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Letter to Editor

## Co-creation: Advancing the objectives of health care organizations during the COVID-19 pandemic

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A quick look at the published literature on Covid-19 disease reveals predictions that infected patients continue to be admitted to hospitals and clinics, and also number of people being treated at home increases. Although the challenges of caring for infected people is a priority in most countries, there has been less focus on, varying for people beginning of their COVID-19 recovery. However, these people require special care including continued treatment and rehabilitation. Involving patients in taking care for themselves and their families and communities can have a positive impact on saving the healthcare specialty hospitals' system costs (1).However, researchers continue to focus on the acute phase of the disease rather than the process for recovery. But studies stated there have been a significant number of people reported symptoms following recovery, for instance the results of a study in Iran showed frequent delayed symptom such as fatigue 19.5%, dyspnea 18.5%, weakness 18%, anxiety 15%, and Activity intolerance 14.5%, after six weeks (2). Similarly, the results of a study in Italy showed that only 12.6% of patient was completely free of any COVID-19 related symptom, while 32% had 1 or 2 symptoms and 55% had 3 or more. Moreover, Worsened quality of life was observed among 44.1% of patients. 53.1%

reported fatigue, 43.4% reported dyspnea, 27.3% reported joint pain, and chest pain (3). Also results of the follow-up study in China showed fatigue and muscle weakness (63%) and sleep difficulties (26%) as the most common symptoms. In addition, Anxiety or depression was reported among 23% of patients (4). As a result, health professionals need to continue to monitor people recovering from Covid-19 after discharge to manage the long-term effects (3). In addition to monitoring people after hospital discharge, health professionals need to recognize these people can help prevent the spread of the disease. Therefore, health's professionals need to encourage people recovering from Covid-19 to take responsibility for own health (5) as well as the health of family and communities. In the context of COVID-19 pandemic, improving the quality of health care requires a collaborative approach to achieving efficient processes and responsive systems. Nurses have an important role in this process by applying new technologies, improving the access to information, encouraging innovation, and reducing the cost for care (6, 7, 8).

As vaccination uptake continues across the work, an important response to COVID-19 is nurses working with the recovering people to create value added processes to facilitate their recovery. This work can result in the co-creation of new realities for the

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way care is realized, including a value proposition for health care organizations (9).

The co-creation of post-COVID-19 care models represents a competitive advantage for health care organizations. Although the research in the area of co-creation in health services is relatively new (10, 11), therapeutic outcomes and patient satisfaction are reported to result from processes and practices emerging from co-creation (12). This creatively cooperation these taken by health care recipients can have positive effects on their understanding of services and increase their satisfaction with the services.

The level of interaction and the degree of involvement of patients with health care professionals has a direct relationship to the opportunity for co-creation activities (13). On the other hand, the participation of patients with health care professionals in caring, leads to the realization of common values and facilitates the achievement of the ultimate goal of health care organizations.

Health information technology can be a strategy to facilitate the achievement creatively cooperation (14). The technology increases the effectiveness of information sharing and facilitates more interactions between health care professionals and patients with minimal time and space restrictions and treatment (15).

Providing patients with access to online health information positively impacts their cooperation and increased their interaction with the organization. As patients become more involved in their care, health care professionals can provide them with more opportunities to participate in their care decisions (10).

Despite the COVID-19 pandemic necessitating social distancing and creating a highly stressful environment for health care professionals to care for patients, health information technologies have improved the effectiveness of care (16, 17).

Co-creation has emerged as a new paradigm in theoretical writing, empirical analysis, and management literature in the early 2000s, teaching organizations and their

clients to create shared and added value through interaction.

Co-creation may be a useful strategy to address the COVID-19 crisis by reducing the recovery period of patients and the spread of coronavirus from a managerial perspective. Because studies have shown that, the role of clients today is beyond the inactive care recipient, and they, as active participants in self-care, have become the consumer and selector of health care organizations by taking part in creativity and co-creation in the health care system, (18, 19).

In general paying attention to co creation in health care system particularly in COVID-19 pandemic can be useful for both the health care system and patients in recovery period. With cooperation through health care system, not only patients receive better and faster health development and improve their health but also health organizations achieve their goals in a quicker ways.

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