hand, cancel of elective surgeries, the provision of personal protective equipment, facilities and welfare for medical staff and pay attention to various aspects of public health and public education decreased their income. This disruption in the process of production and consumption of financial resources in medical centers can cause problems for the health system. The effects of this epidemic phenomena are not limited to the prevalence period and is one of the issues that can affect on the health economy for a long time and have adverse effects. Negative attitude of the community towards Covid-19 reference hospitals, which causes hospitals to have low incomes long after the epidemic, is of the adverse effects. As patients’ preference is quality and safety of care services, selection of a hospital for hospitalization and treatment, the contagious and dangerous label of this disease can damage the safe image of the reference hospitals.

In addition to patients, medical staff must care in a completely safe environment and have the necessary and sufficient focus on treating patients. One of the most critical factors that can play an important and

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active role in increasing safety is the availability of facilities and resources needed for care. Financials can negatively affect the performance of care team staff. Due to the limited financial resources of the references hospitals, this lack of financial resources can have a great impact on staff payments and cause their dissatisfaction. High workload and financial pressures on personnel can cause mental along with physical fatigue and endanger their health, which can indirectly affect the quality of service provided. Staff fatigue, especially in the long run as a result of these conditions can affect their concentration and ability to work and therefore will be affected the quality of care delivery. Since staff satisfaction and quality of work is a multidimensional phenomenon that can be affected by various factors such as workplace stress and regular payments, so health organizations should consider these issues.

It seems necessary that the relevant officials in the Ministry of Health, by forming specialized working groups in the fields of psychology, sociology and health economics, act as soon as possible to control the stigma caused by the disease rather than harm and prevent deadly effects on the health of the country. In this regard, educational interventions are suggested along with launching social campaigns to increase awareness and improve community attitudes and thus eliminate the stigma of Covid-19

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Methods: The study was conducted in 50 rooms and among 70 administrative staff of Hamadan University of Medical Sciences, Hamadan, Iran. The intensity of illumination at the work surface and at the height of the eye was measured. In this study, the intensity of illumination at the work surface and at the height of the eye was measured at each room. The measurements were made using a lux meter. The measurements were made at the user's point of view and the level of the individual eye level was measured. The intensity of the local illumination at the work surface and at the height of the eye was accurately observed and measured with the presence of staff. The data were analyzed using statistical methods.

Results: The results showed that the intensity of illumination at the work surface and at the height of the eye was not in accordance with the recommendations of the Iranian National Standard. The intensity of illumination at the work surface was found to be lower than the recommended level in 30% of the rooms. The intensity of illumination at the height of the eye was found to be lower than the recommended level in 40% of the rooms.

Conclusion: The results of this study showed that the intensity of illumination in office environments is not in accordance with the recommendations of the Iranian National Standard. The results indicated that the intensity of illumination at the work surface and at the height of the eye is lower than the recommended level in the majority of the rooms. Therefore, it is recommended that the intensity of illumination in office environments should be increased to meet the recommendations of the Iranian National Standard.
نامه به سردبیر

اقتصاد درمان با اقتصاد سلامت شاخه‌ای از بازار و اقتصاد است و بازار سرمایه در وضوح اقتصادی کشورهای دارد. مراقبت‌ها و خدمات بهداشتی اجتماعی اغلب در صنعت‌های اجتماعی، سازمان‌های درمانی، و سرمایه‌گذاری‌ها که به نهادهای مربوط به بهداشت و درمان مربوط است، به‌طور مستقیم و غیرمستقیم به‌طور منفعت‌بخشی می‌باشند. در این حیطه، بسیاری از شاخص‌های اقتصادی سالم و عملکردی بیمارستان‌ها و سایر ارائه‌کننده‌های خدمات بهداشتی-درمانی با بهبود بهداشت عمومی جامعه و این درآمد همگامی، باعث کاهش می‌شود.

میزان درآمد آن‌ها شده است. این ابتدا در روند تولید و صرف منابع مالی در مراکز درمانی نظام سلامت را با مشکلاتی مواجه کرده است. ابزارهای این همگی غیر قانونی به‌طور افتراقی تعریف شده است. این کارکنان به‌طور خودکار، به دنبال که یکی از این موارد، به‌طور افتراقی قانونی شده‌است، به‌طور خودکار، در روند اقتصاد سالم و عملکردی بیمارستان‌ها و سایر ارائه‌کننده‌های خدمات بهداشتی-درمانی با بهبود بهداشت عمومی جامعه و این درآمد همگامی، باعث کاهش می‌شود. 

کلمات کلیدی: اقتصاد، اقتصاد سلامت، درمان، بیمارستان، خدمات بهداشتی-درمانی

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و شنونده اخبار آن و نیز ایهام و حقایق پوشیده درباره آن، بر شایعه براکنی، بر جلسه گذاری و نگرش جامعه تأثیر بسزایی خواهد داشت. این ضروری به نظر می رسد که مسئولان وزارت بهداشت با تشکیل کارگروه های تخصصی در حوزه های روانشناسی، جامعه شناسی و اقتصاد سلامت هرچه سریع تر برای کنترل استیگمایی ناشی از بیماری اقدام کنند تا از آسیب های مهله بر بدن سلامت کشور پیچیده نگردد. در این راستا مداخلات آموزشی همراه با راه اندازی کمیونهای اجتماعی به منظور افزایش آگاهی و بهبود نگرش جامعه و درنتیجه از بین بردن استیگمای کووید - 19 پیشنهاد می گردد.

References