

Aspects from Medical Staff versus General People about COVID-19 in Thailand

Thanawadee Jankiew^a, Napatsorn Luchaichana^b

^{a,b}Special Program, Suankularb Wittayalai Nonthaburi School, Nonthaburi, Thailand

*Corresponding Author:

Adissaya Saensamran

Special Program, Suankularb Wittayalai Nonthaburi School, Nonthaburi, Thailand

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ABSTRACT

COVID-19 is known as an infectious disease that took away more than 200 thousand lives with over 3 million of people are infected. Regulations have been carried out in Thailand for almost 2 months after the outbreak of the virus in China since January. News reported many advantages and disadvantages from the restrictions aimed to prevent people from contacting each other, moreover, going out to crowded places. The advantage of the measures is that Thailand can handle the number of infected patients and deaths effectively leading the decrease of the numbers. On the other hand, there are drawbacks to the restrictions. As the economy of the country started to get worse, people were stressed out and they are suffering with bad mental health. This research is to observe and compare the aspects of the effects from COVID-19 between medical staff and general people. The research demonstrates the effects, which was divided into 4 aspects: habit, occupation, economy and mental health. With 120 responses, the results are shown that both medical staff and general people consider COVID-19 with the highest effect on their habits and daily lives (37.5 % from both). And the least effected consequence is about mental health, with 17.5 % from medical staff and 14.167 % from general people. Overall, both points of view from the medical staff and general people are analogous.

Keywords: Coronavirus, COVID-19, general people, medical staff, Thailand

INTRODUCTION

The world has been facing enormous problems since the beginning of 2020. The most important issue has been about the COVID-19 pandemic caused by the new coronavirus. The pandemic has spread around the world in just 3 months from person to person. China was the first country to confirm infected and death cases. Moreover, as much news has reported, this virus first appeared in China since December 2019. The outbreak of the virus has frightened people in most countries. COVID-19 shows the symptoms of fever, cough, shortness of breath, sore throat, headache, muscle aches, loss of taste or smell, and diarrhea. Some cases were vital to the patients with pneumonia and respiratory syndrome. Severe cases were especially found in patients who have health

conditions, for instance, diabetes (Lauren M. Sauer, M.S., 2020). The virus mostly spreads through respiratory droplets from infected people when cough or sneeze. These droplets can harm people with closed contact with one another (CDC, 2020). Spreading through multiple countries and continents of the world, it has become the pandemic infectious disease as WHO stated. The incubation of the disease is two to fourteen days after exposure (Pritish K. Tosh, 2020). Currently, there is no validated treatment for COVID-19. The treatments are to focus on symptomatic and supportive care. (Wu, Yi-Chi, 2020)

The total number of confirmed deaths has dramatically risen from February until now, April. The number of infected patients in the world was over 3 million with more than 200 thousand death cases (27th April 2020). At the beginning of the outbreak, some countries had already been lacking surgical masks as well as medical and protection equipment. In some countries, a lack of resources can lead to the impossible of providing serious medical care to patients (Daniel Finnan, 2020). Moreover, the number of infected patients with critical situations had overloaded the number of hospitals' beds so far. One of the problems which caused the increase of infected patients, was the belief of people which can cause misunderstanding to the prevention of the disease. Some people believed that the outbreak of the virus would decrease with the rising in temperature, but they were wrong. Viruses are adaptive (Gerald H. Lushington, 2020) and the pandemic does not act in the same way of many diseases (Richard Gray, 2020).

In Thailand, the number of cases has continued to fall as restrictions were set out to manage people to stay in their places. Self-quarantine, curfew, and lockdown have been pursued continuously to lessen infected cases. In addition, the campaign such as Work from Home has also been held to persuade people to stay home safely. At the same time, patients have been cured by medical staff without neglecting any of them even though the lack of equipment was still the problem. From the help of many sections, including the government and the people themselves, Thailand has a good control of the disease. Despite the decrease in the number of cases, the regulations came with many effects on Thai people. News reported about the depression from the impacts of coronavirus on the economy. There were 38 suicide attempts in the times of COVID-19 (TPBS, 2020). The virus didn't appear to have effects on only general people, but the medical staff were dealing with them too. Working as a staff, the risk of getting infected is high. In Thailand, 80 of the staff were infected by the virus since January (Anukul, 2020).

This study is to compare differences between medical staff and general people's aspects on the effects of

COVID-19 to their lives regarding their habit, occupation, economy and mental health, referring from reported news and articles. In addition, the study is also aimed to discuss how COVID-19 affects them.

METHODS

A questionnaire composed of four specific aspects namely; habit, occupation, economy and mental health was anonymously distributed in a form of an online survey to medical staff and general people in the Middle and Central part of Thailand affected by the spread of coronavirus in the country. With 120 returned feedbacks, the analysis of information using descriptive and inferential statistics was fulfilled. Medical staff and general people's perspectives towards COVID-19 are assessed through mean scores from four open ended question responses. The questions are aimed to evaluate four focused aspects: habit, occupation, economy, and mental health. The respondents are asked to choose the item that best conveys their actual effects. Finally, an open-ended question was shown to reveal the differences in medical staff and general people points of view about COVID-19 situation.

RESULTS

As illustrated in Table 1, medicine staff must treat high-risk patients and they have to contact people infected with coronavirus, therefore, they have more chances of getting infected than general people. For this explanation, their routines have to be carefully adjusted to deteriorate the risk of being infected and the possibility of spreading the disease to their families. The habit affects 37.5% the highest among the rest. Medical staff have to provide comfort and care to those who have COVID-19, accurately screen patients, and field questions from everyone else involved. They are working double time which causes the final findings to be at 27.5% for the occupation aspect. Nevertheless, their earnings have not increased in spite of their hard work. In addition, with the rising price of food or other items, the results of economy and mental health traits are at (17.5%).

Effects	Frequency	Percentage
Habit	45	37.5
Occupation	33	27.5
Economy	21	17.5
Mental health	21	17.5

Table 1: The percentage of medical staffs' perspectives about COVID-19 in four criteria

As shown in Table 2, people returned various feedbacks respecting COVID-19 consequences. The virus spreads primarily through droplets of saliva or nasal discharge, when an infected person coughs or sneezes, and people can easily get infected. The most influential part is habit (37.5%) due to self-quarantine that stops people from outdoor exposure. Due to the

cities lockdown measures, they are not be able to go to work or earn money, and that causes the effect on the profession (27.5%). People will have fewer earnings which results in less circulating funds within the country, then lead to economic problems (20.833%) as we cannot reject the fact that money also has an influence on mental health (14.167%).

Effects	Frequency	Percentage
Habit	45	37.5
Occupation	33	27.5
Economy	25	20.833
Mental health	17	14.167

Table 2: The percentage of general people's perspectives about COVID-19 in four criteria

According to table 1 and 2, the feedback concerning changes of personal habits from both medical staff and general people are equal at 37.5 %. Moreover, there are also the same percentage regarding occupation in both medical staff and general people. From the table, many respondents consider COVID-19 with considerable effects on their habits and daily lives. These can be related to the changing of daily lifestyle and work schedule. Occupation is the second highest on both respondents, indicated to the difficulty of working at home and weariness from patient care. Economy affects more on general people than medical staff although the differences in the

percentage are not high. The percentage of general people who selected economy, leads the percentage of medical staff by 3.3 %. However, in terms of mental health, the disease is shown to affect more general people than on medical staff with the differences of 3.3%. For medical staff, the percentage of the aspects about economy and mental health are equivalent, which are 17.5%. Overall, for both of the medical staff and general people, their points of view about the effects of COVID-19 are somewhat similar. The highest consequence is their habit and the second most is in their occupation. On the other hand, the least affected is mental health.

Effects	Percentage	
	Medical staff	General people
Habit	37.5	37.5
Occupation	27.5	27.5
Economy	17.5	20.833
Mental health	17.5	14.167

Table 3: the comparison of the percentage of aspects about COVID-19 between medical staff and general people in Thailand

DISCUSSION

There are many disadvantages from self-quarantine, cities' lock down, and other restrictions which were carried out to ensure that the number of infected and death cases would drop continuously and the expectation that the situation of COVID-19 in Thailand would get better. In terms of people's habit and daily life, as the disease can spread easily, people are asked not to expose themselves outdoors. Furthermore, they have to prevent themselves from the virus by wearing masks and protection. Their habits have to be adjusted into a more preventive way and they have to focus more on their hygiene, especially, doctors and medical staff. Despite the risky situation in the hospitals, they have to improve their personal hygiene, in order to take care of

patients, their families and themselves. Most of them expressed that they have less freedom during the time of the disease. Occupation and work life are shown as the second most affected on people. Due to the rise of the number of national infected cases, medical staffs have to work overtime. The more the number of cases rises, the more time has to be spent. Some staff has to work over the weekends as they do not have choices, but to look after their patients first. For people in general, they have to work from home which causes difficulties in working together with co-workers, although there are many ways of communication that are comfortable for online meetings and conferences. Students have classes online, but still the consequences have caused some international tests to be canceled and postponed.

The news reported that COVID-19 has a significant impact on Thailand's economy; however from many aspects of the research, economy is not the major consequence of COVID-19. There are some economic problems as well; in particular, the income of some industries has fallen resulting in policies to lower the number of employees since the company cannot afford to pay the salary for the employees. People are losing their jobs or getting lower salaries. There is not enough money for them to spend during each month of the quarantine. As can be seen from the result, the percentage of medical staff who considers economics to be the main effect is less than the percentage of general people. Due to the fact that medical staffs have been working hard, they have received the same amount of salary or even more. In contrast, general people have to find a new job or start working at home. It is reasonable that the percentage of general people's aspects of the economy is more than the percentage of medical staff.

In accordance to the results, COVID-19 has the mental effects on medical staff more than on general people. People with self-quarantine tend to be more bored and stressed out from the restrictions that prevent them from going out. Meanwhile, medical staffs have to deal with infected patients and they have to handle the risk of getting infected more than general people. Some of them have to work hard in order to lower the number of cases, therefore, they have less time for themselves and their family. Additionally, they are under pressure and they tend to become distressed.

CONCLUSION

Based on feedback from 120 medical staff and general people, the main perspective about the effect from COVID-19 is habit, followed by occupation. Both habit and occupation in medical staff and general people are equal at the percentage of 37.5 and 27.5 respectively. For both parties, economy has less effect (17.5%) than general people because medical staff have stable financial status than general people. However, COVID-19 has more effect on mental health towards medical staff than general people at approximately 4% (17.5% to 14.167%) because they have more stress from treating patients and preventing the virus.

Finally, the aspects from medical staff and general people are almost the same in the percentage of four effects from COVID-19. The major effect is about habit, as stated in both general people and medical staff responses. Moreover, three out of four effects have an impact on general people almost as much as medical staff. Therefore, it is highly recommended that in the times of COVID-19, more effective approach for life management is required.

REFERENCES

1. Johns Hopkins Medicine [Internet]. Baltimore: University; c2020 [cited 2020 April 27]. What Is Coronavirus; [about 2 screens]. Available from: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>
2. Centers for Disease Control and Prevention [Internet]. Washington: The Organization [cited 2020 April 22]. How does the virus spread; [about 3 screens]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
3. Mayo Clinic, Pritish K. Tosh, M.D. [Internet]. Minnesota: The Organization; c1998-2020 [cited 2020 April 17]. Coronavirus disease: What is it and how can I protect myself?; [about 1 screen]. Available from: <https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/novel-coronavirus/faq-20478727>
4. Wu, Yi-Chi; Chen, Ching-Sung; Chan, Yu-Jiun. The Outbreak of COVID-19. Journal of the Chinese Medical Association [Internet]. 2020 March [cited 2020 Feb 7]; 83(3): [about 7 p.]. Available from: https://journals.lww.com/jcma/FullText/2020/03000/The_outbreak_of_COVID_19_An_overview.3.aspx
5. Daniel Finnan [Internet]. France: The radio station; [cited 2020 April 03]. Lack of Covid-19 treatment and critical care could be catastrophic for Africa; [about 3 screens]. Available from: <http://www.rfi.fr/en/africa/20200403-lack-of-covid-19-treatment-and-critical-care-could-be-catastrophic-for-africa>

6. Gerald H. Lushington. Perspective on the COVID-19 Coronavirus outbreak. Combinatorial Chemistry & High Throughput Screening [Internet]. 2020 [cited in 2020];23(10):[about 1 p.]. Available from: <http://www.eurekaselect.com/180739/article>
7. Richard Gray [Internet]. United Kingdom: The public broadcaster; c2020 [cited in 2020 March 24]. Will warm weather really kill off Covid-19; [about 2 screens]. Available from: <https://www.bbc.com/future/article/20200323-coronavirus-will-hot-weather-kill-covid-19>
8. ThaiPBS World [Internet]. Thailand: The public broadcaster; c2018 [cited in 2020 April 25]. Report says Thailand's suicide rate increasing during coronavirus pandemic; [about 2 screens]. Available from: <https://www.thaipbsworld.com/report-says-thailands-suicide-rate-increasing-during-coronavirus-pandemic/>
9. The Thaiger, Anukul [Internet]. Singapore: The public broadcaster; c2020 [cited in 2020 April 09]. 80 Thai health workers confirmed with Covid-19 virus; [about 2 screens]. Available from: <https://thethaiger.com/coronavirus/80-thai-health-workers-confirmed-with-covid-19-virus>