

The relationship between COVID-19 fatality and quality health care in OECD countries

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Abstract

Background/aim: The relationship between COVID-19 fatality and quality health care in OECD countries was aimed to be examined, considering the effectiveness of primary health care, the effectiveness of secondary health care. **Materials and methods:** Data from OECD countries were collected from open-access websites. Dependent variable is COVID-19 fatality, independent variables are effectiveness of primary health care, the effectiveness of secondary health care, gross domestic product, median age, number of hospital beds, number of intensive care unit beds, number of doctors and nurses, number of computed tomography scanners, educational status and air pollution. Spearman Rho correlation and partial correlation were used in the analysis of the data, and generalized linear regression analysis was performed. **Results:** A statistically significant relationship was found between case fatality rates and the effectiveness of secondary health care ($p < 0,05$). The relationships between case fatality rates and other health, demographic indicators are not statistically significant. In Generalized Linear Model (GLM-Logit Model) analysis results, only the effectiveness of secondary health care ($p < 0,01$) and the number of hospital beds ($p < 0,05$) were found to be statistically significant. **Conclusion:** Satisfaction with quality health care is not associated with COVID-19 fatality. As the effectiveness of secondary health care increases, the fatality of COVID-19 decreases. The effectiveness of primary health care has no effect on COVID-19 fatality.

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