

Knowledge on Safety Services During the Coronavirus Pandemic Outbreak (COVID-19) of Thai Traditional Medicine Service Providers in Muang District, Lampang Province

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Abstract

The purposes of this survey research were to study the level of knowledge of safe service provision during the COVID-19 outbreak situation and study the factors affecting knowledge of safe service during the COVID-19 outbreak situation of a group of Thai traditional medicine providers in Muang District, Lampang Province. Method: The population was recruited by accidental sampling. A total of 153 Thai traditional medicine service providers residing in Muang District, Lampang Province analyzed the data by using statistical mean and standard deviation as well as analyzed the factors affecting the level of knowledge of safe service during the COVID-19 epidemic situation of Thai traditional medicine service providers in Muang District, Lampang Province by using multiple regression analysis at the level of statistical significance of 0.05. Result: The results concerning the level of knowledge of safe service provision during the COVID-19 outbreak situation revealed that access to health information, understanding of adequate health information, self-practice and health care during the COVID-19 epidemic situation, and the care of the service location had the total mean scores of 4.23, 4.22, 4.32, and 4.37, respectively. The overall mean score the level of knowledge of safe service during the COVID-19 outbreak situation was 4.29 meaning that Thai traditional doctors have a large extent of knowledge in providing safe services during the COVID-19 outbreak. The overall result of a multiple regression analysis of the relationship between independent variables and safe service knowledge during the COVID-19 epidemic situation showed that all independent variables were able to contribute to the variability of safe service knowledge in the overall situation of the COVID-19 epidemic. The percentage was 14.1 ($R^2 = 0.141$). Moreover, when the influences of other independent variables were controlled, two independent variables influencing the overall knowledge of safe service provision during

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the COVID-19 pandemic at the level of statistical significance of 0.05 were the educational level variable and affiliation of government service units.

Keywords: Knowledge, Safe service, Covid-19 outbreak situation

Introduction

The epidemic situation of "Covid-19" or the coronavirus disease 2019 that lasted more than 1 year and spread around the world from the situation that occurred in the society around the world. Make everyone need to have knowledge about the COVID-19 disease. disease prevention guidelines in order to reduce the impact that will occur in a wide area. The government of each country should provide knowledge about the disease. The cause of the disease, the symptoms of the disease, the severity of the disease and guidelines and self-protection from COVID-19. To make all people aware of self-defense especially those who are engaged in medical and public health professions and various services related to contact including contact with other people. The nature of such work is close between people. Therefore, knowledge of the disease and safe service guidelines is required. To prevent infection from people who come into contact.

When considering the occupation groups that have direct contact with service users, such as Thai traditional medicine providers with the characteristics of Thai traditional medicine providers who must have contact with the service recipient. Therefore, the Thai massage is a therapeutic science and treatment of a branch of Thai traditional medicine. It focuses on pressing, rolling, squeezing, bending, pulling, baking and compressing, commonly known as "Traditional massage", which is not only to treat pain. but also good for health and can cure disease. Because the massage will directly affect the body and mind. From the aforementioned methods, it can be seen that the procedures and processes of activities are in close contact with the service recipients. therefore it is inevitable.

Thus, in this study, the researchers were interested in the issue of knowledge of safe service provision during the COVID-19 pandemic. of a group of Thai traditional medicine providers in Mueang District, Lampang Province due to the epidemic situation of COVID-19. In Lampang, the epidemic is at a very low level. It can be seen from the cumulative number of infected people in Lampang Province, 6 cases (as of January 29, 2021, Lampang Provincial Public Health Office). Compared to the proportion of the population in the province, the infection rate is very low.

Therefore, the researcher has set the research objective, which is to study the relationship of factors affecting knowledge of safe service during the COVID-19 epidemic situation. of a group of Thai traditional medicine service providers in Mueang District, Lampang Province and studying the level of knowledge of safe service during the Covid-19 epidemic situation. of the group of Thai traditional medicine service providers in Muang District, Lampang Province, as a guideline for basic practices for controlling the epidemic among Thai traditional medicine occupations in Muang District, Lampang Province. It has been stipulated to be applicable to different types of businesses differently. Encouraging healthcare providers to realize Knowledge of safe service and prevention methods It is the protection at the individual level that has the best effect in protecting yourself and the service recipient. To provide efficient and safe services

Objectives

1. To investigate the level of knowledge of safe service during the COVID-19 outbreak situations of a group of Thai traditional medicine providers in Muang District, Lampang Province
2. To investigate factors affecting knowledge of safe service during the Covid-19 outbreak situation. of a group of Thai traditional medicine providers in Muang District, Lampang Province

Research Methodology

Research Design & Population and Sample

This study was a quantitative study. It is a survey of the level of knowledge. The population used in this study was 153 Thai traditional medicine service providers living in Mueang district, Lampang province. Data were collected from Accidental Sampling.

Research Instruments

The research tool was a questionnaire related to “Safety Service Knowledge during the COVID-19 pandemic of a group of Thai traditional medicine providers in Muang district Lampang province” consisted of 2 parts: Part 1 Demographical Information and Part 2 Knowledge on safety service during the Covid-19 pandemic outbreaks. 38 question items have been validated by 3 educational experts approved with a consistency index between the list of questions. The index of item-objective congruence (IOC) was then calculated as

0.86, meaning that the questionnaire was appropriate and consistent with research objectives and could be used as a tool for conducting research.

Statistical analysis

The levels of knowledge on safety service provision during the COVID-19 outbreak situation of Thai traditional medicine service providers in Muang District, Lampang province were analyzed using mean and standard deviation statistics, and the factors affecting the level of knowledge of safe service during the Covid-19 epidemic situation of the Thai traditional medicine service providers in Muang district, Lampang province were analyzed by using multiple regression analysis model at the statistical significance level of 0.05.

Ethical Approval

This study was approved by the Human Research Ethics Committee at Boromarajonani College of Nursing, Nakhon Lampang.

Results

This section presents the research results according to the objectives, divided into 2 parts: Part 1 General information and Part 2 Knowledge level of safe service during the COVID-19 outbreak situation of a group of Thai traditional medicine providers in Mueang District, Lampang Province, part 3, factors affecting knowledge of safe service during the Covid-19 epidemic situation of a group of Thai traditional medicine providers in Mueang District, Lampang Province, with the following details:

Part 1 Demographical information

This section presents the demographical information about 153 Thai traditional medicine providers residing in Muang district, Lampang province. The results of the study are shown in the following table.

Table 1 Demographical Information (n=153).

Personal Information	Number (Percent)
Part 1 : Personal Information	
1. Sexuality	
Male	74 (48.4%)
Female	79 (51.6%)
2. Age (Year, mean±SD)	34±8
3. Marital status	
Single	76 (49.7%)

Personal Information	Number (Percent)
Married	56 (36.6%)
Divorced	21 (13.7%)
4. Level of Educational Background	
Uneducated	20 (13.1%)
Lower than diploma	25 (16.3%)
Diploma / Vocational Certificate	46 (30.1%)
Bachelor's degree	44 (28.8%)
Postgraduate	18 (11.8%)
5. Length of service provided by Thai traditional medicine providers	
Less than 3 years	36 (23.5%)
3-5 years	35 (22.9%)
6-8 years	32 (20.9%)
8-10 years	20 (13.1%)
Up to 10 years	30 (19.6%)
6. Organizations Affiliated with the service unit	
Private	146 (95.4%)
Government	7 (4.6%)
7. Time of service per day	
Less than 8 hours/day	130 (85%)
8-9 hours/day	21 (13.7%)
10-12 hours/day	2 (1.3%)
More than 12 hours/day	0 (0%)

From Table 1 showing the general characteristics of the data, it was found that 48.4% of the samples were male and 51.6% of females, with an average age of 34 years. 49.7% of the samples were single. 30.1% with a bachelor's degree/vocational certificate and 28.8% graduated with a bachelor's degree. Thai traditional medicine services less than 3 years, accounting for 23.5%, duration of service for Thai traditional medicine providers 3-5 years, or 22.9%, duration of service for Thai traditional medicine providers 6-8 years. accounted for 13.1 percent and the period of service of Thai traditional medicine providers for 10 years or more, representing 19.6%. Most of the samples were in the private sector accounted for 95.4% and the duration of service per day of the Providing Thai traditional medicine services less than 8 hours/day, 85%

Part 2 Levels of Knowledge of Safe Service during the COVID-19 Pandemic Situation of Thai traditional medicine service providers in Mueang District, Lampang Province, as shown in Table 2.

Table 2 shows knowledge of safe service during the COVID-19 outbreak situation.

Issues	(\bar{X})	(S.D.)	Interpretative Meaning
1. Accessibility to health information			
1.1 When there is an epidemic situation of COVID-19 I quickly searched for reliable information about prevention and health care. to reduce confusion and anxiety.	4.26	0.59	Higher
1.2 I can find health information from a variety of sources, for example from a knowledgeable person. Print media, online media, mobile devices/computers, etc.	4.25	0.70	Higher
1.3 I seek health information I am always open to new knowledge so that I can act and serve properly.	4.20	0.69	Higher
1.4 I have been following and reading recommendations related to prevention. Take care of your health from COVID-19 both in knowledge documents / printed media online news message.	4.23	0.67	Higher
1.5 I look for reliable health care resources. When I want to use it as a source of health support for me.	4.16	0.70	Higher
1.6 The courteous service that I have chosen, I am confident that I will be able to provide assistance to meet my needs.	4.29	0.66	Higher
1.7 I am able to search for health services according to my needs and conditions. Under the situation of the COVID-19 outbreak	4.22	0.68	Higher
Total	4.23	0.67	Higher
2. Adequate understanding of health information			
2.1 Can I fill in the correct health information in the form? Agency form of institutes or sources of health services.	4.16	0.69	Higher
2.2 I read with understanding and can follow the instructions in the manual. Documents or pamphlets	4.25	0.71	Higher

Issues	(\bar{X})	(S.D.)	Interpretative Meaning
related to health care under the COVID-19 epidemic situation.			
2.3 I read and explain information about health knowledge from various media such as printed documents, brochures, posters, etc. when there is an outbreak of COVID-19.	4.26	0.67	Higher
2.4 I know and understand health information published through various media/prints such as radio, television, newspapers, books, magazines. etc.	4.26	0.66	Higher
2.5 I know and understand health information published through online media such as LINE, Facebook, YouTube, various health-related applications, etc.	4.14	0.66	Higher
2.6 I know and understand the various explanations related to the COVID-19 pandemic, symptoms, health care and safe service.	4.25	0.65	Higher
Total	4.22	0.67	Higher
3. Self-practice and health care during the COVID-19 epidemic situation			
3.1 I wash my hands thoroughly with soap and water. or alcohol gel every time Before eating, after using the toilet, or after coughing, sneezing, or after touching a public communal hotspot, such as a doorknob or lock.	4.30	0.64	Higher
3.2 I reduce contamination and spread germs. Especially when coughing or sneezing, cover your mouth and nose with a cloth or tissue, and dispose of it in a covered bin. If not, sneeze into your elbow. by raising either arm One grabbed his shoulder on the opposite side. And raise the corner of the elbow to cover your mouth and nose before coughing and sneezing every time when sick, use a mask.	4.38	0.61	Higher
3.3 I avoid entering crowded, crowded or enclosed areas. If necessary, wear a mask as appropriate, such as a cloth mask.	4.34	0.67	Higher
3.4 I avoid or stay at least 1 meter away from people who are coughing, sneezing and are at risk of developing a respiratory infection.	4.29	0.71	Higher

Issues	(\bar{X})	(S.D.)	Interpretative Meaning
3.5 I must avoid touching my face, eyes, mouth, nose with my hands.	4.28	0.62	Higher
3.6 I take care of myself by choosing hot or freshly cooked food. Exercise regularly and get enough rest.	4.33	0.65	Higher
3.7 Maintain social distance By staying at home or choosing to work from home If outside the house, keep a distance of at least 1-2 meters between people anywhere, anytime.	4.31	0.63	Higher
3.8 I know if I'm returning from a country or area where COVID-19 is spreading. Should self-quarantine at home for 14 days and follow the announcement of the Ministry of Public Health.	4.32	0.66	Higher
Total	4.32	0.65	Higher
4. The care of the property			
4.1 My agency provides screening for both service providers and recipients.	4.37	0.59	Higher
4.2 My agency recommends that providers and service recipients wear masks. or cloth mask.	4.39	0.68	Higher
4.3 My agency recommends that providers and service recipients wash their hands frequently. with soap and water or alcohol gel.	4.39	0.64	Higher
4.4 My office cleans all materials, equipment, places where visitors come in contact that may be at risk. with regular cleaning solution.	4.39	0.59	Higher
4.5 My agency provides alcohol gel. for service recipients.	4.33	0.63	Higher
4.6 My facility provides good ventilation. Open doors, windows, or clean air-conditioning ventilation systems.	4.32	0.65	Higher
4.7 My agency has set a distance between sitting or standing at least 1-2 meters to prevent contact. or spreading germs.	4.35	0.64	Higher
4.8 My agency has limited the number of people who receive services from being overcrowded.	4.37	0.63	Higher
4.9 My agency has daily solid waste disposal.	4.38	0.61	Higher

Issues	(\bar{X})	(S.D.)	Interpretative Meaning
4.10 My agency provides the necessary press materials to prevent and reduce the risk of spreading COVID-19 at various points.	4.36	0.61	Higher
Total	4.37	0.63	Higher
Total of all aspects	4.29	0.65	Higher

From Table 2 showing the level of knowledge of safe service during the Covid-19 outbreak situation, it was found that in terms of access to health information, the mean score was 4.23 and the standard deviation was 0.67, meaning that Thai traditional medicine providers had a high level of knowledge about accessing health information. The top three were (1) service sources. The politeness I choose to use is that I am confident that I will be able to assist me according to my needs (2) in the event of a COVID-19 outbreak. I quickly searched for reliable information about prevention and health care. to reduce confusion and anxiety; and (3) I was able to find health information from a variety of sources, for example from a knowledgeable person. Print media, online media, mobile devices/computers, etc., respectively.

In terms of understanding of adequate health information, the mean score was 4.22 and the standard deviation was 0.67, meaning that Thai traditional medicine providers had sufficient knowledge and understanding of health information at a high level. 1) I can read and explain information about health knowledge from various media such as printed documents, brochures, posters, etc. when there is an outbreak of COVID-19. And I know and understand health information published through various media/prints such as radio, television, newspapers, books, magazines, etc. (2) I read with understanding and can follow the instructions in the manual. Documents or pamphlets related to health care under the COVID-19 epidemic situation And I know and understand the explanations relating to the COVID-19 pandemic, symptoms, health care and safe provision of services; and (3) I am able to fill out the correct health information of different agencies, institutes or sources of health services.

In terms of self-treatment and health care during the COVID-19 epidemic, the mean score was 4.32 and the standard deviation was 0.65, meaning that Thai traditional medicine providers had knowledge of practice and care. Health during the COVID-19 epidemic situation at a high level, the top three are: (1) I reduced contamination and spread of germs. Especially when coughing or sneezing, cover your mouth and nose with a cloth or tissue, and dispose of it in a covered bin. If not, sneeze into your elbow. by raising either arm One grabbed his shoulder on the opposite side. And raise the corners of the elbows to cover my mouth and nose before coughing and sneezing every time. When sick, use a mask. (2) I avoid going into crowded, crowded, or enclosed areas. If necessary, wear an appropriate mask, such as a cloth mask, and (3) I take care of myself by choosing hot or freshly cooked food. Exercise regularly and get enough rest.

In terms of the care of the property, the mean score was 4.37 and the standard deviation was 0.63, meaning that the Thai traditional medicine providers had a high level of knowledge about the care of the property, meanwhile the level of knowledge of safe service during the COVID-19 outbreak situation The overall score was a mean score of 4.29 and a standard deviation of 0.65, meaning that Thai traditional medicine providers had a high level of knowledge of providing safe services during the COVID-19 epidemic situation.

Part 3 Factors Affecting Knowledge of Safe Service During the COVID-19 Pandemic Situation of a group of Thai traditional medicine providers in Muang District Lampang Province by multiple regression analysis of knowledge of safe service during the COVID-19 epidemic situation combined with independent variables

Table 3 presents the results of a multiple regression analysis of safe service literacy during the COVID-19 pandemic. combined with independent variables

Independent variables	b	Beta	t	P value
(a)	130.360		20.214	<0.001
1. Sex				
Male	Reference			
Female	-2.353	-0.094	-1.096	0.275
2. Age	-0.072	-0.047	-0.355	0.723

Independent variables	b	Beta	t	P value			
3. Status	Reference						
Single							
Married	3.016	0.116	0.997	0.320			
Divorce	3.732	0.103	0.905	0.367			
4. Degree of Education							
Uneducated	Reference						
Lower than diploma	4.105	0.122	1.105	0.271			
Diploma / Vocational Certificate	7.758	0.285	2.386	0.018			
Bachelor's degree	8.552	0.310	2.521	0.013			
Postgraduate	9.748	0.252	2.327	0.021			
5. Length of services with a Thai traditional medicine provider							
under 3 years	Reference						
3-5 years	0.106	0.004	0.035	0.972			
6-8 years	-4.047	-0.132	-1.235	0.219			
8-10 years	0.033	0.001	0.008	0.994			
10+ years	-6.413	-0.204	-1.391	0.167			
6. Affiliated with the service units							
Private sector	Reference						
Government sector	10.897	0.183	2.083	0.039			
7. Time of service per day							
less than 8 hours/day	Reference						
8-9 hours/day	-0.892	-0.025	-0.286	0.775			
10-12 hours/day	-6.527	-0.059	-0.725	0.469			
R = 0.375		R ² = 0.141		F = 1.496		n = 153	

a = constant b = regression coefficient

Beta = standard regression coefficient t = t-test statistic

F = F test statistic R = Correlation coefficient

* = statistically significant at 0.05 level R² = decision coefficient

** = statistically significant at 0.01 level

The results of a multiple regression analysis between independent variables and knowledge of safe service during the COVID-19 epidemic situation, in terms of access to health information in terms of understanding adequate health information Self-practice and health care during the COVID-19 epidemic situation In the field of property care, it was found that all independent variables were able to contribute to explain variations in knowledge of safe service provision during the COVID-19 pandemic. Overall, 14.1% ($R^2 = 0.141$) and when controlling for the influence of other independent variables, there were two independent variables that influenced knowledge of safe service during the COVID-19 epidemic situation. Overall, the statistical significance at the 0.05 level was the educational level variable, and under the service unit by the agencies of those who have an associate's degree, vocational certificate/vocational, bachelor's degree and postgraduate and is affiliated with government services Knowledgeable in providing safe service during the COVID-19 outbreak situation overall more than other groups.

Discussion and Recommendation

From the results of the study "Knowledge of Safe Service during the COVID-19 epidemic situations of a group of Thai traditional medicine providers in Muang District Lampang Province", as well as the issue of factors affecting knowledge of safe service during the Covid-19 epidemic situation of a group of Thai traditional medicine providers in Muang District, Lampang Province, according to the second objective, it was found that there were 2 independent variables that had a statistically significant effect on the knowledge of safe service during the COVID-19 epidemic situation at the 0.05 level, i.e. education level variable by the agencies of those who have an associate's degree, vocational certificate/technical vocational certificate, bachelor's degree and postgraduate affiliated with government service units Knowledgeable in providing safe service during the COVID-19 outbreak situation overall more than other groups.

From the results of this study, it was found that the level of education affects the knowledge of safe service during the COVID-19 outbreak situation. of the Thai traditional medicine service providers in Muang District, Lampang Province, consistent with the concept of measuring the level of knowledge. can be divided into 4 levels:

(1) Theoretical knowledge (Know-What) is factual knowledge. found in new graduates who has knowledge, especially knowledge that can be remembered from the explicit knowledge gained from much learning But when working, there may be a lack of confidence, making it necessary to consult the knowledgeable person first;

(2) Theoretical and contextual knowledge (Know-How) is knowledge connected to the real world. Under complex reality conditions can manifest knowledge that can be applied according to their own context Often found in people who have worked for many years until the knowledge is deeply ingrained that is more skill or experience;

(3) Knowledge at the level that explains reasons (Know-Why) is rational knowledge between stories or events. The result of experience solving complex problems and sharing experiences, as well as learning with others directly affected deeper understandings to deprive one's own profound knowledge to share with others or pass it on to others, while taking the knowledge from others can be implemented with their own context;

(4) Knowledge at the level of value, belief (Care-Why) is knowledge in the form of originality. Creativity driven from within oneself is one who is able to extract, process and analyze the knowledge that one has. with the knowledge that one has acquired to create a new body of knowledge, such as creating a model or a new theory or innovation up to work In this study, the population used in the study were Thai traditional medicine service providers in Muang District, Lampang Province, most of whom had a bachelor's degree. It reflects that having a level of education makes people more knowledgeable in their areas of interest or involvement. At the same time, the situations of the epidemic of COVID-19 have been a continuous expansion of the knowledge framework and have an impact on the lifestyle of people of all walks of life Therefore, people still pay attention and follow the news, as well as important aspects of the COVID-19 situation regularly to protect themselves from the epidemic that occurs which is becoming more and more intense day by day.

Recommendations

Recommendations for Policy Makers

In order to provide ongoing guidelines for the prevention of COVID-19, it is something that needs to be done on an individual level because the prevention of such epidemics requires cooperation from people together with the participation of public sector, private sector, and enterprise sector. As a service provider, guidelines for health care practices were detailed as follows: 1) Health check-up providers should have a health check before entering the workforce and annual health check, and this was an infectious disease surveillance to build confidence in the service users about health safety; 2) Personal hygiene cares included individual physical cleanliness, wearing a mask throughout the service, refraining from wearing jewelry, washing hands after touching people and things; and 3) Keeping accommodations clean and tidy with good ventilation.

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