

Regional Research

Impact of Covid-19  
on healthcare  
professionals



Brazil, May 2020



This is a non-profit initiative conducted by Fine Research (finepanel.net - fine-research.com), a leader in market research in Latin America, with offices in Brazil, Mexico, Colombia, Argentina, Chile, Peru and Uruguay.

This study is part of a series of projects that Fine Research has been conducting in partnership with the Esomar Foundation (Netherlands) and Save the Children (Mexico), around COVID-19

This study also had the collaboration of Delvinia (Canada) who generously waived their technology licensing fees for this initiative



## *About the study*

- Objective: To understand the current impact of Covid-19 from the point of view of healthcare professionals, whether or not they are directly working to curtail the pandemic
- Sampling: Healthcare professionals recruited on Fine Panel, a virtual community managed by Fine Research to conduct healthcare-related research online (to learn more about Fine Panel, [click here](#))
- Methodology: Online research through short individual interviews. The tool we used was Cris, by Delvinia. It is a virtual moderator that uses AI and establishes a conversation with the participants in the “chat” format
- The analysis and final report were prepared by Ms. Cozete Gelli, moderator and qualitative research analyst
- English version by Mr. Gustavo Filippi, translator and interpreter
- Data were collected between May 13 and 18, 2020

# Notes

- This study engaged 83 healthcare professionals who voluntarily joined the project and shared their difficulties and challenges in relation to the Covid-19 pandemic
- Data were collected from the answers to simple and direct questions, in chat format. Despite their brief and objective format, we were able to identify some trends and variables that affect these professionals and get a better understanding of some key points, which can enable organizations and individuals to seek solutions and strategies to minimize such problems
- Given the size of the research project and the number of respondents, this study does not intend to represent the population of regional or global healthcare professionals

# Main findings and conclusions

The challenges currently faced by healthcare professionals comprise several areas:

- The risk of dealing with a new, unknown disease, with difficult and limited diagnosis, combined with the lack of effective treatments;
- Access barriers to good quality protective equipment in sufficient numbers and at reasonable prices;
- For front-line professionals, having to screen and choose the patients who will receive care first;
- For office-based professionals, the sharp decrease in the number of appointments, which generates financial uncertainties;
- Anxiety, fear and uncertainties are often mentioned in all areas and specialties.

Regarding patient care, the challenges are often similar:

- Treatment discontinuation and appointment cancellation, putting patients with chronic diseases at risk;
- Suspension of elective surgeries, need for frequent adjustments in safety and care protocols, both for Covid-19 and other diseases;
- For professionals who are still seeing patients and providing care, biosafety protocols for themselves, their staff and patients are essential;
- Orientation to patients: awareness of the need for social distancing, compliance with their previous medical treatments, but without unnecessary visits to facilities where they could be exposed to contamination.

# Main findings and conclusions

Future prospects vary greatly:

- Some professionals do not anticipate major changes in their routines and believe that after the peak of the pandemic the situation will go back to what they call “normality”, that is, routines and protocols used before the pandemic
- For some, significant changes should occur, especially with regard to the isolation of patients at risk, strict measures of biosafety, like the use of protective equipment and rigorous processes of cleaning and decontamination of offices and hospital environments
- There are also some who are uncertain and do not know what the future holds. They believe that changes will come, but these will only be known over time

Regarding the possibility of online care and the use of telemedicine, only a few would adopt these tools without caveats:

- Initial appointments require physical assessment and personal contact, but in some areas follow-up appointments could be done virtually
- For some specialties, like dermatology, dentistry and others, the very nature of the appointments rules out any possibility of online care
- In addition to the impossibility of physical contact between specialist and patient, there are also some practical limitations: online care hinders the prescription of drugs that require a special prescription form, and it is not clear how these professionals would get paid in such cases

# In-depth analysis



# MAIN CURRENT CHALLENGES





# Main challenges they have to face today



# Fear, uncertainty and anxiety

In addition to the pressure to deal with their own emotions, these professionals must also manage the emotional condition of their patients and employees, which helps to increase their anxiety levels.

One of the challenges is to resume and maintain patient care, avoiding contamination risks for healthcare professionals, family members and patients.



# Fear, uncertainty and anxiety

**Affected by insecurities, fear and anxiety, healthcare professionals are under extreme emotional pressure**

Fear, anxiety, anguish, uncertainty about the future are some of the feelings mentioned by the participants.

Difficulty in establishing a diagnosis and questions about the accuracy of the tests. New information is made available daily, but it is difficult to stay up to date, either because of the amount of information or because they do not yet fully understand the pathophysiology of the disease. The lack of treatment protocols that have been proven effective through clinical evidence also increases their insecurity.



**We have to deal with a disease whose evolution and treatment are still widely unknown, not to mention the fear of contaminating ourselves and our families.**



**We have to control our own fears and anxieties and our patients' in the face of the uncertainty of this disease.**



# Frequent changes in protocols

Daily challenges and frequent adjustments are necessary to minimize risks



For professionals on the front line of Covid-19 treatment, diagnosis is also a challenge, since tests are not available in sufficient numbers, and often only clinical examinations are used to assess potentially infected patients.

How to see asymptomatic patients, both suspected and confirmed, and at the same time avoid cross contamination. How to manage the workflow of employees and the provision of care to patients.

“  
In addition to preventing our staff from becoming infected with Covid, we have to adjust or create new workflows and processes every day.”

Biosafety measures, adjustments to protocols and the screening of patients who need to be prioritized are often part of this new routine.

# Biosafety and protective equipment limitations

The lack of personal protective equipment (PPE) and the high prices currently charged pose an important challenge and are an additional reason for concern



The biggest challenge is the lack of PPE for everyday use. And when we do get some, it is not enough... Masks and gloves are also quite overpriced.



# DIFFICULTIES IN PATIENT CARE



# Front line: screening and prioritization

## Hospital front-line professionals and their necessary choices



In hospitals that treat potential Covid-19 cases, professionals need to set some priorities through screening.

Oftentimes, the lack of sufficient diagnoses and PPE forces healthcare professionals to choose what patients will take priority. At the same time, they try to orient the population to avoid unnecessary visits to emergency care centers. The very contact with potentially infected patients is a constant source of concern.

Establishing real urgencies, lack of specific tests, identification of suspected cases and orientation to patients about social distancing are challenges that have become part of the routine of many professionals.



Identifying the specific and unique signs of Covid-19.





# Canceled appointments and surgeries

For those who are not front-line professionals, maintaining or resuming their workflow is the biggest challenge



In areas like neurology, psychiatry, dentistry and dermatology, for example, professionals are facing empty appointment books.

Elective surgeries have also been suspended. Despite concerns about the risks of the pandemic, the shortage of patients raises major financial concerns.

“  
Establishing the patients' confidence to return to their treatments is also important.

”

“  
I only work in my private office and even though we are taking all the precautions against Covid-19, we see that the population is afraid to go to medical appointments.

”

Providing for their own families and maintaining their infrastructure and employees without revenue is a challenge.

In areas like dermatology, appointments will only be resumed after the suspension of social distancing measures.

# Resuming their appointment routine

**They want to make patients resume previous treatments while raising their awareness of the need for social distancing**



Their concern about discontinued treatments is not merely because of financial reasons. In many cases, treatment discontinuation can be harmful and endanger the patient's health. Neurological and psychiatric conditions can worsen because of social distancing and difficulty in accessing prescriptions and medications.

At the same time, safety protocols must be complied with. For medical and dental professionals who are currently seeing patients, the asepsis, sterilization and decontamination of the room between appointments is of paramount importance. Specialists from areas like dermatology have totally stopped seeing patients.


Occasional appointments occur surrounded by concerns. Any personal contact is made more quickly and from a distance. The doctor-patient relationship is eventually compromised because of inherent limitations.



**Organizing the provision of care together with office disinfection measures.**



# Receiving and sharing information



Keeping up to date with the vast amount of information about Covid-19 and trying to determine what is actually true and reliable



Educating patients about the importance of social distancing and about Covid-19 prevention measures



Restoring patients' confidence and making them aware of the need to comply with treatments for chronic diseases and scheduled surgeries



Guiding patients to avoid unnecessary visits to the hospital



# PROSPECTS FOR FUTURE PATIENT CARE



# What they think appointments will be like in the future

The participants have split opinions about future prospects



## No changes



- Return to normal activities
- There will be no impact
- Changes expected only in terms of making care more humanized and informative

## Some changes



- Fewer patients per hour, avoiding crowds and allowing time for cleaning and disinfecting the office
- More careful use of PPE by healthcare professionals, staff and patients

## Significant changes



- Isolated flows for Covid-positive and symptomatic patients
- Availability of beds to resume non-Covid treatments
- They will only know for sure when the pandemic ends

# Their take on the possibility of online appointments

For some specialties, telemedicine is an option, albeit limited



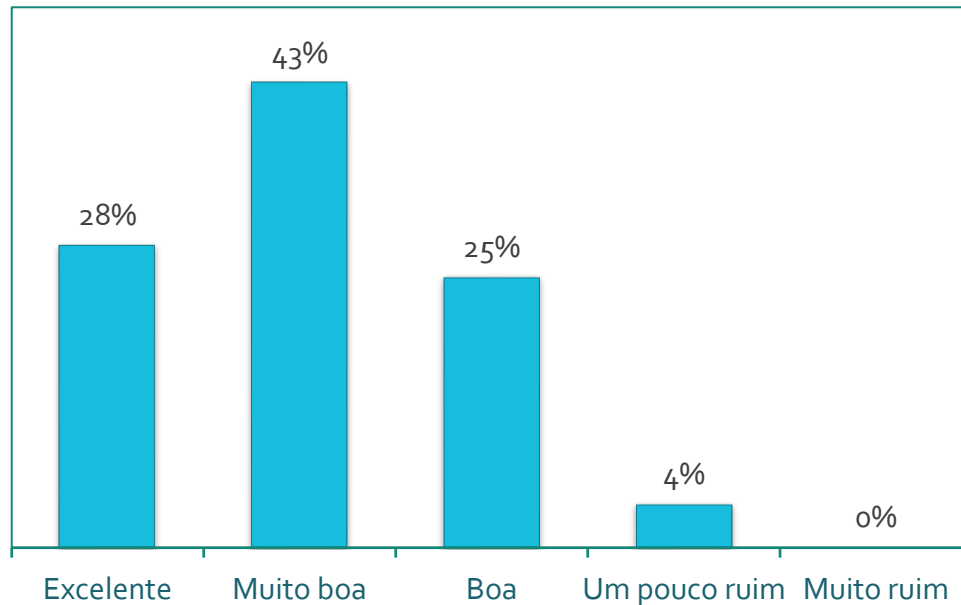
- Patients already being treated, for follow-up only
- Routine appointments to answer some questions
- Psychiatric care, which requires conversations, although it can become impersonal
- Follow-up appointments, when the patient has already undergone diagnostic tests and the professional will analyze the results



- When the physical examination is fundamental
- Impossibility of online diagnosis and treatment: cancer treatment, dentistry, dermatology, otolaryngology, ophthalmology, cardiology, emergencies
- Adaptation difficulties for elderly patients
- Access barriers for low-income patients
- Impossible to prescribe drugs that require the special prescription form
- Questions about how the appointments would be paid for or authorized by the health insurance
- The relationship is impaired as the appointments become more impersonal

# Final evaluation of the methodology

Doctors' opinion about the research format we used



“ Accessible and easy to use. ”

“ I like it, but I prefer the old way. ”



# Thank you!



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