

## The Issue of the Covid-19 Vaccine and the Impact on Health Services in Hospitals

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### Abstract

*This paper discusses the issue of the pandemic vaccine and its impact on health services in both public and private hospitals. The author believes that if a pandemic hits the world, the world leaders call for a united response to the pandemic issue by being very prepared and mobilizing all their energy and policies. For this reason, we want to understand how experts think about health services in hospitals and the issue of responding to the pandemic. Our data were obtained from various literary sources such as publications of scientific journals on public service health during the pandemic and various other reading sources that actively discussed the issue in question. The review effort involved a series of methods, including coding data interpretation of data in a detailed evaluation and concluding based on the validity of the data findings. Finally, after discussing the findings, we can conclude that the issue of pandemic vaccines impacts other health services in Indonesia. This is because government policies are very intense and focused on dealing with vaccines and other services.*

### Keywords

vaccines issue; pandemic response; health services; hospital response



## I. Introduction

Since the Coronavirus 2019 outbreak hit the world, that is all the world governments have done with all their power and money to respond to the pandemic and treat and deal with other impacts. This, of course, has an impact on all lines of public services from the education business and health services in hospitals, both private and government (Chandir et al., 2020). This happens because the issue that has spread throughout the world concerns the issue of the safety of human life and other impacts on all sectors of business and human life. On the one hand, vaccines are indeed health information, but on the other hand, their impact is evident not only on health but also on overall services, both religious and health office business activities. The health service itself is because the focus and hackers have been directed at handling the pandemic response; the tendency to ignore and allow responses to other diseases other than vaccines and diseases related to Corona will no longer be necessary. On this basis, this section determines how experts think about the government's response, especially hospitals, to the issue of pandemics and vaccines, which according to many reports, have an impact on hospital health services for all illnesses that are not directly related to the pandemic (Xiao et al., 2021).

In the congress entitled "Maintaining the Quality of Islamic Health Services in the Pandemic Era," Munabari (2017) said that the role of government as a forum for Islamic Hospital associations in Indonesia has a vital role in encouraging the improvement of sharia health services in Indonesia. "Given the significant number of Muslims in Indonesia, [the community] requires the presence of a health service system that is following Islamic principles to assist healing, health maintenance, as well as being able to become a means of increasing the faith of a Muslim in undergoing treatment and health services. We then appreciated the 500+ Islamic hospitals that are MUKISI members who are committed to treating Covid-19 patients while still based on the principles of *mashed al sharia al Islamiyah* (Islamic sharia goals), which are part of efforts to develop medical science, nursing, and treatment, as well as at the same time as an effort to spread Islam through health (Frenk et al., 2010).

At the end of this introduction, we would like to reiterate that this study aims to obtain evidence of what field studies and how pandemic issues and vaccines have impacted hospital services in Indonesia (Wherton et al., 2020). In this case, it can provide the best ideas or thoughts so that strategic recommendations are produced in seeking excellent health services and can produce various optimal efforts to increase the role of hospitals, both government and private, in Indonesia, especially in handling Covid-19. Previously, we also believe that this finding will be helpful to many parties, from academics to practitioners in the field. After all, several parties make an effort to provide benefits of health *da'wah* and improve the quality of hospital services through health services and education because today's event consists of studies and studies—others about health services and education (Moreno et al., 2020).

## **II. Research Method**

The method and data collection section describe the procedures for conducting the study and the final report. So we can reiterate that the purpose of the review of the health literature review is to review and get various perspectives and thoughts on the subject of vaccination and what impact it has on health services in hospitals (Östlund et al., 2011). The author believes that the issue of vaccines occupied the minds of both patients and hospital staff and the impact on other hospital facilities and carrying capacity for patients who seek treatment not only for coffee but for treatment for other diseases (Bryman, 2017). To prove whether this coffee issue impacts hospital services, then a series of studies on sources of information and literature data related to the variable issue of vaccination and other impacts of hospitals are selected after we have selected from various complications, including health journals and public services as well as various sources of information that we can find electronically.

Furthermore, to use the data according to the purpose of this study, we first examine what involves the data coding system, critiquing the data, and interpreting it until we can take the essence as relevant findings to answer questions. This kingdom is far from validity and accuracy (Adu, 2019). Completely this data, this salary takes secondary data considering that there are still restrictions on public movement where we are challenging to get data from various sources. Finally, they decided to take scanned data from those in various scientific publication journals. Explain the form of reporting, and we follow a simple report design descriptive analysis method because this is under a phenomenological approach, namely an effort to understand something phenomenal in a situation and object (Phillips-Pula et al., 2011).

## III. Results and Discussion

### 3.1 Improved Services in Hospitals

The nature of the administration and health services will significantly affect the customer satisfaction center. Every client will feel delighted with the assumption that the help they get is good (Oppong et., 2021). By developing further assistance, a determined client can suggest a health center so that the patient can gain new clients for the hospital facility. After all, to do a big favor was difficult. If one of the clients were frustrated, the effect would be enormous. So, please find out how to handle the nature of clinical administration that goes with it: Most patients need to be treated quickly and responsively. According to the patient's request and carried out quickly, the administration will satisfy them with assistance. For long queues, build a perfect lining frame that's also time-effective. Have client support (Kim et al., 2017).

Patients who contact the center by telephone should be considered as they have a greater need for hospital facilities. However, the hospital also does not hinder patients directly to the facility. Client assistance services include visits from online entertainment, texting, and direct calls. Pay attention to client objections. Ensure hospitals generally have room to grow (Sheil & McAuliffe, 2021). Paying attention to client complaints is one of them. By standing by listening to client complaints, the medical can identify the facility's weaknesses and track how to address them. Maintain tolerance. It would help if the hospital had the choice to behave well. Be friendly to clients who grumble at the hospital if the patient worsens the situation. Without a doubt, the arrangement would be understood if one party acknowledged the other. The patients desperately need responsive help; sometimes, they do not understand that they are not being very nice to patients. Respond to gestures with friendliness. Remember, the hospital wants to help them, regardless of whether they disagree entirely with the patient (Leow et al., 2021).

### 3.2 Looking for the Hospital Correct Settings

The client complained to the hospital because he was unhappy with the administration. If so, try to pay attention to their grumbling and find answers to their common protests. Admitting mistakes Regardless of how valuable the facility is, patients may experience failure (Nuñez et al., 2020). Admit mistakes, and try to fix them. Clients will see more value in the hospital, assuming that the hospital will admit their misstep. Ask for criticism and input from the patient. If they notice a discrepancy with the administration, most patients are usually very outgoing and avoid the facility.

Moreover, sometimes this inconsistency is a hallmark of the center, thus often seeking input from the patient to have the option to change the facility's administration according to the patient's wishes (Wong et al., 2020). Indonesian citizen with a diagnosis of peripheral T cell lymphoma. A case in point is that a patient has received chemotherapy in Singapore with four cycles of the CHOP regimen. The patient was supposed to undergo chemotherapy cycles 5 and 6 in April 2020, but it was not done because the patient could not go to Singapore. The patient finally did chemotherapy in Indonesia, although one of the anti-nausea vomiting drugs used, namely prepatent, was not yet available in Indonesia. Case 2 A 74-year-old male patient, a German citizen, was diagnosed with pleomorphic spindle cell sarcoma in the posterior thoracic region, with lung and bone metastases that had received second-line chemotherapy with the first series of the Gemcitabine/Docetaxel regimen on March 16, 2020, in Singapore. Patients will receive Gemcitabine on March 23, 2020, and repeated every three weeks (Santos, 2020).

We often see that many patients refuse to go to the hospital for weekly laboratory examinations. On day 8, laboratory samples were taken at the patient's home, and neutropenia was found (Page et al., 2016). The patient refused Filgastrim injection for fear of going to the hospital. In this condition, it is impossible to give chemotherapy on time to the patient, causing delays in therapy. Case 3 The patient is a 40-year-old Russian citizen with left breast carcinoma type Her-2 post wide local axillary and axillary clearance (BCT). The patient has also received therapy including neoadjuvant chemotherapy with a regimen of Paclitaxel/Trastuzumab/Pertuzumab and postoperative adjuvant volume radiotherapy in London. The patient is currently undergoing targeting therapy with Kadcylla and has missed two therapy cycles as he cannot travel abroad for therapy (Gavriil, 2018).

### **3.3 Increased Anxiety of Medical Workers**

The existence of a new disease outbreak which later expanded to be declared a pandemic by WHO, caused Anxiety and fear in the world community (Li et 2020). This fear occurs because of misunderstanding by the community. This widespread fear then leads to discrimination and the emergence of inappropriate restrictions in society. On the other hand, as part of efforts to reduce the spread of the disease, the public, especially high-risk populations, are advised to stay at home, including those involved. Not to go home. The stay-at-home orders are meant to keep people at a distance and avoid mass gatherings. This is done considering that the spread of Covid-19 between humans occurs through droplets. Patients with chronic diseases, including cancer, are a population at risk. The study found that patients with cancer had a higher risk of developing severe infections than the average population. More severe infections are characterized by the risk of ICU admission, using a ventilator, and death. The higher risk is mainly experienced by cancer patients who have recently received chemotherapy or surgery than those who have not (Kompaniyets et al., 2021).

There is no need for special treatment for cancer patients hospitalized to receive chemotherapy. The principle of separating infectious and non-infectious patients and collecting the same type of patient in one treatment room is adjusted to the ability of the hospital (Al-Quteimat & Amer, 2020). Cancer patients receiving chemotherapy do not need to be treated in specially designed rooms like COVID-19 patients. In conditions where chemotherapy cannot be delayed, and the patient's drug regimen is not available where the patient is receiving treatment, drug changes and dose adjustments should be made at the physician's discretion. Finally, the most important part is educating the patient. The rapid development of COVID-19 will, of course, make people panic and fear, especially those who are included in the at-risk population. Providing education about what conditions require them to visit health care centers must be conveyed clearly (Pal et al., 2010).

### **3.4 Quality of Hospital Service during the Pandemic**

The Covid-19 pandemic has exposed that implementing welfare in Indonesia has many weaknesses. Even though they already have a Hospital Disaster Plan and completed activities or re-enactments, clinics are not adequately equipped and powerless against abnormal events (Mahendradhata et al., 2021). Current circumstances may affect the nature of the administration given to both Covid-19 and non-Covid-19 patients. Apart from the system's incompetence at the clinic in general, the emergency polyclinic also underwent an adjustment in which the number of visits for non-Covid-19 patients was drastically reduced, while the number of Covid-19 patients increased. Therefore, the emergency clinic



must reorganize its assets so that the inactivity limit in the non-Covid-19 relief area can be used to fill the shortage that occurs in the assistance area for Covid-19 patients. The preparation of these assets impacts the expansion of explicit requirements to provide Covid-19 services to a greater extent, including requirements for unique human resources, clinical equipment, PPE to the foundation as a treatment room that should not usually be planned using negative pressure. All of this has financial results that are difficult to meet, especially with the assumption that medical clinics rely on fees from non-Covid-19 patients whose numbers are reduced altogether (Tabroni et al., 2022). This situation can affect the capacity of the clinic to offer a quality and safe type of assistance to patients.

As a benchmark, the study was conducted in Spain in 2021. This study assessed the satisfaction of Covid-19 and non-Covid-19 patients who had been hospitalized using the Net Promoters Score instrument (Annis et al., 2020). NPS is a method of measuring patient satisfaction by asking how much the patient wants to recommend this hospital to his family or coworkers. The study found that patient satisfaction at the start of the pandemic decreased compared to before the pandemic. The low quality of service felt by Covid-19 patients against the actions of nursing assistants is caused by the awareness of hospital staff about the high risk of being exposed to Covid-19, and this causes work stress, which is also due to changes in hospital policies since the pandemic (Bidzan-Bluma et al., 2020). This study suggests that hospital management develop strategies to reduce stress levels for hospital staff by providing adequate PPE as protection for health workers accompanied by adequate training regarding the correct and safe handling of Covid-19 patients. Service procedures can be reviewed and improved to improve the ability of hospitals and health workers to deal with future pandemics (Ramanathan et al., 2020).

### **3.5 The Pandemic is Changing Medical Services**

During the pandemic, wellbeing offices in Indonesia face fragile circumstances. Until this point, the treatment of the pandemic essentially affects the public reference framework for wellbeing administrations (Pierce et al., 2021). Emergency clinics are the last line of protection for expanding Covid-19 reference cases, prompting a high BOR (Bed Occupancy Rate) rate. We have chosen a few articles connected with wellbeing administrations, particularly emergency clinics, to give viewpoints and commitments to the distinction in recruiting reference wellbeing administrations. The Covid-19 pandemic is perceived as an opener to shortcomings in the medical services framework in Indonesia. Accordingly, change and development are required at all levels and gaining from different nations. In this issue, we welcome perusers to investigate five essential and optional medical care subjects in the UK. Interesting points in this wellbeing administration include simple access, advanced and online administrations, progressing care, the board of persistent circumstances, and references (Kusuma, 2021). Aside from the distinctions in the monetary level and philosophy of medical care administrations between the UK and Indonesia, a few things offered can open our viewpoints, particularly concerning reference wellbeing administrations.

Because of the UK's medical care, Indonesia has a public health care coverage program, so this wellbeing financing framework has changed clinic administrations. Health care coverage benefits during the COVID-19 pandemic are significant in executing reference wellbeing administrations for all Indonesians. Even though medical clinics are as yet encountering absolute levels and misfortunes, the state ensures monetary security for the local area regarding the pandemic (Shanafelt & Noseworthy, 2017). A few clinics have created practical procedures through digitization, human asset abilities, client relations, and partner cooperation (Nugraheni et al., 2021). The viability of emergency clinic functional

expenses can be accomplished by digitizing and enhancing the executive's frameworks' utilization of data. One of the models utilized is the HOT-fit (Human Organizational Technology) model.

Notwithstanding the board data frameworks, during the pandemic, the clinic the executives should rearrange the nursing arrangement of attendants and measure work fulfillment. Medical attendants are wellbeing experts who run the main dangers and care for patients longer than other medical services experts. The arrangement of advancement and professional rewards and work commitment grants can assist them with offering types of assistance to patients (Saputri et al., 2021). The connection between vocation and occupation fulfillment can likewise apply to other wellbeing callings.

During the pandemic, patient security issues additionally keep on developing. Clinical labs assume a significant part in making clinical findings. Albeit the mistake rate in the clinical laboratory is shallow, with one blunder in 330-1,000 cases, it is as yet a reason to worry. Medical services Failure Mode and Impact Assessment is a proactive counteraction technique to recognize and assess likely disappointments. Audit in the writing survey, this study recognizes patient wellbeing factors in medical clinical research facilities and exhibits the most common way of distinguishing possible dangers of utilizing HFMEA. The writing audit made sense that the most noteworthy mistakes in research facility mice happened in the pre-logical period of 49.2-84.5% (Salsabila et al., 2021). The breakdown of medical clinic conditions in Indonesia is additionally connected with how wellbeing specialists suggest the utilization of veils for the general population and wellbeing laborers in medical clinics. The different kinds of exhibitions in the local area suggest the accessibility of standard PBT (individual defensive hardware) for wellbeing laborers. Our creators depict varieties and contrasts in strategies across nations (Liyanage et al., 2021).

### **3.6 Responsibilities of the Hospital during the Pandemic**

General Description of Hospitals in the Hospital Law Number 44 of 2009 (after this referred to as the Hospital Law) states in article 1 that the definition of a hospital is a health service institution that provides complete individual health services for inpatients, outpatients, and outpatient emergency services (Steenkamer et al., 2017). Complete health services following Article 1.3 of the Hospital Law and health services include a promotion, prevention, treatment, and rehabilitation. Article 1.2 of the Hospital Law also explains what is meant by the clinical condition of patients who require immediate medical help to save emergencies and lives and prevent additional disability (Indrastuti, 2022). According to Article 1.4 of the Hospital Law, a patient is a person whose health problems are consulted to obtain the necessary health services directly or indirectly at the hospital. Hospitals are complex, professional, and capital-intensive healthcare institutions. This complexity arises because hospital services span multiple levels and types of disciplines, including different service, education, and research functions, and enable hospitals to perform professional functions in medical technology and healthcare. To maintain and improve the quality of hospitals, facilities are needed to ensure quality improvement at all levels (Cantiello et al., 2016).

Hospitals can be classified through several standards, including services, human resources, equipment, infrastructure, administration, and management. Following article 4, Chapter III concerning the Classification of General Hospitals in Indonesia, this classification applies to classes A, B, C, and D. Hospitals that can become referral hospitals for handling the Covid-19 pandemic have a class classification of public hospitals. Responding to the massive increase in cases infected with the Covid-19

pandemic, the government has made adjustments and policy reforms through the operation of hospitals. Field hospitals are regulated through Article 47 of Law Number 44 of 2009, where hospitals can be in the form of static hospitals, mobile hospitals, and field hospitals (Dans et al., 2019). This increase in Covid-19 creates an urgency in expanding referral hospitals for handling Covid-19, which refers to several hospitals that already have a classification above class C and hospitals in other forms that can assist in handling Covid-19. In the Regulation of the Minister of Health Number 3 of 2020 concerning Hospital Classification and Licensing, it is stated that a field hospital is a hospital established in a specific location that is temporary during certain emergency periods. During the Covid-19 pandemic, there is an urgency to build a field hospital to accelerate the handling of the Covid-19 pandemic in all corners of Indonesia. This can help several Covid-19 referral hospitals experiencing difficulties in handling Covid-19 in their respective regions. Responding to a phenomenon that requires a technical field in the construction of a field hospital intended explicitly for handling Covid-19, the government established a Decree of the Minister of Health of the Republic of Indonesia. Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020).

The establishment of field hospital services is temporary during the Covid-19 pandemic. What is stated in the article above is confirmed in more detail in the Elucidation of Article 1 of the Indonesian Hospital Code of Ethics (KORDESI) which states that "The definition of a hospital here is Health facilities which are a socio-economic unit, are not a compilation of the professional code of ethics for the organizers? Health services contain elements of professional ethics for each provider, both those organized by the government and the community (Snyder et al., 2011). In Article 5 of the Guidelines for Implementing KORDES for Hospitals in Indonesia, "Hospitals as medical institutions must prioritize humanitarian work and social functions, not goals." The ethics unit is defined. The socioeconomic health service of the hospital as an institution can be managed so that the hospital can obtain a financial surplus with professional management by taking into account economic principles. However, in essence, it is social has a corporate meaning. Profit and profit are not prioritized).

In the current development of the Covid-19 pandemic, hospitals are one of the frontline health facilities that are expected to provide qualified health facilities and medical personnel to accelerate the prevention and handling of Covid-19 (Kjellström et al., 2017). So that in its development, the Hospital Law provides several legal grounds for hospitals to know their duties, functions, rights, and obligations in health services. In addition, more broadly, the Hospital Law can provide a perspective in health services to prioritize service quality standards, especially for the prevention and handling of the Covid-19 pandemic. Hospitals in organizational management have several challenges in health and socioeconomic responsibilities (Creswick & Westbrook, 2010). Hospitals have several health workers operating in them in organizational management, such as nurses, doctors, pharmacists, etc. This managerial interaction will form a legal relationship. Legal relations in hospital services can be divided into two types of agreements. First, the treatment agreement, in this case, the agreement contains that the hospital provides several treatment room facilities and nurses to carry out treatment actions. Second, the medical service agreement is an agreement between the hospital legally and the patient that the hospital will maximally carry out the necessary medical actions to the patient. In addition to identifying two types of legal agreements, it can also identify interactions between hospitals and patients through doctors and aspects of hospital services (Senot et al., 2016).

In the first aspect, health service efforts in hospitals begin with a fundamental relationship between doctors and patients that can form a therapeutic agreement. This explains medical service activities carried out by hospitals with doctors as part of medical services to carry out medical service activities to patients. there is a legal relationship that arises in health services in hospitals with medicolegal aspects, namely informed consent (medical consent), which gives the patient's consent after being given information by medical personnel, this can indicate that the patient's rights have been fulfilled from some medical actions (Rul Buamona, 2021). Activities carried out in the hospital. Hospitals the paradigm shift of hospitals can become socioeconomic institutions that, in general, can become legal subjects. When viewed from a socioeconomic perspective, hospitals can be seen from establishing hospitals with profit-oriented limited liability companies (Ikediashi, 2014).

In its development, the law has made hospitals so that hospitals can be burdened with legal rights and obligations from all professional groups. Therefore, hospitals must have a hospital management system following the rights and obligations obtained by the hospital legally while still paying attention to optimizing medical services. In general, hospital management requires skills in entrepreneurship that are closely related to determining managerial and business aspects, which is needed to form a competitive advantage (Urbancova, 2013).

#### **IV. Conclusion**

In this final section, the study will take the essence of the study of communication and information sources that raise the issue of vaccines and pandemics and their impact on hospitals and their services. This study looks at how experts view vaccines this May and how they work in their impact on hospital services. So, to clarify what we have found from a series of studies, we will try to extract what we can, including that during a pandemic, people wonder how hospital services are to patients who come for treatment. So, it is known that because of the government's recommendation and response to the pandemic, there is a tendency for services other than COVID-19 to decline. Furthermore, we saw that many hospitals needed management of patient care, which was spoiled, the occurrence of bandage services seemed to be drastic, and this was a problem not only in the country but also in various countries.

Next, we saw the occurrence of a mini storm that became an unserved or troublesome target not only experienced by the patients themselves but also the medical workers who were also at the forefront of providing exciting services so that they were also part of the affected by that occurred during the response pandemic. Then we also found that the quality of hospital services for four years has indeed been in the spotlight of the parties due to the drop-in services. Also next, we note that the pandemic has changed health services in many hospitals because of such a critical situation, such a big problem, and then such a serious concern that it impacts not only patients but also medical workers themselves. Indonesia, however, is also found in many countries where previously they had become countries with outstanding governance of their hospitals.

Furthermore, we also summarize how the fundamental responsibility of the hospital during this Pandemic period is. So here we see that, in general, hospitals stick to the policy rules and derivative descriptions of the regulations prepared by the government. On paper, they still adhere to the existing rules, but due to the complexity of the conflict, the quality of hospital services from various places has decreased. Thus, among others, we have reviewed and presented these findings in the hope that they will be helpful to findings to



improve the quality of hospital services in any language, creative or critical, in other languages in Indonesia. We realize that this result is not as expected, which means it has many weaknesses and shortcomings. Therefore, we hope all parties provide input for future improvements.

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