

Covid-19 and Postmodern Health System

Fatemeh Ghardashi¹. Roghayeh Zardosht^{2*}.

¹PhD in Health Research & Technology Management, Associate Professor, Non-Communicable Diseases Research Center, Department of operative room, School of Paramedical Sciences, Sabzevar University of Medical Sciences, Sabzevar, Iran. ORCID: 0000-0002-2188-4066

²Associate Professor, Iranian Research Center on Healthy Aging, Department of operative room. School of paramedical, Sabzevar University of Medical Sciences, Sabzevar, Iran. ORCID: 0000-0001-8270-7357.

***Corresponding Author:** Roghayeh Zardosht, Associate Professor, Iranian Research Center on Healthy Aging, Department of operative room. School of paramedical, Sabzevar University of Medical Sciences, Sabzevar, Iran. ORCID: 0000-0001-8270-7357.

Received: 08 September 2023; **Accepted:** 22 January 2024; **Published:** 19 February 2024

Citation: Fatemeh Ghardashi, Roghayeh Zardosht. (2024). Covid-19 and Postmodern Health System. *Emergency and Nursing Management*. 3(1). DOI: 10.58489/2836-2179/022

Copyright: © 2024 Roghayeh Zardosht, this is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Introduction

Nowadays postmodernism has turned into a keyword, influencing art, politics, economy, science, technology and even our culture, challenging everything [1]. Postmodern historical era denotes the transition of inflexible rational positivism, and entering into the novel perspective of sciences including the values, conditions and human factors that prepare the individuals based on a world without boarder, polyphony and multiculturalism [2]. Currently, demographic changes, technological advances, ethnic and cultural diversity, poverty and the like, has made the world health system increasingly encounter with challenges in terms of providing health services [3]. In the meantime, a global pandemic of a new coronavirus family with the scientific name SARS-CoV-2 and the resulting disease called Covid-19 with very rapid spread, caused a great deal of concern and panic among the people of the world, first in China and then in other parts of the world, and the World Health Organization in a statement, declared the outbreak of the virus to be the cause of a public health emergency around the world [4]. There is a tough battle between genetic material and viral intelligence and human intellect and intelligence, while to win this war, in addition to sufficient knowledge of this invasive and contagious virus, making adequate decisions and correct yet timely control by the health systems of countries and adopting precautionary protective and personal hygiene measures is necessary.

The health care system under the influence of postmodernism's assumptions, insists on pluralism, respect for culture and individual differences, relativism of truth and reality, constructive discourse of knowledge, locality, and hearing different voices,

paying attention to ethnic and cultural minorities and groups. Postmodernists oppose any centralism and reject concentrating on a central truth in life. Postmodernism admits the socio-cultural and economical, etc. effects involved in knowledge [5]. Are these assumptions effective in an era of new Covid-19 virus pandemic with its nature unknown, and with such deeply health system limitations in mitigating such a pandemic?

Globally, 2023-09-4 there have been 694,704,432 confirmed cases of COVID-19, including 6,911,899 deaths, reported to WHO. The United States amongst others, with 108126837 people affected, allocates the highest ranking to itself and India France Germany Brazil S. Korea Japan Italy UK Russia the next [6,7]. The highest incidence of Quid 19 has been reported in Chicago among Latino-Americans and Africo-black Americans and the lowest among the whites [8]. Studies show that non-Hispanic blacks and Hispanics were twice as likely as non-Hispanic whites to test positive for COVID-19 [9].

Given that women make up 70% of the global health workforce and are at the forefront of the fight against disease, 72% and 66% of the total health care workers infected with Quaid 19 in Spain and Italy were women, respectively. Recent reports indicate that while geographic variations in infection and mortality rates of men and women with coronavirus in different age groups are likely, there is relatively limited data on the impact of coronavirus on cultures, subcultures, and genders, and accordingly, any interpretation of gender differences in age groups and countries should be made with extreme caution [6]. Corona death rate is directly related to poverty; Infection of 20% of people with very severe poverty

Emergency and Nursing Management

versus infection of 5% of people with low income [10]. The prevalence of corona has had a direct impact on the economies of countries, especially those whose economies are dependent on imports (Nepal for example), which in turn can affect the health system of these countries, and the lack of sanitary facilities and equipment would increase the incidence of corona virus, resulting in greater patient mortality rate [11]. Even China experienced severe economic crises in the first months of the corona outbreak with its gross domestic product (GDP) falling from 16% to 6% [12]. Countries that rely on tourism, such as Greece, Portugal, Mexico or Spain, have experienced severe economic fluctuations and will not be able to easily repair economic damage to the social life and livelihoods of people and the impact such damages place on the public health system.

In today's society, health care seems to be evolving under the influence of postmodern thinking; There are no superiority; the differences are perceived as positive, respectable and acceptable, and the minorities, popular culture, regionalization, and localism are supported [1]. While the living conditions of the people in developing countries and countries under severe economic sanctions by the United States (such as Iran, Libya and North Korea) will certainly be worse and need global attention.

Despite the considerable results of Postmodernism on different aspects of the care system like the strengthening of independence, acceptance of alternative therapies, and creating variety in care methods, paying attention to spirituality, ethics, removal of marginalization, paying attention to ethno-cultural groups minorities, but with the emergence of the crisis caused by the global coronavirus pandemic and its impact on the economies of countries, the data show that the postmodern tradition has not been able to play its role well in the world health system. In fact, to control epidemics with widespread prevalence, there must be global monitoring and coordination mechanisms, because its impact on disease control can be much higher than expected. Our findings highlight the urgent need for improved strategies to contain and prevent further outbreaks in racial and ethnic minority communities.

References

1. Tabrizi, Z. (2020). POSTMODERNISM AND KNOWLEDGE DEVELOPMENT IN NURSING. *International Journal of Psychosocial Rehabilitation*, 24(4).
2. Zardosht, R. (2020). Nursing care and postmodernism. *Future of Medical Education Journal*, 10(2), 57-57.
3. Roy, C. (2006). *Nursing knowledge development and clinical practice: opportunities and directions*. Springer Publishing Company.
4. Shereen, M. A., Khan, S., Kazmi, A., Bashir, N., & Siddique, R. (2020). COVID-19 infection: Emergence, transmission, and characteristics of human coronaviruses. *Journal of advanced research*, 24, 91-98.
5. Sadooghiasl, A., & Salsali, M. (2014). Nursing knowledge development in the age of postmodernism. *Iranian Journal of Nursing Research*, 9(2), 38-45.
6. Hooper, M. W., Nápoles, A. M., & Pérez-Stable, E. J. (2020). COVID-19 and racial/ethnic disparities. *Jama*, 323(24), 2466-2467.
7. Dong, X., Cao, Y. Y., Lu, X. X., Zhang, J. J., Du, H., Yan, Y. Q., ... & Gao, Y. D. (2020). Eleven faces of coronavirus disease 2019. *Allergy*, 75(7), 1699-1709.
8. Shah, M., Sachdeva, M., & Dodiuk-Gad, R. P. (2020). COVID-19 and racial disparities. *Journal of the American Academy of Dermatology*, 83(1), e35.
9. Rentsch, C. T., Kidwai-Khan, F., Tate, J. P., Park, L. S., King Jr, J. T., Skanderson, M., ... & Justice, A. C. (2020). Patterns of COVID-19 testing and mortality by race and ethnicity among United States veterans: A nationwide cohort study. *PLoS medicine*, 17(9), e1003379.
10. Chen, J. T., & Krieger, N. (2021). Revealing the unequal burden of COVID-19 by income, race/ethnicity, and household crowding: US county versus zip code analyses. *Journal of Public Health Management and Practice*, 27(1), S43-S56.
11. Koirala, J., & Acharya, S. (2020). Impact of novel corona virus (COVID-19 or 2019-nCoV) on Nepalese economy. *Available at SSRN 3560638*.
12. Khan, N., & Faisal, S. (2020). Epidemiology of Corona virus in the world and its effects on the China economy. *Available at SSRN 3548292*.