

Factors Associated to Mental Health and Stress among Frontline Workers at
Suvarnabhumi Airport During COVID-19 Pandemic, Thailand: A Cross-Sectional Study



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ปัจจัยที่เกี่ยวข้องกับสุขภาพจิตและความเครียดในผู้ปฏิบัติงานด้านหน้าที่สนามบินสุวรรณภูมิใน
ช่วงเวลาการระบาดของโควิด-19 ในประเทศไทย: การศึกษาภาคตัดขวาง



วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาสาธารณสุขศาสตรมหาบัณฑิต
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ในช่วงการระบาดของไวรัสโควิด-19 เจ้าหน้าที่สนามบินด่านหน้าเป็นกลุ่มแรกที่ต้องคัดกรองผู้โดยสาร
 จากประเทศอื่นทั้งหมด เพื่อควบคุมและจำกัดไม่ให้ผู้ป่วยที่ติดเชื้อเข้ามาในประเทศ ผลกระทบจากไวรัสโควิด-19
 นั้นส่งผลกระทบต่อสุขภาพของแต่ละบุคคล โดยเฉพาะเจ้าหน้าที่สนามบินด่านหน้าซึ่งทำหน้าที่คัดกรอง
 ที่สนามบิน ความวิตกกังวลและความเครียดสามารถเกิดขึ้นได้จากการขาดแคลนอุปกรณ์และกลัวที่จะติดเชื้อซึ่ง
 อาจส่งผลต่อสุขภาพจิตและความเครียด ดังนั้นการศึกษานี้มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างปัจจัย
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 เจ้าหน้าที่สนามบินด่านหน้าในท่าอากาศยานสุวรรณภูมิในช่วงการระบาดของโรคติดเชื้อไวรัสโคโรนาสายพันธุ์
 ใหม่ (โควิด-19) ซึ่งได้ทำการศึกษาแบบภาคตัดขวางตามการสำรวจ (cross-sectional study) ผู้เข้าร่วมเป็นชาย
 และหญิงที่สุขภาพแข็งแรง อายุ 20-60 ปี และทำงานในสนามบินสุวรรณภูมิเป็นเวลาอย่างน้อย 6 เดือน
 ผู้เข้าร่วมได้ตอบแบบสอบถามด้วยตนเองซึ่งประกอบด้วย 3 ส่วน ได้แก่ ลักษณะทั่วไป สุขภาพจิต และ
 ความเครียด โดยมีผู้ตอบแบบสอบถามทั้งหมด 361 คนในการวิเคราะห์ 42.1% เป็นชายและ 57.9% เป็นผู้หญิง
 สำหรับลักษณะงาน 43.5% เป็นพนักงานท่าอากาศยานไทย (ทอท.) 11.9% เป็นกรมศุลกากรไทย 14.7% เป็น
 เจ้าหน้าที่ด่านควบคุมและกักกันโรค 25.2% เป็นตำรวจตรวจคนเข้าเมือง 4.7% เป็นกลุ่มอื่น ๆ เพื่อเปรียบเทียบ
 ข้อมูลตัวแปรต้นกับข้อมูลตัวแปรตามเพื่อค้นหาความสัมพันธ์โดยการทดสอบไคสแควร์ ผลการศึกษาพบว่า การ
 ต่อมสุรา ($p < 0.05$) การทำงานต่อเนื่อง ($p < 0.01$) ระบบสนับสนุน ($p < 0.05$) การตระหนักรู้ด้านสุขภาพกาย
 ($p < 0.001$) การสัมผัสกับผู้โดยสารที่ติดเชื้อ ($p < 0.001$) การต้องกักตัว ($p < 0.01$) มีความสัมพันธ์กับสุขภาพจิต
 ส่วน อายุ ($p < 0.01$) ระดับการศึกษา ($p < 0.05$) สถานภาพการสมรส ($p < 0.01$) ปริมาณงานที่เปลี่ยนแปลง
 ($p < 0.01$) ระยะการสัมผัสผู้โดยสาร ($p < 0.05$) ระยะเวลากการสัมผัสผู้โดยสาร ($p < 0.05$) การทำงานอย่างต่อเนื่อง
 ($p < 0.05$) พฤติกรรมสุขอนามัย เช่น การล้างมือ ($p < 0.05$) การอาบน้ำทันทีเมื่อกลับถึงบ้าน ($p < 0.05$) การ
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During COVID-19 pandemic, the frontline airport workers are the first group of people who have to screening all passengers from other countries to control and mitigate the imported case at the point of entry. The effects of COVID-19 are deeply down to individual health, especially the frontline airport workers who perform screening duties at the airport. The anxiousness and stress can occur from scarcity of equipment and afraid to be infected and can affects mental health and stress. This study is aimed to investigate the association between socio-demographic, job characteristics, and personal preventive measure factors to the mental health and stress among frontline airport workers at Suvarnabhumi airport during the COVID-19 pandemic. A survey-based cross-sectional study was conducted. The participants are healthy males and females aged 20-60 years old and working in Suvarnabhumi airport for 6 months at least. The participants took self-administered questionnaires containing 3 parts as general characteristics, mental health, and stress. A total of 361 respondents were included in analysis, 42.1% was male and 57.9% was female. For the job description, 43.5% was Airport of Thailand staffs (AOT), 11.9% was Thai Customs Department, 14.7% was Health Control and Quarantine Office, 25.2% was Immigration Police, 4.7% was others. To compare independent data with dependent data to find the association by Chi square test. The result shown that alcohol drinking($p < 0.05$), the continuous working($p < 0.01$), the supporting system($p < 0.05$), physical health awareness($p < 0.001$), contacted infected passengers($p < 0.001$), quarantine ($p < 0.01$) influence to mental health. And the age($p < 0.01$), education($p < 0.05$), marital status ($p < 0.01$), the changing workloads ($p < 0.01$), the contact distance($p < 0.05$), the contact duration ($p < 0.05$), continuous working ($p < 0.05$), hygiene behaviors such as washing hand ($p < 0.05$), take a shower when arrived home ($p < 0.05$), physical health awareness($p < 0.001$), and contacted infected passengers($p < 0.05$) influence to stress.

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CHAPTER I

BACKGROUND

1.1 Introduction

1.1.1 Disease and global responses

The Coronavirus disease 2019 or COVID-19, caused by coronavirus SARS-CoV-2, which is a respiratory pathogen. After identify the sequencing of whole genome from patient samples from the outbreaks those occurred in Wuhan city. WHO first learned of this new virus from cases in Wuhan city, China on 31December 2019. (National Center for Immunization and Respiratory Diseases (NCIRD), 2020). Then on January 2020 WHO declared about the human-to-human transmission of this virus. Then there are many countries announced that they have imported case of COVID-19 with public health emergency of international concern (PHEIC) on 30th January 2020 and pandemic of COVID-19 declaration on March 2020 from WHO (WHO, 2020i) rapid human-to-human transmission of the SARS-CoV-2 resulted in lockdowns to contain the spread of the disease that means people have to stay in their homes to break the community transmissions (Javed, Sarwer, Soto, & Mashwani, 2020).

1.1.2 Complexity of management

Moreover, the initial studies shown that the characteristics of COVID-19 disease and its transmission patterns could lead to high transmission rates among population since the high proportion of asymptomatic cases (Day, 2020). Some group of asymptomatic patients have more probability to

transmission disease than other such as teenager group (Bai et al., 2020; Huang et al., 2020) those have more chance to travel and migrate to other areas. While the travel cannot be stopped, it leads to the complexity of disease control (Bogoch et al., 2020; Wells et al., 2020; Wilson & Chen, 2020).

From January 2020 until mid of April 2021, there are almost one hundred and forty million cumulative cases worldwide. The trend of the disease spreading still increasing continuously (Worldometers.info, 2021). The latest model from The Lancet Global Health journal showed that in low- and middle-income countries it could cost around US\$52 billion or US\$8.60 per person to provide an effective health-care response to COVID-19 for four weeks, assuming each country's reproductive number remained unchanged (Tan-Torres Edejer et al., 2020). Every country has to consider about all factors for public health safety, then implement their own protocol at point of entry (WHO, 2020g) and other public health measures to mitigate the disease spreading.

The COVID-19 pandemic's impact has been broad, not only on health aspect but affecting general society, economy, culture, ecology, politics, and other areas also. The 3 main aspects are

- 1) Economics: The severe economic recession occurs due to COVID-19 spreading. There is the forecast that most major economies will lose at least 4.5 percent of their gross domestic product (GDP) over 2020. To put this number in perspective, global GDP was estimated at around 87.55 trillion U.S. dollars in 2019 meaning that a 4.5 percent drop in

economic growth amounts to almost 3.94 trillion U.S. dollars in lost economic output (Szmigiera, 2021).

2) Society: To encourage residents to remain in their homes in order to help suppress the spread of COVID-19, many countries and Thailand's government also imposed lock-down policy. The public transportation, population movement were restricted, the companies implement work from home protocol. Therefore, reduction of social relationship occurred due to inhibition of the social activities.

3) Education: There are over a billion children are at risk of falling behind because of school closures aimed at containing the spread of COVID-19. To keep children learning, the educational institutes have been implementing remote education or online programs. But many of the world's children particularly those in poorer households do not have internet access, personal computer or laptop or tablets amplifying the effects of existing learning inequalities. Students who lacking access to the technologies needed for home-based learning have limited means to continue their education. So, many face the risk of never returning to school, undoing years of progress made in education around the world (UNICEF, 2020).

1.1.3 The other countries' response policy

All countries set the government policy to mitigation the risk of imported cases from travelling. The pre-travel testing, health certification, wearing mask, physical distancing and quarantine were implement at the

airports. In Africa, a few countries set the designated area to quarantine for all passengers who arrival such as Algeria and Eswatini. While others use the self-quarantine measurement. Likewise, the Americas and European countries mostly recommend the passengers to self-quarantine. On the other hand, in the Asia-Pacific countries and China, the specific location quarantine of all passengers is mandatory (IATA, 2020).

1.1.4 Thailand Response Policy

In Thailand from 3rd January 2020 until now, Department of disease control, Ministry of Public Health, Thailand established the point of entry screening at Suvarnabhumi Airport (DDC, 2020a). The first confirm COVID-19 case outside China was found from Suvarnabhumi airport screening on 13th January 2020 (WHO, 2020a). Health control office at Suvarnabhumi Airport updated screening protocol up to area at risk every day and done the exit screening also. Until 26th March 2020 Official Statement of the Office of the Prime Minister declared the Declaration of an Emergency Situation pursuant to the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005). To implement the disease control measures especially, to close the point of entry into the kingdom in order to limit movement of large numbers of peoples across various area which is the main factor of disease spreading (Ministry of Foreign Affairs [MFA], 2020). The situation of outbreak in Thailand on 3rd April 2020 , there are almost 2,000 confirmed cases (DDC, 2020b). On 4th April 2020 all international airports were closed according to the Civil Aviation Authority of Thailand announcement except

Suvarnabhumi airport and Don Muang airport (CAAT, 2020). The passengers who want to enter to Thailand has to report to the Ministry of Foreign Affair and check their health before be allowed come into Thailand. So, passengers who can come to Thailand will be one of the designated groups from government. Passengers are mostly Thai repatriates. When they disembarked from the airplane, they were screened by health quarantine officers and other officers to check the document. After those procedure they go to state quarantine for 14 days that get along with the longest incubation period of COVID-19 (J. Liu et al., 2020). After 12 days, the repatriates were test COVID-19 by PCR to make sure that they are clear from disease before go back to their home and community.

1.1.5 Important of Suvarnabhumi Airport during COVID-19 pandemic and situations of COVID-19 affects to airport staff health

Suvarnabhumi airport contains the largest proportion of international flights of all airports in Thailand whether in the COVID-19 pandemic, this airport is the main airport to receive Thai repatriates as well (AOT, 2019). The officers in Suvarnabhumi airport who involve in the screening process are the first group that contact to all passengers.

The airport officers who working in initial screening process are airport service who facilitate all passengers to prepare document and register application, health control officers who measure temperature of passenger and face-to-face interview about passengers' respiratory symptom in past 14 days, immigration polices who check the document

and give the entry permission stamp to all passengers' passport and customs officers who check the baggage of passengers before go to state quarantine. These groups had their own protocol about the preventive measure, wearing protective equipment. But sometime the equipment is scant. Therefore, the anxiousness and stress can occur from scarcity of equipment and afraid to be infected.

There are the reports about the airport staffs infected the COVID-19 both in Thailand, Singapore and China. Many contacts staffs were tested and quarantine (Bostock, 2020; Huaxia, 2020; Technology, 2020).

While the emerging disease pandemic, almost attention of medical interventions tries to mitigate the physical illness and find out the profile of pathogen. But the pandemic also affects many levels from individual to society. Level of social anxiety and stress also been linked to severity of disease spreading. As we know that many people hoard masks and other medical goods. For the individual, anxiety-related behaviors, sleep disturbances, and overall lower perceived state of health. People with pre-existing psychologic conditions or substance use disorders may be particularly vulnerable (Moukaddam N & A, 2020). with the urging for individual isolation, social distancing, and closure of public place. The restrictive measures can affect social and individual mental health exactly (Nicolas, 2020). The serious societal impact is discrimination both among general people to high-risk occupation and to foreigners. Those officers in airport are the high-risk occupational people also. Not only the high-risk situation in work period or uncertain workflow due to dynamic of pandemic

severity but the discrimination from the society due to their high-risk job characteristic also can let the airport officers more likely to get stress.

The frontline airport workers are the essential group of people those control and mitigate the imported case at the point of entry. Not only the physical health problem, but the mental health problem also reduces their work quality and productivity. Therefore, the mental health and stress level of this group are one of the key studies to recognize the problem, to solve and to support them properly.

1.2 Research Gap

There are many studies about mental health, stress (Armitage & Nellums, 2020; Choi, Hui, & Wan, 2020; Du et al., 2020; Ozdin & Bayrak Ozdin, 2020; Pfefferbaum & North, 2020; Salari et al., 2020). But there is limit study about assessing factors associated to the mental health and stress among frontline airport workers during COVID-19 pandemic.

Anyway, we can assume that the heavy workload and risk to be infected from their work can aggravate the psychological pressure, even mental illness. From previous outbreak of SARS the study show the medical workers who participated in the treatment of SARS patients more likely to get psychological disorder later (Verma et al., 2004). Therefore, it is extremely important to realize the mental health of the high risk occupation people.

In this study, we focus only the officers those participate with the screening process are Airports of Thailand (AOT) officers, health control officers, immigration police, customs officers.

1.3 Research Question

1. What is the level of mental health and stress among frontline airport workers during COVID-19 pandemic? personal preventive measure factors associated to the mental health and stress among frontline airport workers at Suvarnabhumi Airport, Thailand?

1.4 Research Objectives

1. To assess the level of mental health and stress among frontline airport workers at Suvarnabhumi Airport, Thailand

2. To find the association between socio demographic, job characteristics and personal preventive measure factors to the mental health and stress among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

1.5 Research Hypothesis

1. The mental health level among frontline airport workers at Suvarnabhumi airport is lower than normal mental level

2. The stress level among frontline airport workers at Suvarnabhumi airport is higher than normal level

3. There is association between socio demographic, job characteristics and personal preventive measure factors to the mental

health and stress among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

1.6 Conceptual framework

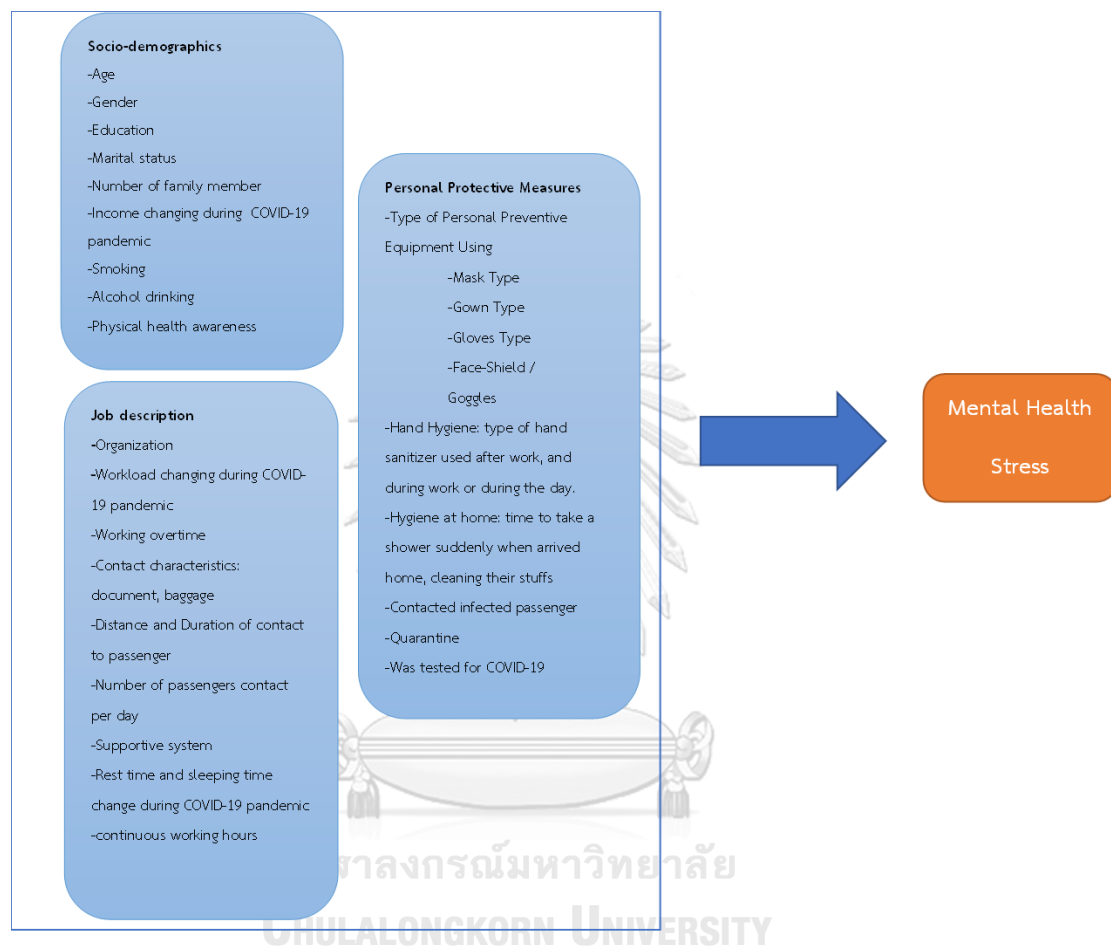


Figure 1 Conceptual framework

1.7 Operation Definition

Socio-demographic factors

Characteristics of participants compose of age, gender, marital status, education level, organization, Smoking and alcohol drinking behavior and also perception of the participant about their own physical health or

“physical health awareness”. For income in this research meaning the changing of income during COVID-19 pandemic.

Personal protective measures (PPM)

Personal protective measures are an effort aimed at minimizing the risk of SARS-CoV-2 transmission by using masks properly, hand hygiene, physical distancing, respiratory etiquette, and avoid touching eyes, nose, or mouth. The cleaning process after finish work at home by suddenly take a shower as soon as arrived home, cleaning the belonging by alcohol or soap.

Frontline Airport Workers

The frontline airport workers mean those workers who involve the passenger screening processes in terminal gate. From the passengers disembarked from airplane until they were brought to state quarantine facilities, the workers who have responsibility to facilitate, check the passengers' health problem, check the passengers' document, and their luggage are frontline workers. Because they have to contact unknown COVID-19 disease status passengers and they have continuous risk to infect COVID-19 from workplace. These groups of workers include:

Airport Service workers

The employees of Airport of Thailand company. In normal situation, they will service the passengers who need some help such as getting lost in airport or request special facilities like wheelchair, or disabled person service. While in COVID-19 situation, they have to facilitate all passengers

who disembarked from airplane to prepare document and register application to tracing.

Health control officers

The officers of Department of Disease Control, who have to check the health condition of all passengers and follow the disease control protocol to detect the suspected case of COVID-19 at point of entry before the passenger go to state quarantine to limit spreading of disease to others.

Immigration polices

Immigration officers (or immigration enforcement officers) use their knowledge of the law to check whether people arriving in Thailand are allowed to enter. They also decide whether visitors are entitled to stay.

Typical responsibilities of the job include:

- observing passengers passing through passport control areas
- examining passports and visas

Customs officers

They have to perform customs clearance duties and deal with related government agencies.

Mental health

The competency of daily problem solving and the potential of self-development toward a better quality of life, which covering psychological quality under changing social environment. The questionnaire covers 4 mains aspect of mental health those are unhappiness, anxiety, social

impairment and somatic symptoms. This study divided mental health into 2 groups as normal and abnormal

Stress

The feel and happened in situation from the past 6 months. The stress are the unique experiences of each person in the same situation. This study divided stress into 4 groups such as 1) low stress 2) moderate stress 3) high stress 4) severe stress.

1.8 Scope of the Study

1.8.1 Study design: a survey based cross-sectional study

1.8.2 Study area: Suvarnabhumi Airport, Thailand

1.8.3 Study period: May - August 2021

1.8.4 Study Subject: Frontline Airport Worker who involve the screening process of passengers from repatriation flights at Suvarnabhumi Airport Thailand.

1.8.5 Study tool: The questionnaires were used in this study include

1) General characteristics about socio-demographic data, job description and personal preventive measures of participants

2) Mental Health Questionnaire that is General Health Questionnaire – 60 or GHQ-60 from department of mental health, Thailand (Tana Nilchaikovit, 1996)

3) Stress Questionnaire that is Suanprung Stress Test – 20 (Mahatnirunkul S, Pumpaisalchai W, & P, 1997).

1.9 Expected Outcome

1) The level of mental health and stress among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

2) The association between socio demographic, job characteristics and personal preventive measure factors to the mental health among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.



CHAPTER II

LITERATURE REVIEW

2.1. COVID-19 Disease details

Pathogen and discovery

In early December 2019, the early cases of unknown severe pneumonia were found. The retrospective review of 124 confirmed cases, 119 cases were from Wuhan and 5 cases from Hubei or other provinces, but all have travel linkage to Wuhan during the period of exposure. The 41 initially identified confirmed cases showed that about three fourth of cases were linked to the Huanan market. The Huanan market is a large market mainly supplying seafood products but also fresh fruits and vegetables, meat, and live animals.

After the outbreak was detected, the market was closed on 1 January 2020, and several investigations followed, including environmental sampling in the market, as well as sampling of frozen animal carcasses at the market. The 336 samples were collected from animal, none were detected PCR positive for SARS-CoV-2. While 69 out of 842 environment sample were positive PCR for SAR-CoV-2. 61 from 69 samples were collected from the western wing of the market. And 22 samples were from 8 different drains and sewage. Then these finding were virtually identical to the patient samples collected at the same time (>99.9% homology).

Before the detecting the cases in Wuhan, there was no unusual cluster of cases or deaths were reported elsewhere. So, the starting point

of the virus were hypothesized that from Wuhan city (WHO, 2020k). After collecting the specimen from patients, the real-time PCR (RT-PCR) assays on these samples were positive for pan-Beta coronavirus. Using Illumina and nanopore sequencing, the whole genome sequences of the virus were acquired. Bioinformatic analyses indicated that the virus had features typical of the coronavirus family and belonged to the Beta coronavirus 2B lineage.

The alignment of the full-length genome sequence of the new virus and other available genomes of Beta coronavirus showed the closest relationship with the bat SARS-like coronavirus strain Bat-Cov RaTG13, the identity is 96%. Virus isolation was conducted with various cell lines, Typical crown-like particles were observed under transmission electron microscope (TEM) with negative staining. And transgenic human ACE2 mice and Rhesus monkey intranasally challenged by this virus isolate induced multifocal pneumonia with interstitial hyperplasia (WHO, 2020h). At first the new virus was named Novel Coronavirus 2019 and then its name was changed.

Coronavirus Disease 2019 is the official name of respiratory disease that cause by a novel coronavirus. The virus was designated as severe acute respiratory syndrome coronavirus- 2 or (SARS-CoV-2) by the Coronavirus Study Group (CSG) of the International Committee on Taxonomy of Viruses (Gorbalenya et al., 2020; M.-Y. Zhou et al., 2020). And WHO announced this disease as coronavirus disease 2019 (COVID-19) (Ge et al., 2020).

Host

Similar to the SARS outbreak of 2002-2003 the wet markets were implicated (M. Wang et al., 2005). The wild animals seem likely to be involved in the emergence of SARS-CoV-2. Indeed, a number of mammalian species were available for purchase in the Huanan seafood market before the outbreak (Cohen, 2020). Unfortunately, the market was cleared soon after the outbreak began, determining the source virus in the animal population from the market is challenging. A coronavirus that is closely related to SARS-CoV-2, which was sampled from a *Rhinolophus affinis* bat in Yunnan in 2013, has now been identified (P. Zhou et al., 2020). But there were others study found that the pangolins are also the suspected host of this virus (Lam et al., 2020).

Transmission

The transmission of this virus can be divided into 4 ways are i) through the contagious droplets emanated by cough or sneezing direct to mucosa such as nose, mouth or eyes; ii) puff of aerosols from aerosol-generating procedures (AGPs) and also include singing or talking closely ; iii) by direct contact such as kissing, touching any contaminated part of body and iv) via indirect transmission by contact to the contaminated surfaces (fomites) but it was considered likely to be rare sources (Sommerstein et al., 2020).

Reproductive number

The reproductive number of COVID-19 as average was 3.8 (1.4-6.49) from review of 14 studies (Liu, Gayle, Wilder-Smith, & Rocklöv, 2020).

Susceptible group

Patients in advanced age seem more susceptible to the disease.

Mortality rate and Case fatality rate

Mortality rate Increasing in advanced age group. Early Chinese reports showed that mortality rate could be 3 times higher in who older than 80 years of age (Ge et al., 2020; Wu & McGoogan, 2020). Case-fatality rate is variable estimates by country from less than 0.1% to over 25% (WHO, 2020b).

Incubation Period

The mean of incubation period of the Coronavirus Disease is 5.1 days (95% CI, 4.5 to 5.8 days), and 97.5% of symptomatic patients will present clinical within 11.5 days (CI, 8.2 to 15.6 days) of infection. These estimates imply that 101 out of every 10 000 cases will develop symptoms after 14 days (Lauer et al., 2020).

Clinical characteristic

The COVID-19 patients' clinical manifestation ranged from non-specific mild symptoms to severe respiratory failure with organ damage. The three most common symptoms are fever (77.4-98.6%), cough (59.4-81.8%) and fatigue (38.1-69.6%). Other symptoms are flu-like illness such as

dyspnea, myalgia, sputum production, headache, sore throat, rhinorrhea is less common (Ge et al., 2020).

Confirmation Test

There are two types of tests for COVID-19, the first one is routine confirmation test based on detection the unique sequences of RNA virus by nucleic acid amplification test (NAAT) such as real-time reverse-transcription polymerase chain reaction (rRT-PCR). The highest percentage virus detection from nasopharyngeal swab in first 4 days after symptom onset at 89% (95% confidence interval (CI) 83 - 93) then dropping to 54% (95% CI 47 - 61) in 10 to 14 days (Mallett et al., 2020). The second one is serological tests based on antibodies against viral proteins. This test can identify people who infected for a while and develop immune response to virus especially IgM which was produced early after infection. So, to improve sensitivity and accuracy the 2 types of tests of COVID-19 should be used together (Esakandari et al., 2020; Lee, Lin, Renia, & Ng, 2020; WHO, 2020c).

2.2 Protective Method

Because the SARS-CoV2 is a respiratory pathogen, therefore the infection control has to start from protection the large infected droplets dispersed by coughing, sneezing and breathing in close proximity to other persons. This transmission process has led to social distancing being the fundamental measure. But there is controversy about the safe distance required between people to prevent transmission. The WHO suggested 1 meter while the CDC and NHS suggested 2 meters. To make social

distancing measure to be effective, the infected droplets should fall to the ground or being in low enough concentrations at 2 meters from sources to be inability to transmission. Many studies have used the cut point between large and small particles at 5 μm . whereas the modern researcher suggesting that the cut point at 100 μm is better to differentiates aerodynamic characteristic of particles. The particles those would fall to the ground within 2 m are 60–100 μm in size.

The small particle aerosols those are smaller than 5 μm was called airborne and breathable. In the initial phase of pandemic, the airborne transmission of SARS-CoV-2 was unlikely, but there is the highlighted evidence that infective microdroplets are small enough to contaminate in the air and expose to other persons at distances more than 2 meters from an infected person. While in healthcare setting the airborne transmission can occur because the puff of aerosols from aerosol-generating procedures (AGPs) such as nebulizer, oxygen therapy or intubation. Therefore, wearing mask and handwashing came into another important measure (Alzyood, Jackson, Aveyard, & Brooke, 2020; Respiratory, 2020; Sommerstein et al., 2020).

The principle to investigation the closed contact in the context of COVID-19, the people who contact to confirm case from 2 days before to 14 days after the case's onset of illness:

- a) Being within 1 meter of a COVID-19 case for >15 minutes;
- b) Direct physical contact with a COVID-19 case;

- c) Providing direct care for patients with COVID-19 disease without using proper personal protective equipment (PPE)
- d) Other definitions, as indicated by local risk assessments (WHO, 2021a).

2.3 COVID-19 Situation (WHO, 2020j)

Epidemiology

The epidemiology of this disease was studied continuously because in different geographic and demographic condition the epidemiological information is different. On 15 November 2020, COVID-19 global situation, the number of new confirmed cases is continue rising. Only time range from 9-15 November 2020, there are 4 million new cases and the number of death cases increase by 11% with around 60000 new death cases. Of which four fifth (81%) of death cases were in the Americas and Europe.

Detail on Epidemiology each region

Africa

The number of new reported case continued gradual increase from September. When compared to the previous week, there are 40990 new reported cases those increasing as 22%. The largest number of new reported cases come from South Africa, Kenya, Algeria and Ethiopia

Region of the Americas

The new reported cases and death number in the America is rising dramatically as cases increasing more than 40% and death more than 10% in past 1 week

The largest proportion of cases were reported from The United States of America with more than 1 million cases and cumulative case from the starting point almost 11 million cases

Europe

European region has almost half proportion of cases and deaths number globally, with 2 million new cases and almost 30000 deaths. Therefore, European region reported 46% of all cases and 49% of all deaths in the world.

South-East Asia Region

From September until end of October, the number of cases and death in South-East Asia Region continued decline

Weekly new cases decrease from 690 000 to 380 000, and deaths number decreases from 9300 to less than 4600 in past week.

And from earlier November, weekly cases are stable in less than 400 000 for the past three weeks. There are 373 786 new cases and 4534 deaths were reported in the past week. The death number is also relatively stable

Countries with highest number of weekly new cases per million population in the past week included Nepal, Maldives and India.

Thailand Situation

From 16 April 2021 Thailand COVID-19 situation report, there are 1,582 new cases including 5 cases whom be detected from state quarantine, 921 cases detected through the routine surveillance system linked to occupational risk, visiting crowded places or contact with confirmed cases and 656 cases identified through active case finding. At present, this new case number brings the total number of with 39,038 cumulative cases included 28,480 have recovered, 10,461 are receiving treatment, and 97 have died (WHO, 2021b).

In Tak province, there are sporadic imported cases from Thailand-Myanmar border. Thai government activate the reconnaissance process and set the protocol for temporary workers who come into Thailand round trip daily.

In addition, there are over 600 cases were report from Samut Sakhon and the contact investigation with disease control measures were implemented. But many cases across the country were report also, those cases have linkage to Samut Sakhon seafood market (Wipatayotin, 2020).

Recently, an increasing number of new cases were linked to entertainment venues; the outbreak has spread to many provinces including Bangkok, Nakhon Pathom, Chonburi, Pathum Thani, Chiangmai and Chumphon. The DDC has reported that the following risk factors may have been responsible for the widespread infections at entertainment venues: poor ventilation, crowded spaces, no masking, no physical

distancing, sharing drinks and food, laughing and shouting, bar-hopping and crossing to other nearby provinces.

The vaccine distribution is still ongoing in Thailand. Personal hygiene practices (Mask wearing, Physical distancing, Hand Hygiene) are still strongly advised even after vaccination. On 4 April 2021, the MOPH has given over 257,000 doses of vaccines: 213,948 people have received the 1st dose and over 43,000 have received the 2nd dose (WHO, 2021b).

2.4 Thai National policy response

The first response in Thailand started when there was declaration about the cluster of unknown pneumonia on 31st December 2019 then 4th January 2020 Thailand's Department of Disease Control activated the Emergency Operation Center and set screening protocol at Suvarnabhumi airport to screen all passengers directed flights from Wuhan city, China. On 8th January 2020 the first confirmed case outside China was detected from Suvarnabhumi airport, Thailand. Then on 22nd January 2020, Thailand's Ministry of Public Health activated the EOC and 5 days later the Thai prime minister lifted up the EOC to be at the ministerial level. And 1st March 2020 Thailand's MoPH declared COVID-19 as a dangerous communicable disease according to the Communicable Disease Act B.E. 2558 (Namwat, Suphanchaimat, Nittayasoot, & Iamsirithaworn, 2020). To implement the disease control measures, official statement of the declaration of an Emergency Situation pursuant to the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005) was declared by the

office of the Prime Minister on 26th March 2020. Disease control measures were implemented including closure the point of entry into the kingdom in order to limit movement of large numbers of peoples across various area which is the main factor of disease spreading, limitation social activities with closing convenient store/school/entertainment venue and encourage working from home, curfew time at 10 pm.- 4 am. (OPM, 2020). Therefore, the Civil Aviation Authority of Thailand banned all commercial flight to be consistent with the government declaration above (CAAT, 2020).

The passengers who can come to Thailand will be one of the designated groups from government. Passengers are mostly Thai repatriates. Those were screened by health quarantine officers before go to state quarantine for 14 days that get along with the longest incubation period of COVID-19 (J. Liu et al., 2020). After 12 days, the repatriates were test COVID-19 by PCR to make sure that they are clear from disease before go back to their home and community.

2.5 Suvarnabhumi Airport Detail

Airport of Thailand company administrates 6 airports, facilitates travelling both domestic and international flights. Suvarnabhumi Airport held the largest both size and flight proportions of the nation with modern facilities. Generally, in Suvarnabhumi airport the number of flights to be supported 68 flights/hour and the number of passengers to be supported 45 million passengers/year. Suvarnabhumi international airport is located in Rachathewa, Bangphli, Samutprakarn province, Thailand with officially

opening on 28 September 2006 (AOT, 2019). The Coronavirus Disease 2019 (COVID-19) spread to worldwide by air travelers. So, the air transportations were restricted by many countries and the flight with passenger volume decrease rapidly from the end of January 2020. Likewise, Thailand government declared to the temporary ban on all international passenger flights to Thailand since April 2020. The total number of aircraft movements at AOT's 6 airports was 515,185 flights or a 42.51% decline, comprising 244,511 international flights and 270,674 domestic flights, declined by 50.30% and 33.02%, respectively. And AOT's 6 airports handled 72,637,688 passengers in total or a 48.80% decline, comprising 37,485,037 international passengers and 35,152,651 domestic passengers, declined by 55.40% and 39.21%, respectively. However, the Suvarnabhumi airport still handled the largest proportion of aircraft transportation and the passenger volume also. The Suvarnabhumi airport has total number of 210,596 commercial flights or a 44.42% decline, comprising 153,666 international flights and 56,930 domestic flights, declined by 47.41% and 34.32%, respectively. It handled a total number of 30,750,332 passengers or a 52.48% decline, comprising 23,514,640 international passengers and 7,235,692 domestic passengers, declined by 55.38% and 39.78%, respectively. This airport is the main airport that support almost all Thai repatriation flights, because it has full facilities to set the complete screening protocol (AOT, 2020).

In Suvarnabhumi airport, there are various groups of profession such as airline crew include the flight attendants and ground staff also, the AOT staffs those are divided to many sections and subsection such as business

support, operation, maintenance, standard inspector, commerce. The other relevant bureaucratic officers to the enter the country process such as the immigration police, the health and international disease control officers, the customs officers, are working in Suvarnabhumi airport also. Moreover, there are a lot of merchants, or renters do the air transport business, food and beverage services, duty free shops etc. Anyway, after the temporally ban of international flights many businesses and airlines were closed due to the losing in business. In the COVID-19 situation, this disease was declared in the Communicable Diseases Act 2015 as a dangerous communicable disease, then all point of entries has to set the protocol to screening all passengers before enter to the country to reduce the chance of importing disease into Thailand. The main groups of staff those involve the screening process include airport service staffs, health control or quarantine officers, immigration officers and customs officers. They have to contact to the passengers closely and longer than other occupational staffs. Although, the flight attendances or airline staffs and merchants have to contact to passengers but they have the less time to contact and the longer distance to the passengers.

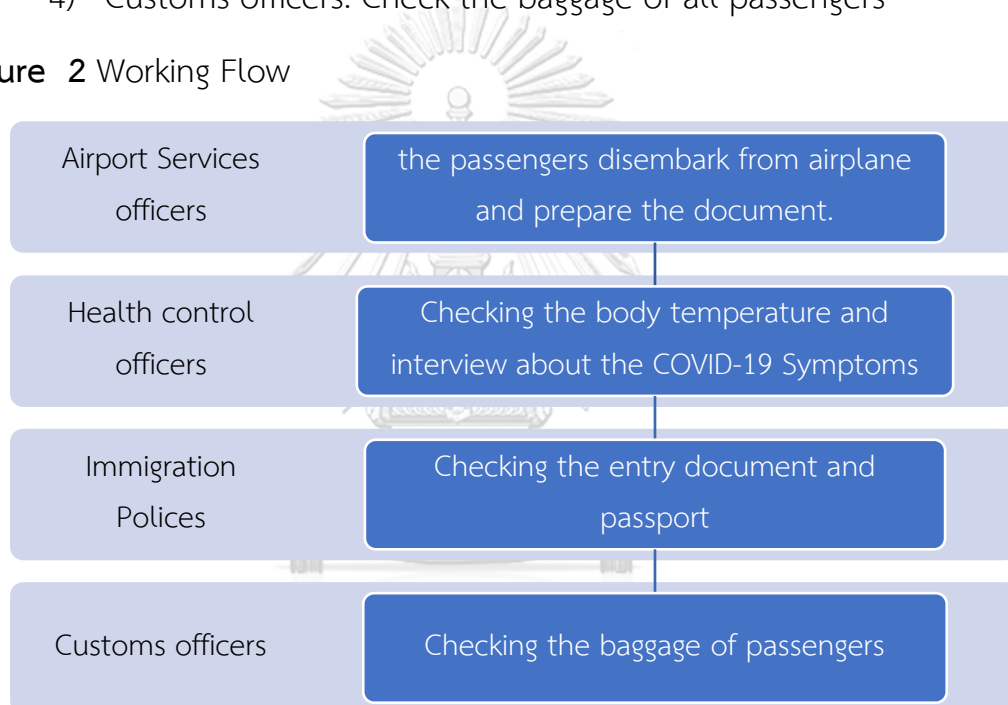
2.6 Job description in screening process at the airport

Conclude from observation and informal interview.

- 1) Airport Services Officers: Facilitate all passengers about the documents, set the line and service the vulnerable group.

- 2) Health control officers: Screening temperature and symptoms of COVID-19 all passengers by forehead infrared thermometer or in-ear thermometer then face-to-face interview. Check the documents from passengers
- 3) Immigration Polices: Check the passport and entry permission stamp from all passengers
- 4) Customs officers: Check the baggage of all passengers

Figure 2 Working Flow



2.7 Mental Health

From World Health Organization (WHO) definition, mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2004). The determinants of mental health are

multifactor of social, psychological, biological. Those factors determine the level of mental health of a person at any point of time.

The mental health was recognized as an important role in achieving global development, as the one of Sustainable Development Goals. The Depressive disorder is one of the leading causes of disability. And suicide is the second leading cause of death among 15-29-year-olds. The people who suffered from severe mental health conditions die prematurely as much as twenty years early (WHO, 2021d).

The mental health disorders include depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders including autism (WHO, 2021c).

The common mental disorders are

- 1) Depressive disorder

Depressive disorders are characterized by feeling sad, loss of interest, feelings of guilt or low self-esteem, disturbance of sleep or appetite, feelings of tiredness, and poor concentration.

Depression can be long lasting or recurrent, substantially impairing an individual's ability to function to cope with daily life.

At its severity, depression can lead to suicide.

Depressive disorders include two main sub-categories:

- a. Major depressive disorder or depressive episode, which involves symptoms such as depressed mood, loss of interest or pleasure, and decreased energy; depending on the number

and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe; and

- b. Dysthymia, a persistent or chronic form of mild depression; the symptoms of dysthymia are similar to depressive episode, but tend to be less intense and last longer.

2) Anxiety disorder refer to a group of mental disorders characterized by feelings of anxiety and fear, including generalized anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). As with depression, symptoms can range from mild to severe. The duration of symptoms typically experienced by people with anxiety disorders makes it more a chronic than episodic disorder.

There is some argument about the trend of prevalence of mental illness in worldwide. The studies about the prevalence of mental health disorder use many different methodological approaches. Such as the antidepressant consumption (OECD, 2017), the rate of disability from mental illness pension claimed (Harvey et al., 2017; Viola & Moncrieff, 2016), the rate of prescription (Wong et al., 2017; Wong et al., 2016) but these interpretation are not straightforward to the mental illness prevalence because the higher rate of anti-depressant prescription or consumption may indicate the rising prevalence, but they may also indicate an increasing willingness to get treatment in the population or more

overuse and off-label use of those drugs. And also, the rise of disability pension rates due to mental illness may be an indicator of a changing in workplace environments those more safety to physical injury. But the WHO Global Burden of Disease studies showed the increasing burden due to depression and other mental disorders (WHO, 2017). But the increasing burden caused by mental illness is not necessarily caused by an increasing prevalence, but may rather be due to changing demographics (Baxter et al., 2014). From the meta-analysis of studies from 1978 – 2015 the overall global prevalence of mental-illness increases in odd ratio of 1.179 (95%CI 1.065-1.305). The prevalence of mental-illness increase in small proportion those the researchers assume that mainly related to demographic changes (Richter, Wall, Bruen, & Whittington, 2019).

From WHO Global Health Estimate in 2017, prevalence of depression for global population is 4.4% or 322 million people. The prevalence rate varies by age, gender and regions. The low of 2.6% in male from Western Pacific Region to 5.9% in female from African Region. And the peak in older adulthood (55-74 years). While the prevalence of anxiety disorder is 3.6% or 264 million people. These two disorders are more common in female than male. And many people suffered from both conditions simultaneously or comorbidity therefore the prevalence and burden from these common mental disorders cannot show as simply add these two prevalence together to arrive at a total for common mental disorders (WHO, 2017).

Additionally, in the countries or setting those affected by fragility, conflict and disaster whether from natural or violence, the number of

people afflicted by mental ill-health rises to approximately one in five people (22.1%) (Charlson et al., 2019).

The rapid social change, the stress environment of work, discrimination from society, physical diseases are the risk for poor mental health. Moreover, some psychological and personality factors can make some people more likely to get mental health problems. And the genetic factors are also the biological risks (WHO, 2018).

The burden of mental disorders continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world (WHO, 2021c).

Depressive disorders caused global total of over 50 million Years Lived with Disability (YLD) in 2015. More than 80% of depression burden occurred in low to middle income countries. Depression is a major contributor to suicide. Globally, depressive disorders are ranked as the single largest contributor to non-fatal health loss (7.5% of all YLD). While the anxiety disorder led to a global total of 24.6 million YLD in 2015. Anxiety disorders is lower YLD estimate than depression because these disorders are associated with a lower average level of disability. Anxiety disorders are ranked as the 6th contributor to non-fatal health loss globally and appear in the top 10 causes of YLD in all WHO Regions (WHO, 2017). This 2 common mental disorders cost the global economy US\$ 1 trillion each year (WHO, 2021d).

Nowadays, there is the effort to make a change for mental health definition because of the differentiation of social system across the

countries. The new definition is “Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.” (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015).

The mental health in the workers was directly affected from the workplace and the working environment. The poor mental health workplace such as inadequate health and safety policies, poor communication, low levels of support for workers. Moreover, some jobs may carry a higher personal risk than others. In this case we focus on the first group of workers who have to contact with passengers that unknown infection status. Those work-related factors affect to mental health and be a cause of symptoms of mental disorders and the harmful use of alcohol or psychoactive drugs also. If there is lacking of the good teamwork or social support, the risk of mental health problem will be increased (WHO, 2020e).

In every pandemic or disaster, panic, anxiety, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. So, it is understandable that people are experiencing fear in the context of the COVID-19 pandemic.

Added to the fear of infected the disease in a pandemic such as COVID-19 are the significant changes to our daily lives such as restrict the travelling, communicating to others to control the disease spreading. Faced with new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues those can make the people more susceptible to mental illness, especially the group of people who have both factor from their jobs and the social changing together (WHO, 2021d).

2.8 Stress

The term stress may refer to a stimulus, a response to a stimulus, or the physiological consequences of that response. While the stressors or stressful life experience, are defined as circumstances that threaten a major goal those are 2 components including the maintenance of individual's physical integrity (physical stressors) or individual's psychological well-being (psychological stressors). And the stressful circumstances can cause the variety of psychological and physiological response depending on the stressor's controllability, ambiguity, level of demand placed on the individual, novelty, and duration (Kemeny, 2003).

The definition and concept of stress are variety. There is the conflict of the modern concept of stress between Hans Selye, the founder of modern stress research and the psychologists (Rom & Reznick, 2015). The definition of the psychologists' site such as "In the psychological stress field it has been observed repeatedly that responses to any given

psychological stimulus may vary widely from one individual to another or from one time to another in the same individual” (Mason, 1975). While H. Selye’s stress concepts have 2 important ideas those are (i) stress is basically physiological response and (Bogoch et al.) stress is a non-specific response of the body to any need or threat that it encounters. And “The fact that stressors or even the same stressor can cause different lesions in different individuals has been traced to what I have called ‘conditioning factors’ that can selectively enhance or inhibit one or the other stress effects” (Rom & Reznick, 2015) The controversy leading to developing the integral concept of the stress cycle into a unified definition of stress. Stress cycle composed of 4 phases (i) Resting ground phase (Bogoch et al.) Tension phase (iii) Response phase and (iv) Relief phase (Rom & Reznick, 2015).

The word ‘distress’ is a negative psychological response to any threat and can include a variety of affective and cognitive states, such as sadness, frustration, anxiety, the sense of being overwhelmed, or helplessness (Kemeny, 2003).

There are 3 body’s systems those affected by stress and can affect other consequence systems.

1) Impact on the Autonomic Nervous System or ANS

The ANS include the sympathetic nervous system which response to threatening situations by increasing involuntary processes (e.g., increase heart rate and respiratory rate) because the fibers of the

sympathetic nervous system can release the neurotransmitter norepinephrine at various organ sites, including the adrenal medulla, causing the release of epinephrine (also known as adrenaline) into the bloodstream and parasympathetic nervous system which control involuntary resting functions (e.g., increase digestive system, slows heart rate) These 2 systems work conversely.

2) Impact on the Hypothalamic Pituitary-Adrenal Axis (HPA Axis)

Stressors can cause the level of cortisol hormone increasing. This hormone releasing is due to the activation of HPA axis. When the neural pathways link perception of a stressful stimulus to an integrated response in the hypothalamus, which results in the release of corticotropin-releasing hormone. The corticotropin-releasing hormone stimulates the anterior part of the pituitary gland to release adrenocorticotrophic hormone, which then travels through the blood stream to the adrenal glands and causes the adrenal cortex (the outer layer of the adrenal gland) to release cortisol. The activation of this entire system occurs over minutes rather than seconds (as in the case of the ANS). The peak cortisol response occurs 20 to 40 min from the onset of acute stressors. Recovery, or the return to baseline levels, occurs 40 to 60 min following the end of the stressor on average (Dickerson & Kemeny, 2004).

3) Impact on immune system

The stressors can reduce immune functions such as immunological cells called lymphocytes, slow integrated immune

responses or wound healing process (Ader, 2001). Some of the immunological effects of stressors are due to the potent suppressive effects of cortisol on immunological cells. The cortisol hormone can inhibit the production of certain cytokines or chemical mediators released by immune cells to regulate the activities of other immune cells and suppress immune functions. Exposure to stressors can also enhance certain immune processes, which called an inflammation. An inflammation is systemic response to exposure to any pathogens those create local and systemic changes conducive to destroying it (e.g., increases in core body temperature) (Kemeny, 2003).

Those are the direct effect from the stressors to organ system. Then the increasing of heart rate or inflammatory process can cause the cells or vessels in target organs injury such as coronary vessel in heart, cerebrovascular system. Therefore, it is commonly known that stress has many negative effects to our health not only the psychological health but the physical health also. The common health problems from stress are chronic muscle pain, headache, gastrointestinal discomfort. And the serious effects from stress are the coronary heart disease, cerebrovascular disease, cancer (APA, 2018). Moreover, stress can induce some unhealthy behaviors such as smoking, alcohol consumption, substance use, sleeping disorder and eating disorder. Those can cause many non-communicable diseases (e.g., Chronic Obstructive Pulmonary Disease, lung cancer, hepatitis or liver cancer, hypertension or diabetes)

The work-related stress can occur when the work demand and pressure are mismatch to the worker's abilities or knowledge. Like the poor mental health factors, if there is a lack of support from supervisors or colleagues, the stress level may be increase. Pressure in the workplace is inevitable but it depends on abilities to cope those working tasks of the workers. While the pressure becomes excessive or otherwise unmanageable it leads to stress. Then the stress can damage an employees' health and the business performance (WHO, 2020f).

COVID-19 is now the new one of cause of stress because people feel to the new threat to their health. And the consequence from the disease control measurement. There are 3 themes occur from the qualitative study those are a sense of shock and chaos, gradual adaptation to the new reality and fears or concerns for one's self and family members. The sources of participants' emotional responses and sense of threat: health concerns, employment concerns, problems with children and spouses caused by being together at home, and difficulties in working at home (Levkovich & Shinan-Altman, 2020).

2.9 Alcohol, Smoking, Chronic disease effects

The individual lifestyle or medical conditions related to mental health and stress obviously.

First, the alcohol use disorder (AUD) usually occurs together with mental problem and stress. In England, estimates of co-prevalence of AUD and mental health conditions from the Adult Psychiatric Morbidity Survey

(APMS) 2014 show the higher level of alcohol dependence, the more proportion of people who receive counselling or therapy for a mental or emotional problem, such as there are 2.5% of low-risk drinkers and 3.2% of hazardous drinkers are receiving therapy. But there are 10.7% of adults with harmful drinking or probable dependence and 13.2% of adults with probable alcohol dependence are receiving therapy (NIH, 2016).

In Finland, Frequent binge drinking and alcohol problems are associated with poor mental health general population survey of Finns aged 15–69 years, especially with a lack of life satisfaction and psychological distress. This result applies equally to lower and higher social status groups (Mäkelä, Raitasalo, and Wahlbeck, 2015)

And the relationship between stress and alcohol is bidirectional and complex. It is well known that vulnerability to stress is a risk factor for alcohol use disorder (AUD). Because alcohol has anti-anxiety properties, serving as an anxiolytic agent. Therefore, the alcohol drinking motivation can be driven by its ability to alleviate stress (Greeley & Oei, 1999). On the other hand, chronic alcohol use can result in neuroadaptations in stress-related brain pathways as well as in hypothalamic-pituitary-adrenal (HPA) axis function (Sayette, 1999). These complex effects can be manifested in altered behavioral and cognitive control functions contributing to alcohol craving, compulsive motivation, consumption, and consequences

The second issue is smoking. From the population-based survey prevalence study about smoking and mental illness in US, the odds ratio among the respondents who have history of current and lifetime smoking

with mental illness compare to the respondent without mental illness is 2.7 (95%CI 2.3-3.1 for current smoking, 95%CI 2.4-3.2 for lifetime smoking) (Lasser et al., 2000). The main mental illness related to smoking is major depressive disorder (Glassman et al., 1990).

The association between smoking and stress was studied widely like alcohol drinking. Psychological stress may influence smoking behavior in all phase (initiation and progression, maintenance, and relapse) through a number of mechanisms (Richards et al., 2011). Specifically, smoking may function as a coping behavior, whereby nicotine is used to self-medicate in response to stress. Because the nicotine was thought to activate both the mesolimbic dopamine system and opioid peptide systems in the same neural circuit (Koob et al., 1999).

The last one is chronic disease related to mental health problem and stress. The survey showed the prevalence of probable depression increased with increasing number of chronic physical conditions and the highest prevalence was found in patients who have been suffering from a chronic illness for a longer period of time (Gunn et al., 2012; Unsar & Sut, 2010). Moreover, in hospitalized patients the study showed proportion of depression, anxiety, and stress in 150 subjects with chronic disease were 21.3%, 61.3%, and 48.7%, respectively. Benign prostate hypertrophy, dysthyroid, avoidance of thoughts and feelings as a coping mechanism, and a longer hospital stay were associated with higher depression. Hypertension, female gender, and a higher education level were associated with higher

anxiety. Female gender and a longer stay in hospital were predictors of stress (Fattouh et al., 2019).

2.10 Socio-demographic factors and its impact

Modern societies are stressful and the resulting damage to population health is consistent with the theories that drive the field of social epidemiology (Pikhart et al., 2003). The study about mental health in Amarillo, Texas shown that age, gender, race and marital status effect on difference mental health level between group (Rohrer, Pierce, and Blackburn, 2005). While lower SES is related to more frequent life events and more reported distress (Freeman, 1994; Kessler, 1979). Because these variables do not explain the effects of SES alone, it is possible that the greater exposure to stressors associated with lower SES causes people to experience greater vulnerability to individual stressors (Anderson, and Armstead, 1995).

2.11 Psychological effects from COVID-19 (Related studies)

There are several studies conducted in different populations to explore mental health effects from COVID-19.

In general population, there are many studies about the psychological problems. In China the study from web-based questionnaire was found that in 1074 participants have anxiety as 29% which related to lockdown at home due to COVID-19 outbreak, more than one third (37.1%) of participants have depression and low mental well-being proportion is 32.1% (Ahmed et al., 2020). The college students in China were study also.

The result of this study shown that 25% of participants are having different form of anxiety (mild 21.3%, moderate 2.7% and severe 0.9%). The related stressors are worry about economic influence, the academic delays, the rapid changing daily life. The relative or acquaintance infected with COVID-19 is the risk factor of anxiety in this study (OR 3.007, 95%CI 2.377-3.804, p-value < 0.001) (Cao et al., 2020).

In Hong Kong, the depression and anxiety in general population were study. About 12.4% of 500 participant are possible major depression and anxiety. The worrying about being infected by COVID-19, having not enough surgical mask, not being able to work from home and not living in Hong Kong during the 2003 SARS were found those be the risk factor to get both depression and anxiety (Choi et al., 2020).

In Iran, the online questionnaire about anxiety during COVID-19 pandemic was conduct. More than half of participants (50.9% of 12,000 participants) are anxiety. In women group, 21-40 years age group, the higher education group and the often-following COVID-19 news people will have the higher level of anxiety (Moghanibashi-Mansourieh, 2020).

For the systematic review and meta-analysis study found that the prevalence of stress, anxiety and depression were extracted from 5-17 studies. The prevalence of stress, anxiety, and depression are 29.6% (95%CI 24.3-35.4), 31.9% (95%CI 27.5-36.7) and 33.7% (95%CI 27.5-40.6) respectively. For subgroup analysis found that the prevalence of anxiety and depression are highest in Asia as 32.9(95%CI 28.2-37.9) and 35.3(95%CI 27.3-44.1) respectively, the highest prevalence of stress was found in

Europe as 31.9 (95%CI 23.1-42.2) (Salari et al., 2020). And the women got higher risk to get stress, anxiety and depression during COVID-19 pandemic (Moghanibashi-Mansourieh, 2020; Özdin & Özdin, 2020; Wang, Di, Ye, Wei, & Wenbin, 2020; S. J. Zhou et al., 2020) In addition, there is recommendation from WHO that the people who receive or follow more COVID-19 news, they will get more anxiety (WHO, 2020d). While the study in Hong Kong found that from 500 participants, there are 25.4% of participants have worsened their mental health (Choi et al., 2020).

In healthcare provider population, many studies about psychological problems were conducted. More than anxiety and depression, the insomnia, fear or somatic symptoms were assessed. The nationwide study of medical staffs both front-line and second-line in China shown that the proportion of participants had depression symptom as 50.4%, anxiety 44.6%, insomnia 34 % and distress 71.5%. The nurse, women and front-line workers and those working in Wuhan report more severe symptom levels of depression, anxiety insomnia and distress (Lai et al., 2020).

The study compares fear scale, anxiety and depression between medical staffs and administrative staff. The result shown the score of fear scale was significantly higher than administrative staffs (4.89 ± 2.389 VS 4.19 ± 2.384 , p -value < 0.001). Similarly, the anxiety and depression level in medical staffs were both enhanced as compared to the administrative staffs (Anxiety score 4.73 ± 6.291 VS 3.67 ± 5.072 , p -value 0.015 and Depression score 2.41 ± 3.979 VS 1.86 ± 3.277 , p -value 0.029). Likewise, the proportion of fear scale, anxiety in medical staffs were higher than

administrative staffs significantly. (p-value < 0.001, 0.049 respectively) (Lu, Wang, Lin, & Li, 2020). The obsessive-compulsive symptoms and somatization symptoms proportion were higher in medical health workers than nonmedical health workers significantly (Zhang et al., 2020).

When the systematic review study shown that the anxiety prevalence is 23.21% (95%CI 17.77-29.13), the depression prevalence is 22.8% (95%CI 15.1-31.51) and the insomnia prevalence is 34.32% (95%CI 27.45-41.54). After use subgroup analysis, moderate to severe anxiety prevalence is 6.88%. And the moderate to severe depression prevalence is 16.18%. As mention earlier, the women have higher prevalence in anxiety and depression than men (Pappa et al., 2020).

From the last SARS outbreak in 2003, the post-SARS mental illness and stigma were found among general practitioner as 14.1% in Singapore (Verma et al., 2004)

Moreover, there are 21 suicidal cases in India, cause by fear of COVID-19 infection (Dsouza, Quadros, Hyderabadwala, & Mamun, 2020).

Related studies about mental health

Study area	Objectives	Mental Health
Bangladesh (Abir et al.,2021)	To estimate the prevalence and factors associated with mental health impact of COVID-19	The prevalence of depressive symptoms was 15%, 34%, and 15% for mild, moderate, and severe depressive symptoms, respectively. The prevalence of anxiety symptoms was 59% for severe anxiety symptoms, 14% for moderate anxiety symptoms, and 14% for mild anxiety

Study area	Objectives	Mental Health
	Pandemic in Bangladesh.	<p>symptoms while, the prevalence for stress levels were 16% for severe stress level, 22% for moderate stress level and 13% for mild stress level. The most consistent factors associated with mild, moderate, and severe of the three mental health subscales (depression, anxiety, and stress) were respondents who lived in Dhaka and Rangpur division, females, those who self-quarantine in the previous 7 days before the survey and those respondents who experienced chills, breathing difficulty, dizziness, and sore throat.</p>
Ethiopia (Asnakew, Amha, and Kassew,2021)	To assess mental health adverse effects of COVID-19 pandemic on health-care workers in North West Ethiopia.	<p>Prevalence of depression, anxiety, and stress in this study was 58.2%, 64.7%, and 63.7%, respectively Those who had a medical illness, and mental illness, contact with confirmed COVID-19 patients, and poor social support showed a statistically significant association with depression. Female sex, participants who had families with chronic illness, had contact with confirmed COVID-19 case and poor social support had statistically significant association with anxiety, whereas participants who had families with chronic illness had contact with confirmed COVID-19 cases, and those</p>

Study area	Objectives	Mental Health
		participants who had poor social support were predictors of stress during COVID-19 pandemic.
Korea (Park et al., 2020)	To determine whether long working hours are associated with mental health in Korean young adult workers.	This study has shown that an extensive weekly workload has a negative impact on mental health. The long working hours were associated with three mental health parameters: stress, depression, and suicidal ideation in young employees, aged 20 to 35. The higher level of stress and higher prevalence of depression and suicidal ideation.

Related studies about stress

Country	Objectives	Stress
Brazil (Souza et al., 2021)	To estimate the prevalence of clinical signs and symptoms of severe/extreme stress, anxiety, and depression, as well as their associated factors, among Brazilians	The results show the prevalence of severe/extreme stress was 21.5%, anxiety 19.4%, and depression 21.5%. The main factors associated with severe/extreme depression to be young women, brown, single, not religious, sedentary, presenting reduced leisure activities, history of anxiety and depression, increased medication use, and Covid-19 symptoms.

Country	Objectives	Stress
	during social distancing.	
China (Osmanovic-Thunström et al., 2015)	To test the hypothesis that levels of perceived stress increase with increasing age and to detect factors that may account for the association.	The prevalence of high stress was 7.8% in adults aged 81+ years, 7.5% in adults aged 72–78 and 6.2% in adults aged 66 years. More women than men reported high stress, 8.3% versus 5.4%. Health-related stress is highly prevalent in older adults and seems to play an important role in the association between levels of perceived stress and age in older adults.
China (Luan et al., 2020)	To conduct a comparative analysis of the psychological stress experienced by healthcare workers, frontline workers, and the general public and to assess the factors associated with psychological	The study revealed that healthcare and frontline workers experienced greater psychological stress than individuals in the general public. Higher psychological stress was associated with the following six factors: a high workload; poor sleep quality; poor health perception; low perception of infection avoidance; high PHQ-9 score; and high GAD-7 score.

Country	Objectives	Stress
	stress in each of these groups.	
Thailand (Chommongkhon, 2021)	To study stress level, prevalence rate of depression and suicidal risk, associated factors of stress and depression among personnel in Khuntan hospital, Chiangrai.	Findings showed that they had mild stress of 67.7 %, moderate stress of 27.1%, severe stress of 3.8% and very severe stress of 1.5%. No personal factors were found to have statistically significant effects on stress levels. The prevalence of depression was 9.8% and mostly in mild severity. A factor that statistically significantly associated with depression was educational level. Khuntan personnel had low suicidal risk of 0.8% and moderate suicidal risk of 1.5%.

2.12 Measurement of Mental Health

In Thailand, there are 2 questionnaires those specifically test about mental health.

1) Thai Mental Health Indicator (TMHI): the TMHI questionnaire has 2 formats those are 15 items and 55 items. This questionnaire was updated the last version in 2007. It can divide the respondents into 3 groups

- Better than average mental health
- Average mental health
- Below average mental health (Mongkol et al., 2013)

3) Thai General Health Questionnaire (Thai GHQ): the Thai GHQ is the mental health problem screening tool that developed from Goldberg's general health questionnaire (Goldberg, 1972). The Goldberg's GHQ is one of the most widely accepted screening types of mental health problems, and it was translated into more than 36 languages. The developed Thai GHQ is able to screen for mental health problems well by telling if the person has a mental health problem or not, but unable to tell the diagnosis of any type of psychiatric disorder. This Thai GHQ has 4 formats those are Thai GHQ 12, 28, 30 and 60. The Thai GHQ 60 is the complete version and includes unhappiness, anxiety, social impairment and hypochondriasis questions.

2.13 Measurement of stress

There are 2 common stress screening tests in Thailand those are

1) Srithanya Stress Test (ST-5): this questionnaire has 5 items. The ST-5 evaluated stress levels of sleep problem, loss of concentration, irritability, boredom, and anti-sociality.

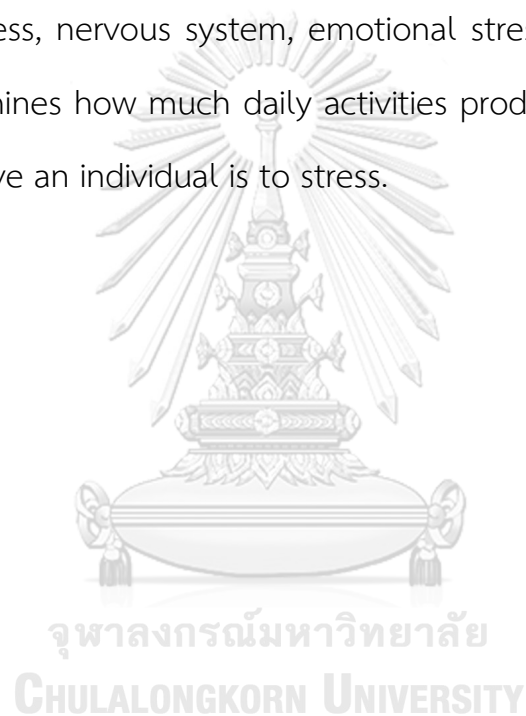
Each item has the score as 0 (less than once a week), 1 (1-2 times per week), 2 (3-4 times per week), 3 (>5 times per week). In total, the ST-5 stress score classified level for stress from 0 to 15.

2) Suanprung Stress Test (SPST-20): this questionnaire has 20 items.

It is capable of measuring following

- Sensitivity to stress
- Source of stress
- Physiological response to stress.

This questionnaire can be used to determine the symptom related to muscular stress, nervous system, emotional stress, cognitive stress, etc. This test determines how much daily activities produce work related stress and how sensitive an individual is to stress.



CHAPTER III

METHODOLOGY

3.1 Study Design

Survey based cross-sectional study

3.2 Study Area

Suvarnabhumi Airports at Bangphli, Samutprakarn, Thailand

- The main international airport of Thailand.
- This airport was opened for 12 years. (AOT, 2019)
- The largest proportion of flights, cargo, and traveler's destination of country.

3.3 Participant

The subjects in this study was conducted in airport workers age 20-60 years old, the range of age of adulthood reference from WHO and American Psychology Association (APA, 2021; WHO, 2016) who working in Suvarnabhumi Airports and involve the screening process for the COVID-19 disease control since the government launched the point of entry screening for every passenger (4 April 2020 until now)

Inclusion criteria: people who have passed the criteria.

1. Age 20-60 years old
2. Can read, write, and communicate in Thai.
3. Working in Suvarnabhumi airport for 6 months at least

4. Healthy or stable underlying diseases (Healthy subjects was defined as the subject with no physical problems. If they have chronic diseases, they diseases status should be well controlled.)

Exclusion criteria:

1. History of previous neurological disorder such as ischemic or hemorrhagic stroke, brain tumors, personality disorder.

(The personality disorder is a pervasive disturbance in how an individual experiences and thinks about the self, others, and the world, manifested in maladaptive patterns of cognition, emotional experience, emotional expression, and behavior (Tyrer, Reed, and Crawford, 2015).

2. Current use medications or non-medication therapy of psychosis or anxiety disorder or manic-depressive illness.

3. Post hospitalization within 1 month.

4. Pregnant women or post-partum women within 6 months.

The exclusion criteria 1-2, to exclude mental health or stress from predisposing factor before recruiting those participants in the study. Because we cannot exactly identify that the mental health or stress occur from work or they are inherent condition of subject.

The exclusion criteria 3-4, the subjects were excluded because the chronic disease or hospitalization can affect to acute stress phase and mental health change.

The exclusion criteria 5, the pregnant women or the post-partum women will face to the hormonal changing, then the mood or stress of

them will be swing. And post-partum depression can occur. So, this group also was excluded.

For the people who did not have any history of medical problem and subjective self-report as the healthy or non-pregnant woman, we recruited them.

3.4 Sample size calculation

The formula below is used to calculate the required sample size for this research study

$$\text{Unlimited population: } n = \frac{z^2 \times \hat{p}(1-\hat{p})}{\epsilon^2}$$

$$\text{Finite population: } n' = \frac{n}{1 + \frac{z^2 \times \hat{p}(1-\hat{p})}{\epsilon^2 N}}$$

n' = Required number of samples.

N = Population size

Z = Standard normal deviation set at 95% confidence level $\gg Z = 1.96$

P = Proportion of population set at 50% = 0.50

ϵ = Error in the degree of accuracy expressed as a proportion set at 0.05

To calculate n

$$n = \frac{z^2 \times \hat{p}(1-\hat{p})}{\epsilon^2}$$

$$n = \frac{1.96^2 \times 0.5(1-0.5)}{0.05^2} = 384.16$$

The population are 1) health control officers 65 persons, 2) Immigration police 462 persons, 3) Customs officers 67 persons and 4) AOT employees 3259 persons. Total population is 3853 persons.

Calculation

$$n' = \frac{384.16}{1 + \frac{1.96^2 \times 0.5(1 - 0.5)}{0.05^2 \times 3853}} = 350$$

The study uses formula to calculate the sample size for finite population estimate 350. The sample size adds 10% the final sample size is 385 subjects.

3.5 Data Collection

- a) Sampling Technique: To collect data from all groups, convenience sampling was used. Because of different proportion in sample group.
- b) Period: May – August 2021
- c) The questionnaires: The self-administered questionnaires.
- d) Approach: Focal point via head of each department connection without any advertisement. The participants participate in this study voluntarily.
- e) Place to collect data: At Suvarnabhumi Airport's passenger terminal building.

- f) Research assistants: my colleagues in health control office were oriented and help me to distribute the questionnaires and explain the question from participants.
- g) If the participants get stress or discomfort during answering questionnaires or feel bad with their organization or department the participant can withdraw anytime or notice the researcher. Then the researcher gave the basic stress management. If the participant would like to seek medical care from psychiatrists or psychologists, the researcher recorded the adverse event and report to “The Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University and suggested the participant get the medical care from their organization healthcare coverage.

Risk and any inconveniences that may arise from participating in the research.

Participants in the research may experience inconvenience. Because they had to take their personal time to answer the questionnaire for about 10-15 minutes. If they are inconvenient to complete the survey or have not enough time. They can deny or stop participating in the research at any time. Between answering the questionnaire or completing the survey if they feel uncomfortable, participants in the research can notify the researcher and request to terminate their participation in the research. Then researcher gave advice about basic stress management. If a research

participant requires medical attention or psychotherapist, the researcher recorded the data to report to the Human Research Ethics Committee and recommend that the participants continue to be cared for at the hospital according to their organization's health care coverage.

Benefits of participating in research

The benefit of this study is to determine the level of mental health and stress levels of workers in passenger screening during the COVID-19 pandemic. As well as knowing the factors related to mental health and stress levels.

The benefit of the participants is knowing their own level of mental health and stress from their self-assessment. If the participants were found that the level of mental health and stress higher than normal, researcher provided advice and assistance by recommending the participants to take their result of mental health and stress assessment then go to seek care from a psychiatrist or psychotherapist from the hospital according to their organization's health care coverage.

In addition, the researcher brings the results of the study to be presented to the relevant agencies or to stakeholders in passenger screening process, in order to make a decision to modify or improve the system to support frontline workers.

Protect research participants' rights confidentiality (privacy & confidentiality)

Information relating to the participants was kept confidential, and the principal investigator separated consent documents those can identify the

participants from the questionnaires before saving the data. If research results are presented, they were presented as an overview. Any information that can identify the participants in the research did not appear in the report.

3.6 Measurement Tools

The self-administered questionnaires contain 3 parts as below;

Part 1 General characteristics;

- Socio-demographic compose of age, gender, education, marital status, income changing of income during COVID-19 pandemic, number of family member, smoking, alcohol drinking.
- Job description during COVID-19 pandemic compose of organization, workload changing during COVID-19 pandemic, working overtime, contact characteristics (document, baggage), distance and duration of contact passenger, number of passengers those participants contact per day, supportive system, rest time and sleeping time change during COVID-19 pandemic, continuous working hours
- Preventive measures compose of 1) Wearing mask, plastic gown, gloves and goggles (Personal protective equipment) to protect themselves from infection. 2) Hand Hygiene: type of hand sanitizer used after work, and during work. 3) Hygiene at home: take a shower suddenly when arrived home, cleaning their stuffs 4) history of

contacted infected passengers, quarantine and have been tested for COVID-19

To interpret these above data will use descriptive statistics to describe the detail.

Part 2 Mental Health

Explanation: The following questions asked about your experience in the past during 1 month to the present.

The questions have 2 groups such as positive and negative way.

Ratings score: Contains 60 items with 4 responses (better than normal, normal, less than normal, worse than normal so much) the scoring is 0-0-1-1.

Interpretation: Divide in 2 groups by the Thai General Health Questionnaire-60 (Department of Mental Health [DMH], 2007; DMH, 2002). The cut-off point is equal or more than 12 point is suspected abnormal mental health. (DMH, 2007)

Table 1 Interpretation Divide in 2 groups by the Thai General Health Questionnaire-60

Interpretation	Score
Normal	0-11
Abnormal	≥ 12

(DMH, 2007)

This Thai General Health Questionnaire-60 is the translate to Thai language version of the General Health Questionnaire from Goldberg (Goldberg, 1972) into 4 sets of question compose of Thai GHQ-60, Thai GHQ-30, Thai GHQ-28, and Thai GHQ-12. This study uses the Thai GHQ-60 because of completeness of question and highest internal consistencies. Moreover, from this Thai-GHQ 60 can analysis some question to predict possibility of somatic symptoms, anxiety, social dysfunction, and depression as well as Thai GHQ-28. This Thai GHQ-60 has internal consistencies (Cronbach's alpha) 0.96, area under ROC curve is 0.915, sensitivity 85.3%, specificity 84.4%, positive predictive value 73.0%, negative predictive value is 92.1%.(Tana Nilchaikovit, 1996) The Thai GHQ-60 is attached in this appendix section

Part 3 Stress

Explanation: In the past 6 months, what has happened to you? and how do you feel about that event? If any of these items do not occur, skip to no answer.

Stress level 1 means not feeling stress.

Stress level 2 means feeling slightly stress.

Stress level 3 means feeling moderate stress.

Stress level 4 means feeling very stress.

Stress level 5 means feeling the most stress.

Ratings score: Contains 20 items with 5 responses (stress level 1, 2, 3, 4, 5).

(Mahatnirunkul, Poompaisanchai, and Tapanya, 1997)

Table 2 Interpretation: Divide in 4 groups by Suanprung Stress Test 20 questionnaire or SPST-20

Interpretation	Score
Low stress	0 -23
Moderate stress	24 -41
High stress	42 -61
Severe stress	≥ 62

This SuanPrung Stress Test-20 (SPST-20) was tested concurrent validity with the gold standard that is electromyography or EMG, the result is more than 0.27 significantly and Cronbach's alpha reliability coefficient more than 0.7 and related with EMG significantly (Mahanirankul, 1997).

The stress levels were divided by normalized T-score. This questionnaire is in this appendix section.

3.7 Statistical analyses

SPSS program was used to analyze as following;

Table 3 Statistical test in each variables

Variables	Statistical Test
<u>Independent Variables</u>	
To describe sociodemographic characteristics, job description and personal preventive measure of participants	Descriptive Statistics <ul style="list-style-type: none"> • Categorical → Frequency (%) • Continuous → Mean (SD)
the normal distribution of data	KS test

<u>Dependent Variables</u>	
To describe mental health and stress level	Categorical → Frequency (%)
To calculate mean of mental health and stress score	Continuous → Mean (SD)
To compare the data on sociodemographic characteristics, job description and personal preventive measure between case and non-case of mental health abnormal / between each stress level	<ul style="list-style-type: none"> • Chi-square test of independence

3.8 Study Flow

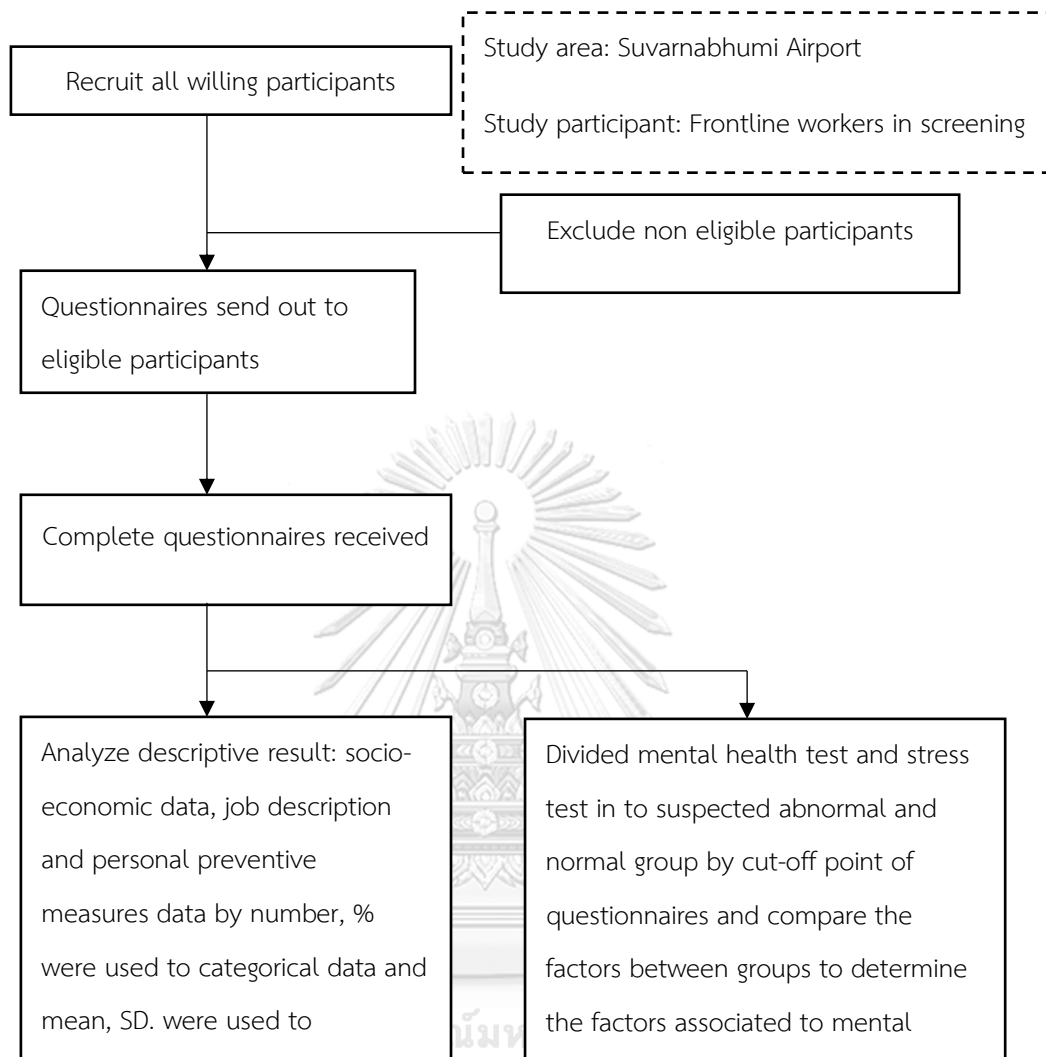


Figure 3 Study Flow

3.9 Expected benefit of this study

The result of this study can be the evidence of mental health level and stress in frontline airport workers. The stakeholders can use this study to consider about manage human resource, procurement and workers support system to improve mental health of airport workers.

3.10 Ethical consideration

This study was approved by “The Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group 1, Chulalongkorn University (COA No.150/2564).

3.11 Research Timeline

No.	Administration	Timeline 2020-2021														
		Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1	Preparation and Literature Review	█	█													
2	Proposal Development			█												
3	Questionnaire Development, including validity and reliability			█	█	█										
4	Ethical Consideration						█	█								
5	Prepare and Data Collection								█	█	█					
6	Data Analysis											█	█			
7	Conclude and write report													█	█	█

Figure 4 Research Timeline

3.12 Research Budget

List	Item Total (THB)	Sub-Total (THB)
A. Direct Cost		
- Researcher assistances	5,000	
Total of Direct Cost		5,000
B. Study Cost		
- Material and Supplies	10,000	
- Transportation	4,000	
- Gift	6,000	
Total of Study Cost		20,000
Total Cost	25,000	

Figure 5 Research Budget

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Descriptive Statistic

4.1.1 General characteristics of participants

The general characteristics of a total of 361 respondents are shown in Table 4 and their socio-demographic factor can be described as following: The majority of respondents are female at 57.9% whereas males are 41.6%% of total respondents, followed by unidentified gender at 0.2%, respectively. For the median age of respondents are 30 years old with IQR 12, the minimum age are 20 years old and the maximum are 59 years old. Regarding educational level, the majority of respondents have graduated bachelor's degree at 66.5%. The rest of the respondents have graduated lower than bachelor's degree at 27.4% and higher than bachelor's degree at 6.1%. For marital status, the majority of respondents are single at 74.2%, followed by married at 22.2%, separated at 2.2%, divorced at 0.8%, and widow at 0.6%, respectively. Regarding monthly income, the majority of respondents have got the decreased income at 76.5%. The rest of their monthly incomes have got no change at 21.1% and the increased income at 9.0%. For the median number of family member of respondents are 2 persons or with IQR 3, the minimum number of family member is 1 person and the maximum are 12 persons. For smoking factor, the majority of respondents have never smoked at 71.5%, followed by ever smoked at 13%, always smoked at 10.2%, and seldom smoked at 5.3%, respectively.

For alcohol drinking factor, the majority of respondents have seldom drunk at 33.2%, followed by never drunk at 32.1%, ever drunk at 21.9%, and always drunk at 12.7%, respectively.

For Job Description Factor which can be described as following: The organization of the majority of respondents are from AOT at 43.5%, followed by Immigration Police at 25.2%, Health Control Quarantine Office at 14.7%, Thai Customs Department at 11.9%, and others at 4.7% respectively. For the changing workloads after COVID-19 pandemic, the majority of respondents have got the decreased workloads at 62.9%. The rest of the respondents have got the increased workloads at 23.5% and no changing workloads at 13.6%. For the median number of passengers those respondents have to contact around 100 passengers per day or between with IQR 180, the minimum number of passengers is 1 passenger per day and the maximum are 2000 passengers per day. Under the contact distance, the most of respondents have contact distance with less than 1 meter at 60.4% whereas contact distance with more than 1 meter at 39.6%. Under the contact duration, the most of respondents have contact duration with less than 5 minutes per passenger at 60.1% whereas contact duration with more than 5 minutes per passenger at 39.9%. Regarding the contact characteristic to passengers in respondents' working process, the majority of respondents contact only document at 48.5%. The rest of the respondents do not contact anything at 29.1%, both baggage and document contact at 21.9%, and only baggage contact at 0.5%, respectively. For the overtime

working hours changing after COVID-19, the majority of respondents have got the decreased overtime working hours at 42.7%. The rest of the respondents have got no changing overtime working hours at 42.1% and the increased overtime working hours at 15.2%. For the overtime reason, the majority of respondents have got the command from the supervisor at 33.8%. The rest of the respondents need more income from OT at 25.8%, have not enough staff at 18.8%, swap shift with their colleagues at 15.0%, and others at 6.6%, respectively. For the median of continuous working those respondents are continuously working around 12 hours with IQR 4 hours, the minimum of continuous working is 1 hour and the maximum is 120 hours. Regarding the resting time, the majority of respondents have got no change of resting time at 40.2%, followed by the decreased resting time at 31.6%, the increased resting time at 28.3%, respectively. For the sleep hours, the majority of respondents have got no change of sleeping time at 48.5%, followed by the decreased sleeping time at 31%, the increased sleeping time at 20.5%, respectively. For the supporting system, the majority of respondents have to request for support at 44.6%, followed by the full support to all level at 36.6%, no support at 18.6%, and others at 0.3%, respectively.

For Preventive Measures Factor which can be described as following: The protective equipment of the majority of respondents is wearing during work with the passenger screening are mask, followed by glove, face-shield, plastic gown, and others, respectively. For the mask type

of all respondents is surgical mask. For the median of number of equipment using is 2 items with IQR 1, the minimum of equipment using is 1 and the maximum of equipment using is 5. Regarding the duration of mask change of the majority of respondents is between 6-8 hours at 36.8%, followed by one day at 32.4%, 2-3 hours at 18%, one hour at 8.9%, and 12 hours at 3.9%, respectively. Regarding the duration of glove change of the majority of respondents is between 2-3 hours at 38.8%, followed by one hour at 29.9%, 6-8 hours at 15.8%, one day at 13.8%, and 12 hours at 1.7%, respectively. The most of respondents wash their hand during the screening process at 97.2% whereas 2.8% of respondents do not wash their hand. And the most of respondents wash their hand after the screening process at 96.7% whereas 3.3% of respondents do not wash their hand. Regarding type of hand sanitizer that they use after the screening process is alcohol gel at 69.5% whereas 30.5% is soap water. The majority of respondents take a bath as soon as they arrived home at 88.4% whereas they do not take a bath at 11.6%. Moreover, the most of respondents wipe their belongings with alcohol gel at 84.5%, followed by no cleaning at 14.1%, and soap water at 1.4%, respectively. For the physical health awareness of the most respondents do not change within 1 year at 86.4%, followed by the worse health at 11.6%, and the better health at 1.9%, respectively. The majority of respondents have never contacted any infected passengers at 61.8% whereas they have ever contacted any infected passengers at 38.2%. The majority of respondents have never quarantined due to you are high risk contact group at 80.6% whereas they have ever quarantined at 19.4%.

Finally, the most respondents have never been tested for covid-19 due to contact confirmed cases at 54.3% whereas they have ever been tested at 45.7% .

Table 4 Descriptive Statistics of General Characteristics (N=361)

Variables	Frequency	Percent	
Socio-demographic Factor			
Gender			
Male	150	41.5%	
Female	209	57.9%	
Unidentified	2	0.6%	
Variable	Median	IQR	Range
Age	30	12	20-59
Variables	Frequency	Percent	
Education			
Under Bachelor Degree	99	27.4%	
Bachelor Degree	240	66.5%	
Postgraduate	22	6.1%	
Marital Status			
Single	268	74.2%	
Married	80	22.2%	
Divorced	3	0.8%	

Variables	Frequency	Percent	
Separated	8	2.2%	
Widow	2	0.6%	
Income changing during COVID-19			
No Change	76	21%	
Increase	9	2.5%	
Decrease	276	76.5%	
Variable	Median	IQR	Range
Number of Family	2	3	1-12
Variables	Frequency	Percent	
Smoking			
No Smoked	258	71.5%	
Ever Smoked	47	13.0%	
Seldom Smoked	19	5.3%	
Always Smoked	37	10.2%	
Alcohol Drinking			
No Drink	116	32.1%	
Ever Drink	79	22%	
Seldom Drink	120	33.2%	
Always Drink	46	12.7%	
Job Description Factor			

Variables	Frequency	Percent	
Organization			
AOT	157	43.5%	
Thai Customs Department	43	11.9%	
Health Control and Quarantine Office	53	14.7%	
Immigration Police	91	25.2%	
Others	17	4.7%	
Workloads changing during COVID-19			
No Change	49	13.6%	
Decrease	227	62.9%	
Increase	85	23.5%	
Variable	Median	IQR	Range
Number of Passengers those participants contact per day	100	180	1-2000
Variables	Frequency	Percent	
Contact Distance			
Less than 1 Meter	218	60.4%	
More than 1 Meter	143	39.6%	
Contact Duration			
Less than 5 Mins	217	60.1%	
More than 5 Mins	144	39.9%	

Variables	Frequency	Percent	
Contact Characteristics			
No Contact	105	29.1%	
Document Contact	175	48.5%	
Baggage Contact	2	0.5%	
Baggage and Document Contact	79	21.9%	
Work Overtime changing during COVID-19			
No Change	152	42.1%	
Decrease	154	42.7%	
Increase	55	15.2%	
Working Overtime Reason			
Swap Shift	54	15.0%	
Lack of Staff	68	18.8%	
Command of Supervisor	122	33.8%	
Get Higher Income	93	25.8%	
Others	24	6.6%	
Variable	Median	IQR	Range
Continuous Working hour	12	4	1-120
Variables	Frequency	Percent	
Resting Time changing during COVID-19			
No Change	145	40.2%	
Increase	102	28.2%	

Variables	Frequency	Percent	
Decrease	114	31.6%	
Sleep changing during COVID-19			
No Change	175	48.5%	
Increase	74	20.5%	
Decrease	112	31.0%	
Supporting system			
Full Support	132	36.6%	
Request for Support	161	44.6%	
No Support	67	18.5%	
Others	1	0.3%	
Preventive Measures Factor			
Protective Equipment (Can answer more than one)			
Mask	361	100%	
Face-Shield	130	36%	
Gown	115	32%	
Glove	310	86%	
Others	13	4%	
Variable	Median	IQR	Range
Number of protective equipment	2	1	1-5

Variables	Frequency	Percent
Mask Type Use		
N-95 Mask	0	0%
Surgical Mask	361	100%
Cloth Mask	0	0%
Mask Change every		
1 Hours	32	8.9%
2-3 Hours	65	18.0%
6-8 Hours	133	36.8%
12 Hours	14	3.9%
1 Day	117	32.4%
Glove Change every		
1 Hours	108	29.9%
2-3 Hours	140	38.8%
6-8 Hours	57	15.8%
12 Hours	6	1.7%
1 Day	50	13.8%
Hand washing during screening process		
Yes	351	97.2%
No	10	2.8%
Hand washing after Screening process		
Yes	349	96.7%

Variables	Frequency	Percent
No	12	3.3%
Type of Hand sanitizer		
Soap	110	30.5%
Alcohol Gel	251	69.5%
Shower suddenly when arrived home		
Yes	319	88.4%
No	42	11.6%
Cleaning belonging with		
Alcohol Gel	305	84.5%
Soap Water	5	1.4%
No Cleaning	51	14.1%
Physical Health Awareness		
No Change	312	86.4%
Better	7	1.9%
Worse	42	11.6%
History of Contact Infected Passengers		
Never	223	61.8%
Ever	138	38.2%
History of Quarantine		
Never	291	80.6%
Ever	70	19.4%

Variables	Frequency	Percent
Have been tested for COVID-19		
Never	196	54.3%
Ever	165	45.7%

Source: Developed for this study

Normality Tests

The tests compare the scores in the sample to a normally distributed set of scores with the same mean and standard deviation; the null hypothesis is that “sample distribution is normal.” If the test is significant, the distribution is non-normal. For small sample sizes, normality tests have little power to reject the null hypothesis and therefore small samples most often pass normality tests (Oztuna, Elhan, and Tuccar, 2006). For large sample sizes, significant results would be derived even in the case of a small deviation from normality, although this small deviation will not affect the results of a parametric test (Oztuna et al., 2006). According to the central limit theorem, (a) if the sample data are approximately normal then the sampling distribution too will be normal; (b) in large samples (> 30 or 40), the sampling distribution tends to be normal, and (c) means of random samples from any distribution will themselves have normal distribution (Altman, and Bland, 1995). Although true normality is considered to be a myth (Elliott, and Woodward, 2007), normality visually is explored by using normal plots (Altman, and Bland, 1995) or by significance tests, that is, comparing the sample distribution to a normal one (Altman, and Bland,

1995). SPSS provides the K-S (with Lilliefors correction) and the Shapiro-Wilk normality tests and recommends these tests only for a sample size of less than 50 (Elliott, and Woodward, 2007).

The results of the normality test using the Kolmogorov-Smirnov Test are in Table 5 Based on the test results of age, number of family member, number of passengers contacted, continuous working hour, number of equipment use, GHQ score of General Health Quality (GHQ), and SPST score of Suanprung Stress Test (SPST), a significance value of 0.000 is obtained where the value is less than the value of $\alpha = 0.05$ or ($0.000 < 0.05$). Therefore, data are not normally distributed as both p values are less than 0.05. Lack of symmetry (skewness) and pointiness (kurtosis) are two main ways in which a distribution can deviate from normal. Results presented in Table indicate that non-parametric statistics should be used for these variables.

In the analysis of the data, to describe the characteristic of continuous data, median and IQR were analyzed. And chi square was used to analyzed the association between group of factors in socio demographic, job characteristics and personal preventive measure to the mental health and stress.

Table 5 Normality Test

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Age	.145	361	.000	.914	361	.000
Number of Family	.237	361	.000	.856	361	.000
Number of Passengers	.329	361	.000	.647	361	.000
Continuous Working hour	.275	361	.000	.549	361	.000
Number of equipment	.221	361	.000	.907	361	.000
GHQ Score	.177	361	.000	.844	361	.000
SPST Score	.117	361	.000	.946	361	.000

4.1.2 Mental Health

Each item in General Health Questionnaire (GHQ) has 4 choices and calculate the answer in positive – positive – negative -negative. If the respondent answer in negative way the score will be 1 but if in positive way the score will be 0. Therefore, the score of each question will be 0 – 0 – 1 – 1.

Table 6 reported the mean and standard deviation of 60 indicators. The average score for each indicator ranges from 0.04 to 0.68, and the standard deviation ranges from 0.19 to 0.48. Indicator of GHQ26 (Mean = 0.68, S.D. = 0.47) shows the highest mean while indicator of GHQ59 (Mean = 0.04, S.D. = 0.19) has the lowest mean. This can indicate that most respondents disagreed that “Have you recently been getting out of the house as much as usual?” while there was the highest difference among those who rated that “Have you recently found yourself wishing you were dead and away from it all?”. Therefore, the total mean score of General Health Questionnaire (GHQ) is 9.89 and S.D. is 9.67.

Table 6 Descriptive Statistics of Mental Health (N=361)

Variables	Measurement Item	Mean±SD
GHQ1	Have you recently been feeling perfectly well and in good health?	0.25±0.43
GHQ2	Have you recently been feeling in need of a good tonic?	0.29±0.45
GHQ3	Have you recently been feeling run down and out of sorts?	0.28±0.45
GHQ4	Have you recently felt that you are ill?	0.22±0.41
GHQ5	Have you recently been getting any pains in your head?	0.21±0.40
GHQ6	Have you recently been getting a feeling of	0.19±0.40

Variables	Measurement Item	Mean±SD
	tightness or pressure in your head?	
GHQ7	Have you recently been able to concentrate on whatever you're doing?	0.16±0.37
GHQ8	Have you recently been afraid of fainting in public place?	0.14±0.35
GHQ9	Have you recently been having hot or cold spells?	0.11±0.31
GHQ10	Have you recently had too much sweating?	0.10±0.30
GHQ11	Have you recently been getting up early than usual and cannot continue sleeping?	0.19±0.39
GHQ12	Have you recently felt sleep unwell after you wake up?	0.35±0.48
GHQ13	Have you recently felt very tired and do not have any energy even to eating?	0.10±0.30
GHQ14	Have you recently lost much sleep over worry?	0.20±0.40
GHQ15	Have you recently felt active and quick thinking?	0.15±0.36
GHQ16	Have you recently felt energetic?	0.23±0.42
GHQ17	Have you recently taken a long time to fall asleep after go to bed?	0.24±0.43
GHQ18	Have you recently had difficulty in staying	0.22±0.42

Variables	Measurement Item	Mean±SD
	asleep once you are off?	
GHQ19	Have you recently got nightmare or scary dream?	0.13±0.34
GHQ20	Have you recently been having restless, disturbed nights?	0.16±0.37
GHQ21	Have you recently been managing to keep yourself busy and occupied?	0.16±0.37
GHQ22	Have you recently been taking longer over the things that you do?	0.11±0.32
GHQ23	Have you recently lost of usual interest?	0.20±0.40
GHQ24	Have you recently been neglected your own face and body?	0.18±0.39
GHQ25	Have you recently been less meticulous about your appearance?	0.18±0.32
GHQ26	Have you recently been getting out of the house as much as usual?	0.68±0.47
GHQ27	Have you recently been managing as well as most people would in your shoes?	0.08±0.27
GHQ28	Have you recently felt on the whole you were doing things well?	0.12±0.32
GHQ29	Have you recently been late to work or	0.12±0.32

Variables	Measurement Item	Mean±SD
	housework?	
GHQ30	Have you recently been satisfied with the way you've carried out your task?	0.12±0.32
GHQ31	Have you recently been able to feel warmth and affection from those near to you?	0.13±0.33
GHQ32	Have you recently been finding it easy to get on with other people?	0.08±0.28
GHQ33	Have you recently spent much time chatting with people?	0.25±0.44
GHQ34	Have you recently been afraid of speaking something, because you don't want to be a foolish?	0.11±0.32
GHQ35	Have you recently felt that you are playing a useful part in things?	0.08±0.27
GHQ36	Have you recently felt capable of making decisions about the things?	0.07±0.26
GHQ37	Have you recently felt that you cannot start to do anything?	0.12±0.32
GHQ38	Have you recently felt dreaded to do everything?	0.13±0.33
GHQ39	Have you recently felt constantly under strain?	0.17±0.38

Variables	Measurement Item	Mean±SD
GHQ40	Have you recently felt you could not overcome your difficulties?	0.14±0.35
GHQ41	Have you recently been finding life a struggle all the time?	0.32±0.47
GHQ42	Have you recently been able to enjoy your normal day-to-day activities?	0.26±0.44
GHQ43	Have you recently been taking things hard?	0.19±0.39
GHQ44	Have you recently been getting edgy and bad-tempered?	0.20±0.40
GHQ45	Have you recently been getting scared or panicky for no good reason?	0.13±0.34
GHQ46	Have you recently been able to face up to your problems?	0.09±0.29
GHQ47	Have you recently found getting everything on top of you?	0.17±0.38
GHQ48	Have you recently felt that people keep their eyes on you?	0.10±0.30
GHQ49	Have you recently been feeling unhappy and depressed?	0.18±0.38
GHQ50	Have you recently been losing confidence in yourself?	0.12±0.32

Variables	Measurement Item	Mean±SD
GHQ51	Have you recently been thinking of yourself as worthless person?	0.07±0.26
GHQ52	Have you recently felt that life is entirely hopeless?	0.09±0.29
GHQ53	Have you recently been feeling hopeful about your own future?	0.20±0.40
GHQ54	Have you recently been feeling reasonably happy, all things considered?	0.19±0.39
GHQ55	Have you recently been feeling nervous and strung-up all the time?	0.13±0.33
GHQ56	Have you recently been felt that life isn't worth living?	0.06±0.25
GHQ57	Have you recently been thought of the possibility that you might make away with yourself?	0.06±0.25
GHQ58	Have you recently been found at times you couldn't do anything because your nerves were too bad?	0.07±0.26
GHQ59	Have you recently found yourself wishing you were dead and away from it all?	0.04±0.19
GHQ60	Have you recently found that the idea of taking	0.07±0.25

Variables	Measurement Item	Mean±SD
	your own life kept coming into your mind?	

The group of General Health Quality (GHQ) was divided into 2 groups those are normal GHQ and abnormal GHQ. The cut point score is 12 that means if the score is 0 – 11 the respondent is assigned in normal GHQ group but if the score is ≥ 12 the respondent is assigned in abnormal GHQ group. The result of GHQ score of respondents is shown in Table 7 The majority of respondents are normal group (GHQ score: 0-11) at 67.9% whereas abnormal group (GHQ score: ≥ 12) is at 32.1%. The mean of GHQ Group is 0.32 and S.D. is 0.468.

Table 7 Descriptive Statistics of Mental Health Group

Variables	Frequency	Percent
GHQ Group		
Normal	245	67.9%
Abnormal	116	32.1%

The result of mental health of a total of 361 respondents are shown in Table 8 and the detail of mental health group in each factor can be described as following: For gender the highest abnormal mental health group is female gender at 33%, followed by male at 30.9% respectively. For the age group the highest proportion of abnormal mental health is age 41-

60 years old at 32.8% followed by 20-40 years old at 32%. Regarding educational level, the highest proportion of abnormal mental health is group of higher than bachelor's degree from 9 in 22 (40.9%) followed by bachelor's degree and lower than bachelor's degree at 32.1% and 30.3%, respectively. For marital status, the highest proportion of abnormal mental health is single at 35.1%, separated at 33.3%, and married at 21.3%. For divorced group there is just one of two subjects has abnormal mental health. Regarding monthly income, the highest proportion of abnormal mental health is decreasing income and no change income at 31.9% and 31.6%, respectively while the increase income group has 4 of 9 those have abnormal mental health. For the group of number of family member, the highest proportion of abnormal mental health is more than 2 persons in family at 33.5%, followed by 1-2 persons at 33.5%. For smoking factor, the highest proportion of abnormal mental health is ever smoked group at 38.3%, followed by seldom smoked, no smoked and always smoke at 36.8%, 31% and 29.7%, respectively. For alcohol drinking factor, the highest proportion of abnormal mental health is seldom drink at 39.2%, followed by always drink, ever drink and no drink at 34.8%, 32.9% and 23.3%, respectively.

For Job Description Factor which can be described as following: The organization, the highest proportion of abnormal mental health is immigration police group at 46.2%, followed by other group, AOT employees, health control and quarantine officer and Thai customs officer at 35.3%, 29.9%, 28.3% and 14%, respectively. For the changing workloads

after COVID-19 pandemic, the highest proportion of abnormal mental health is the increase workload group at 40%, followed by decrease workload at 31.3% and no work load change at 22.4%. For the group of number of passengers contact the highest proportion of abnormal mental health is group of contact more than 100 passengers at 33.7%, followed by 1-99 at 30.5%. Under the contact distance, the highest proportion of abnormal mental health is group of less than 1 meter contact at 33.9% followed by more than 1 meter contact at 29.4%. Under the contact duration, the highest proportion of abnormal mental health is the group of contact less than 5 minutes at 34.1%, followed by contact more than 5 minutes at 29.2%. Regarding the contact characteristic to passengers in respondents' working process the highest proportion of abnormal mental health is only document contact group at 34.9% followed by baggage and document contact at 32.9% and no contact at 27.6%. For the overtime working hours changing after COVID-19 the highest proportion of abnormal mental health is group of increase working overtime at 36.4% followed by no changed group at 31.6% and decrease at 31.2%. For the overtime reason, the highest proportion of abnormal mental health is group of work overtime from command of supervisor at 37.7% followed by lack of staff at 36.8%, swap shift with colleague 31.5%, want to get higher income at 25.8% and other at 16.7%. For the group of continuous working the highest proportion of abnormal mental health is group of continuous working for more than 13 hours at 38.8%, followed by 1-12 hours at 25.7%. Regarding the resting time, the highest proportion of abnormal mental health is group

of decrease resting time at 35.1% followed by no change in resting time at 32.4% and increase at 28.4%. For the sleep hours, the highest proportion of abnormal mental health is group of decrease sleep hour at 37.5% followed by increase sleep hour at 31.1% and no change sleep hour group at 29.1%. For the supporting system, the highest proportion of abnormal mental health is group of no support system at 40.3%, followed by request for support system at 36% and full support system at 23.5%.

For Preventive Measures Factor which can be described as following: The group of number of protective equipment the highest proportion of abnormal mental health is group of using PPE 3-5 items at 32.6% and ≤ 2 items group at 31.7%. For the mask type of all respondents is surgical mask, the proportion of abnormal mental health is 32.1%. Regarding the duration of mask change the highest proportion of abnormal mental health is group of changing mask at more than 8 hours at 35.9%, followed by group of changing mask within 8 hours at 30%. Regarding the duration of gloves change of the highest proportion of abnormal mental health is group of changing gloves at more than 8 hours at 42.9%, followed by group of changing gloves within 8 hours at 30.2%. For the hand washing during screening process factor, the group of washing hand during the screening process at 31.9% while the group those didn't washing hand during screening process has abnormal mental health only 4 from 10 (40%). In the washing hand after screening process group the group of washing hand after screening process at 31.8% while the group those didn't washing hand after screening process has abnormal mental health only 5 from 12 (41.7%).

Regarding type of hand sanitizer that they use after the screening process the highest proportion of abnormal mental health is group of using soap with water to washing hand at 38.2% and the alcohol gel using at 29.5%. The majority of respondents who get abnormal mental health do not take a bath as soon as they arrived home at 42.9% whereas the group of who take a bath at 30.7%. Moreover, the respondents who do not wipe their belongings group have abnormal mental health at 33.3% followed by the group that wipe the belongings with alcohol gel at 32.1%, and the group that wipe the belongings with soap water have abnormal mental health only 1 in 5 (20%). For the physical health awareness, the highest proportion of abnormal mental health is group of worse health at 90.5%, followed by no change at 24.7% and better health have only 1 from 7 (14.3%). The respondents who ever contacted infected passengers have more proportion of abnormal mental health at 41.3% whereas they have never contacted any infected passengers at 26.5%. The respondents who have ever quarantined due to they are high risk contact group have more proportion of abnormal mental health at 45.7% whereas they have never quarantined at 28.9%. Finally, the respondents who have ever been tested for covid-19 due to contact confirmed cases have more proportion of abnormal mental health at 37.6% whereas they have never been tested at 27.6%.

Table 8 Descriptive Statistics of Mental Health Group in Each Factor

Variables	Normal GHQ	Abnormal GHQ
Socio-demographic Factor		
Gender		
Male	105(69.1%)	47 (30.9%)
Female	140(67%)	69(33%)
Age		
20-40	202(68%)	95(32%)
41-60	43(67.2%)	21(32.8%)
Education		
Under Bachelor Degree	69(69.7%)	30(30.3%)
Bachelor Degree	163(67.9%)	77(32.1%)
Postgraduate	13(59.1%)	9(40.9%)
Marital Status		
Single	174(64.9%)	94(35.1%)
Married	63(78.8%)	17(21.2%)
Separated	2(66.7%)	1(33.3%)
Divorced	4(50%)	4(50%)
Widow	2(100%)	0

Variables	Normal GHQ	Abnormal GHQ
Income changing during COVID-19		
No Change	52(68.4%)	24(31.6%)
Increase	5(55.6%)	4(44.4%)
Decrease	188(68.1%)	88(31.9%)
No. of Family		
1-2	142 (68.9%)	64(31.1%)
>2	103 (66.5%)	52(33.5%)
Smoking		
No Smoked	178(69%)	80(31%)
Ever Smoked	29(61.7%)	18(38.3%)
Seldom Smoked	12(63.2%)	7(36.8%)
Always Smoked	26(70.3%)	11(29.7%)
Alcohol Drinking		
No Drink	89(76.7%)	27(23.3%)
Ever Drink	53(67.1%)	26(32.9%)
Seldom Drink	73(60.8%)	47(39.2%)
Always Drink	30(65.2%)	16(34.8%)
Job Description Factor		

Variables	Normal GHQ	Abnormal GHQ
Organization		
AOT	110(70.1%)	47(29.9%)
Thai Customs Department	37(86%)	6(14%)
Health Control and Quarantine	38(71.7%)	15(28.3%)
Immigration Police	49(53.8%)	42(46.2%)
Others	11(64.7%)	6(35.3%)
Workloads changing during COVID-19		
No Change	38(77.6%)	11(22.4%)
Decrease	156(68.7%)	71(31.3%)
Increase	51(60%)	34(40%)
No. of Passengers those participants contact per day		
1-99	121(69.5%)	53(30.5%)
≥100	124(66.3%)	63(33.7%)
Contact Distance		
Less than 1 m.	144(66.1%)	74(33.9%)
More than 1 m.	101(70.6%)	42(29.4%)

Variables	Normal GHQ	Abnormal GHQ
Contact Duration Less than 5 Mins More than 5 Mins	143(65.9%) 102(70.8%)	74(34.1%) 42(29.2%)
Contact Characteristics No Contact Document Contact Baggage Contact Baggage and Document Contact	76(72.4%) 114(65.1%) 2(100%) 53(67.1%)	29(27.6%) 61(34.9%) 0 26(32.9%)
Work Overtime changing during COVID-19 No Change Decrease Increase	104(68.4%) 106(68.8%) 35(63.6%)	48(31.6%) 48(31.2%) 20(36.4%)
Working Overtime Reason Swap Shift Lack of Staff Command of Supervisor Get Higher Income Others	37(68.5%) 43(63.2%) 76(62.3%) 69(74.2%) 20(83.3%)	17(31.5%) 25(36.8%) 46(37.7%) 24(25.8%) 4(16.7%)

Variables	Normal GHQ	Abnormal GHQ
Continuous Working		
1-12	136(74.3%)	47(25.7%)
≥13	109(61.2%)	69(38.8%)
Resting Time changing during COVID-19		
No Change	98(67.6%)	47(32.4%)
Increase	73(71.6%)	29(28.4%)
Decrease	74(64.9%)	40(35.1%)
Sleep changing during COVID-19		
No Change	124(70.9%)	51(29.1%)
Increase	51(68.9%)	23(31.1%)
Decrease	70(62.5%)	42(37.5%)
Supporting system		
Full Support	101(76.5%)	31(23.5%)
Request for Support	103(64%)	58(36%)
No Support	40(59.7%)	27(40.3%)
Others	1(100%)	0
Preventive Measures Factor		
Protective Equipment		
≤2	127(68.3%)	59(31.7%)

Variables	Normal GHQ	Abnormal GHQ
3-5	118(67.4%)	57(32.6%)
Mask Type use		
N-95 Mask	0	0
Surgical Mask	245(67.9%)	116(32.1%)
Cloth Mask	0	0
Others	0	0
Mask Change every		
≤8 hours	161(70%)	69 (30%)
>8 hours	84(64.1%)	47(35.9%)
Glove Change every		
≤8 hours	213(69.8%)	92(30.2%)
>8 hours	32(57.1%)	24(42.9%)
Hand Washing during screening process		
Yes	239(68.1%)	112(31.9%)
No	6(60%)	4(40%)
Hand Washing after screening process		
Yes	238(68.2%)	111(31.8%)
No	7(58.3%)	5(41.7%)

Variables	Normal GHQ	Abnormal GHQ
Type of Hand Sanitizer		
Soap	68(61.8%)	42(38.2%)
Alcohol Gel	177(70.5%)	74(29.5%)
Shower suddenly when arrived home		
Yes	221(69.3%)	98(30.7%)
No	24(57.1%)	18(42.9%)
Clean belonging with		
Alcohol Gel	207(67.9%)	98(32.1%)
Soap Water	4(80%)	1(20%)
No Cleaning	34(66.7%)	17(33.3%)
Physical Health Awareness		
No Change	235(75.3%)	77(24.7%)
Better	6(85.7%)	1(14.3%)
Worse	4(9.5%)	38(90.5%)
History of Contact Infected Passengers		
Never	164(73.5%)	59(26.5%)
Ever	81(58.7%)	57(41.3%)

Variables	Normal GHQ	Abnormal GHQ
History of Quarantine		
Never	207(71.1%)	84(28.9%)
Ever	38(54.3%)	32(45.7%)
Have been Tested for COVID-19		
Never	142(72.4%)	54(27.6%)
Ever	103(62.4%)	62(37.6%)

4.1.3 Stress

Each question of Suanprung Stress Test (SPST) contained 5 scale of response. Stress level 1 means not feeling stress. Stress level 2 means feeling slightly stress. Stress level 3 means feeling moderate stress. Stress level 4 means feeling very stress. And stress level 5 means feeling the most stress.

Table 9 reported the mean and standard deviation of 20 indicators. The average score for each indicator ranges from 1.68 to 2.92, and the standard deviation ranges from 0.98 to 1.26. Indicator of SPST6 (Mean = 2.92, S.D. = 1.35) shows the highest mean while indicator of SPST20 (Mean = 1.68, S.D. = 0.98) has the lowest mean. This can indicate that most respondents agreed that “Not enough money to pay” while there was the highest difference among those who rated that “Get cold often”. Therefore,

the total mean score of Suanprung Stress Test (SPST) is 41.50 and S.D. is 14.74.

Table 9 Descriptive Statistics of Stress

Variables	Measurement Item	Mean±S.D.
SPST1	Afraid to make any mistake in your work	2.09±1.00
SPST 2	Afraid that you cannot reach your goal	2.31±1.05
SPST 3	There is conflict about financial or working problem in your family	2.17±1.16
SPST 4	Anxiety about toxic chemical or pollution in the air, water, noise or soil.	2.48±1.26
SPST 5	Feeling about competition or comparing	1.97±1.03
SPST 6	Not enough money to pay	2.92±1.35
SPST 7	Pain or stiffness on your muscle	2.09±1.03
SPST 8	Headache from stress	2.09±1.05
SPST 9	Back pain	2.18±1.08
SPST 10	Your appetite changed	1.92±1.00
SPST 11	One side headache	1.87±1.99
SPST 12	Feel anxious	2.08±1.09
SPST 13	Feel constraint	1.93±1.11

Variables	Measurement Item	Mean±S.D.
SPST 14	Feel frustrated	1.98±1.05
SPST 15	Feel depressed	1.94±1.06
SPST 16	Worse memory	1.98±1.04
SPST 17	Feel confused	1.86±1.98
SPST 18	Difficult to concentrate	1.94±1.99
SPST 19	Feel tired easily	2.01±1.10
SPST 20	Get cold often	1.68±0.98

The level of Suanprung Stress Test (SPST) interpretation as shown in below table

Interpretation	Score	Management
Low stress	0 -23	This level of stress is considered useful in daily life. It is motivation that leads to life achievement.
Moderate stress	24 -41	This level of stress is harmful to life. people can relieve stress by engaging in energizing activities such as exercising, doing hobbies.
High stress	42 -61	Relieve stress in a simple way is breathing exercises, stress relief, and discussions to

		relieve stress with trusted people. Identify the root cause or problem and find a solution. If people can't manage to relieve stress by themselves, should consult with consultants.
Severe stress	≥ 62	This amount of stress, if left unchecked, may be harmful to both you and others close to you, and should be addressed as soon as possible by a counselor, either over the phone or through a different organization.

The level of Suanprung Stress Test (SPST) is shown in Table 10. The majority of respondents are moderate stress level (SPST score: 24-41) at 51.5%, followed by high stress level (SPST score: 42-61) at 28.5%, severe stress level (SPST score: ≥ 62) at 11.1%, and low stress level (SPST score: 0-23) at 8.9%, respectively. The mean of SPST Level is 1.42 and S.D. is 0.802.

Table 10 Descriptive Statistics of Stress Level

Variables	Frequency	Percent
SPST Level		
Low Stress	32	8.9%
Moderate Stress	186	51.5%
High Stress	103	28.5%
Severe Stress	40	11.1%

The stress level result of a total of 361 respondents are shown in Table 11 and stress level in socio-demographic factor can be described as following: The male group has low stress level at 13.2%, moderate stress level at 51.3%, high stress level at 25.6%, severe stress level at 9.9%. Whereas female group has low stress level at 5.7%, moderate stress level at 51.7%, high stress level at 30.6%, severe stress level at 12%. For the age group, the age 20-40 group has low stress level at 6.7%, moderate stress level at 51.2%, high stress level at 31%, severe stress level at 11.1%, age 41-60 group has low stress level at 18.8%, moderate stress level at 53.1%, high stress level at 17.2%, severe stress level at 10.9%. Regarding educational level, the respondents have under graduated bachelor's degree group has low stress level at 8.1%, moderate stress level at 45.5%, high stress level at 36.4%, severe stress level at 10.1%. the graduated bachelor's degree group has low stress level at 7.9%, moderate stress level at 54.2%, high stress level at 27.5%, severe stress level at 10.4%. and higher than bachelor's degree group has low stress level at 22.7%, moderate stress level at 50%, high stress level at 4.5%, severe stress level at 22.7%. For marital status, the respondents in single group have low stress level at 6.3%, moderate stress level at 52.2%, high stress level at 28.4%, severe stress level at 13.1%. In married group has low stress level at 17.5%, moderate stress level at 53.8%, high stress level at 25%, severe stress level at 3.8%. In separated group has no low stress level, moderate stress level 1 from 3 or 33.3%, high stress level 2 from 3 or 66.7%, no severe stress level . In divorced group has low stress level at 1 from 8 or

12.5%, 1 from 8 or moderate stress level at 12.5%, high stress level at 4 from 8 or 50%, severe stress level at 2 from 8 or 25%. and widow group has no low stress level at 0%, moderate stress level is 1 from 2 (50%), high stress level is 1 from 2 (50%), and no severe stress level. Regarding monthly income, the decreased income group has low stress level at 9.8%, moderate stress level at 50%, high stress level at 30.1%, severe stress level at 10.1%. In no change of income group has low stress level at 5.3%, moderate stress level at 56.6%, high stress level at 25%, severe stress level at 13.1%. The increased income group has low stress level is 1 from 9 or 11.1%, moderate stress level is 5 from 9 or 55.6%, high stress level is 1 from 9 or 11.1%, severe stress level is 2 from 9 or 22.2%. For the group of number of family member, the 1-2 persons in family group has low stress level at 7.8%, moderate stress level at 51.5%, high stress level at 29.6%, severe stress level at 11.1%. the group of more than 2 persons in family has low stress level at 10.3%, moderate stress level at 51.6%, high stress level at 27.1%, severe stress level at 11%. For smoking factor, the respondents have never smoked group has low stress level at 9.3%, moderate stress level at 49.6%, high stress level at 31.8%, severe stress level at 9.3%. In ever smoked group has low stress level at 12.8%, moderate stress level at 59.6%, high stress level at 14.9%, severe stress level at 12.7%. In always smoked group has low stress level at 5.4%, moderate stress level at 48.6%, high stress level at 29.7%, severe stress level at 16.2%.and seldom smoked group has low stress level at 0%, moderate stress level at 63.2%, high stress level at 15.8%, severe stress

level at 21%. For alcohol drinking factor, the respondents have seldom drunk group has low stress level at 8.3%, moderate stress level at 46.7%, high stress level at 31.7%, severe stress level at 13.3%. In never drunk group has low stress level at 7.8%, moderate stress level at 55.2%, high stress level at 31%, severe stress level at 6%. In ever drunk group has low stress level at 7.6%, moderate stress level at 54.4%, high stress level at 22.8%, severe stress level at 15.2%. And always drunk group has low stress level at 15.2%, moderate stress level at 50%, high stress level at 23.9%, severe stress level at 10.9%.

For Job Description Factor which can be described as following: The organization of the respondents are from AOT group has low stress level at 9.6%, moderate stress level at 47.8%, high stress level at 29.9%, severe stress level at 12.7%. Followed by Immigration Police group has low stress level at 12.1%, moderate stress level at 36.3%, high stress level at 37.4%, severe stress level at 14.2%. Health Control and Quarantine Office group has low stress level at 9.4%, moderate stress level at 64.2%, high stress level at 20.8%, severe stress level at 5.6%. Thai Customs Department at group has low stress level at 0%, moderate stress level at 79.1%, high stress level at 16.2%, severe stress level at 4.7%. And others group has low stress level at 8.9%, moderate stress level at 58.8%, high stress level at 23.5%, severe stress level at 11.8%. For the changing workloads after COVID-19 pandemic, the respondents have got the decreased workloads group has low stress level at 10.1%, moderate stress level at 50.2%, high

stress level at 30.8%, severe stress level at 6.1%. The respondents have got the increased workloads group has low stress level at 5.9%, moderate stress level at 52.9%, high stress level at 21.2%, severe stress level at 20%. And no changing workloads group has low stress level at 8.2%, moderate stress level at 55.1%, high stress level at 30.6%, severe stress level at 6.1%. For the group of number of passengers, the workers who contact passenger 1-99 persons per day group has low stress level at 9.8%, moderate stress level at 56.3%, high stress level at 24.1%, severe stress level at 9.8%. In group of contact ≥ 100 passengers per day have low stress level at 8%, moderate stress level at 47.1%, high stress level at 32.6%, severe stress level at 12.3%. Under the contact distance, the respondents have contact distance with less than 1 meter group has low stress level at 8.7%, moderate stress level at 52.3%, high stress level at 24.3%, severe stress level at 14.7% whereas contact distance with more than 1 meter group has low stress level at 9.1%, moderate stress level at 50.3%, high stress level at 35%, severe stress level at 5.6%. Under the contact duration, the respondents have contact duration with less than 5 minutes per passenger group has low stress level at 8.3%, moderate stress level at 46.1%, high stress level at 33.2%, severe stress level at 12.4% whereas contact duration with more than 5 minutes per group has low stress level at 9.7%, moderate stress level at 59.7%, high stress level at 21.5%, severe stress level at 9.1%.

Regarding the contact characteristic to passengers in respondents' working process, the respondents contact only document group has low stress

level at 8%, moderate stress level at 52.6%, high stress level at 27.4%, severe stress level at 12%. The respondents both baggage and document contact group have low stress level at 11.4%, moderate stress level at 45.6%, high stress level at 29.1%, severe stress level at 13.9%. In do not contact anything group has low stress level at 8.6%, moderate stress level at 54.3%, high stress level at 29.5%, severe stress level at 7.6% and only baggage contact group has no low stress level, moderate stress level is 1 from 2 or 50%, high stress level is also 1 from 2 or 50%, no severe stress level. For the overtime working hours changing after COVID-19, the respondents have got the decreased overtime working hours group has low stress level at 10.4%, moderate stress level at 53.9%, high stress level at 28.6%, severe stress level at 7.1%. The respondents have got no changing overtime working hours group has low stress level at 7.2%, moderate stress level at 47.4%, high stress level at 31.6%, severe stress level at 13.8%. And the increased overtime working hours group has low stress level at 9.1%, moderate stress level at 56.4%, high stress level at 20%, severe stress level at 14.5%. For the overtime reason, the respondents have got the command from the supervisor group has low stress level at 8.2%, moderate stress level at 43.4%, high stress level at 34.4%, severe stress level at 14%. The respondents need more income from OT group has low stress level at 12.9%, moderate stress level at 55.9%, high stress level at 21.5%, severe stress level at 9.7%. In have not enough staff group has low stress level at 4.4%, moderate stress level at 58.8%, high stress level at 26.5%, severe stress level at 10.3%, and in swap shift with their colleague group has low

stress level at 9.3%, moderate stress level at 48.1%, high stress level at 31.5%, severe stress level at 11.1%. And others group has low stress level at 8.3%, moderate stress level at 62.5%, high stress level at 25%, severe stress level at 4.2%. For the group of number continuous working hour, the respondents who work 1-12 hours group has low stress level at 7.7%, moderate stress level at 59%, high stress level at 26.2%, severe stress level at 7.1%. In the respondents who work ≥ 13 hours group has low stress level at 10.1%, moderate stress level at 43.8%, high stress level at 30.9%, severe stress level at 5.2%. Regarding the resting time, the respondents have got no change of resting time group has low stress level at 7.6%, moderate stress level at 50.3%, high stress level at 31.7%, severe stress level at 10.4%. Followed by the decreased resting time group has low stress level at 10.5%, moderate stress level at 50.9%, high stress level at 23.7%, severe stress level at 14.9%. the increased resting time group has low stress level at 8.9%, moderate stress level at 53.9%, high stress level at 29.4%, severe stress level at 7.8%. For the sleep hours, the respondents have got no change of sleeping time group has low stress level at 8.6%, moderate stress level at 54.3%, high stress level at 28%, severe stress level at 9.1%, followed by the decreased sleeping time group has low stress level at 9.8%, moderate stress level at 42.9%, high stress level at 30.3%, severe stress level at 17%, the increased sleeping time group has low stress level at 8.1%, moderate stress level at 58.1%, high stress level at 27%, severe stress level at 6.8%. For the supporting system, the respondents who have to request for support group has low stress level at 8.1%, moderate stress

level at 49.7%, high stress level at 30.4%, severe stress level at 11.8% followed by the full support to all level group has low stress level at 10.6%, moderate stress level at 58.3%, high stress level at 22.8%, severe stress level at 8.3%. In no support group has low stress level at 7.5%, moderate stress level at 41.8%, high stress level at 35.8%, severe stress level at 14.9%, and others group has only 1 subject that has moderate stress level.

For Preventive Measures Factor which can be described as following: The group of number of protective equipment of the respondents who wearing PPE 1-2 items group has low stress level at 8.1%, moderate stress level at 51.1%, high stress level at 30.6%, severe stress level at 10.2%. The respondents who are wearing PPE 3-5 items group has low stress level at 9.7%, moderate stress level at 52%, high stress level at 26.3%, severe stress level at 12%. For the mask type of all respondents is surgical mask. This group has low stress level at 8.9%, moderate stress level at 51.5%, high stress level at 28.5%, severe stress level at 11.1%. Regarding the duration of mask change of the respondents who change mask withing 8 hours group has low stress level at 9.1%, moderate stress level at 52.2%, high stress level at 27.4%, severe stress level at 11.3%. While the changing mask more than 8 hours group has low stress level at 8.4%, moderate stress level at 50.4%, high stress level at 30.5%, severe stress level at 10.7%. Regarding the duration of gloves change of the respondents who change glove within 8 hours group has low stress level at 9.2%, moderate stress

level at 52.1%, high stress level at 27.9%, severe stress level at 10.8%. While changing glove in more than 8 hours group has low stress level at 7.1%, moderate stress level at 48.2%, high stress level at 32.2%, severe stress level at 12.5%. The respondents who wash their hand during the screening process group has low stress level at 8.8%, moderate stress level at 51.6%, high stress level at 28.8%, severe stress level at 10.8%. whereas respondents do not wash their hand group has low stress level is 1 of 10 subjects or 10%, moderate stress level is 5 of 10 subjects or 50%, high stress level is 2 of 10 subjects or 20%, severe stress level 2 of 10 subjects or 20%. And the respondents wash their hand after the screening process group has low stress level at 9.2%, moderate stress level at 52.1%, high stress level at 28.7%, severe stress level at 10%. whereas the respondents do not wash their hand group has no low stress level at 0%, moderate stress level is 4 of 12 or 33.3%, high stress level is 3 from 12 or 25%, severe stress level is 5 from 12 or 41.7%. Regarding type of hand sanitizer that they use is alcohol gel group has low stress level at 7.2%, moderate stress level at 55.8%, high stress level at 28.3%, severe stress level at 8.7%. whereas in soap water group has low stress level at 12.7%, moderate stress level at 41.8%, high stress level at 29.1%, severe stress level at 16.4%. The respondents who take a bath as soon as they arrived home group has low stress level at 10%, moderate stress level at 52.4%, high stress level at 27.3%, severe stress level at 10.3%. whereas they do not take a bath group has low stress level at 0%, moderate stress level at 45.2%, high stress level at 38.1%, severe stress level at 16.7%. Moreover, the respondents who

wipe their belongings with alcohol gel group has low stress level at 9.8%, moderate stress level at 52.1%, high stress level at 27.5%, severe stress level at 10.6%, followed by soap water group has low stress level is 1 of 5 or 20%, moderate stress level is 1 of 5 or 20%, high stress level is 3 of 5 or 60%, no severe stress level, and no cleaning group has low stress level at 2%, moderate stress level at 51%, high stress level at 31.4%, severe stress level at 15.7%. For the Physical health awareness of the most respondents do not change within 1 year group has low stress level at 9%, moderate stress level at 56.1%, high stress level at 26.6%, severe stress level at 8.3%, followed by the worse health group has low stress level at 4.8%, moderate stress level at 19%, high stress level at 47.6%, severe stress level at 28.6%. And the better health group has low stress level is 2 from 7 or 28.6%, moderate stress level is 3 from 7 or 42.9%, no high stress level, severe stress level at 28.6%. The respondents who have never contacted any infected passenger group has low stress level at 12.1%, moderate stress level at 51.6%, high stress level at 27.8%, severe stress level at 8.5%. whereas they have ever contacted any infected passenger group has low stress level at 3.6%, moderate stress level at 51.4%, high stress level at 29.7%, severe stress level at 15.3%. The respondents who have never quarantined due to being high risk contact group has low stress level at 9.6%, moderate stress level at 52.6%, high stress level at 26.8%, severe stress level at 11%. whereas they have ever quarantined group has low stress level at 5.7%, moderate stress level at 47.1%, high stress level at 35.7%, severe stress level at 11.4%. Finally, the most respondents have

never been tested for COVID-19 group has low stress level at 11.7%, moderate stress level at 47.4%, high stress level at 30.6%, severe stress level at 10.3%. Whereas they have ever been tested group has low stress level at 5.5%, moderate stress level at 56.4%, high stress level at 26.1%, severe stress level at 12%.

Table 11 Descriptive Statistics of Stress Level in Each Factor

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
Socio-demographic Factor				
Gender				
Male	20(13.2%)	78(51.3%)	39(25.6%)	15(9.9%)
Female	12(5.7%)	108(51.7%)	64(30.6%)	25(12%)
Age				
20-40	20(6.7%)	152(51.2%)	92(31%)	33(11.1%)
41-60	12(18.8%)	34(53.1%)	11(17.2%)	7(10.9%)
Education				
Under Bachelor Degree	8(8.1%)	45(45.4%)	36(36.4%)	10(10.1%)
Bachelor Degree	19(7.9%)	130(54.2%)	66(27.5%)	25(10.4%)
Postgraduate	5(22.7%)	11(50%)	1(4.6%)	5(22.7%)
Marital Status				
Single	17(6.3%)	140(52.2%)	76(28.4%)	35(13.1%)
Married	14(17.5%)	43(53.8%)	20(25%)	3(3.7%)

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
Divorced	1(12.5%)	1(12.5%)	4(50%)	2(25%)
Separated	0	1(33.3%)	2(66.7%)	0
Widow	0	1(50%)	1(50%)	0
Income changing during COVID-19				
No Change	4(5.3%)	43(56.6%)	19(25%)	10(13.1%)
Increase	1(11.1%)	5(55.6%)	1(11.1%)	2(22.2%)
Decrease	27(9.8%)	138(50%)	83(30.1%)	28(10.1%)
No. of Family				
1-2	16(7.8%)	106(51.5%)	61(29.6%)	23(11.1%)
>2	16(10.3%)	80(51.6%)	42(27.1%)	17(11%)
Smoking				
No Smoked	24(9.3%)	128(49.6%)	82(31.8%)	24(9.3%)
Ever Smoked	6(12.8%)	28(59.6%)	7(14.9%)	6(12.7%)
Seldom Smoked	0	12(63.2%)	3(15.8%)	4(21%)
Always Smoked	2(5.4%)	18(48.6%)	11(29.7%)	6(16.3%)
Alcohol Drinking				
No Drink	9(7.8%)	64(55.2%)	36(31%)	7(6%)
Ever Drink	6(7.6%)	43(54.4%)	18(22.8%)	12(15.2%)
Seldom Drink	10(8.3%)	56(46.7%)	38(31.7%)	16(13.3%)

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
Always Drink	7(15.2%)	23(50%)	11(23.9%)	5(10.9%)
Job Description Factor				
Organization				
AOT	15 (9.6%)	75(47.8%)	47(29.9%)	20(12.7%)
Thai Customs	0	34(79.1%)	7(16.2%)	2(4.7%)
Health Control and Quarantine Office	5(9.4%)	34(64.2%)	11(20.8%)	3(5.6%)
Immigration Police	11(12.1%)	33(36.3%)	34(37.4%)	13(14.2%)
Others	32(8.9%)	10(58.8%)	4(23.5%)	2(11.8%)
Workloads changing during COVID-19				
No Change	4(8.2%)	27(55.1%)	15(30.6%)	3(6.1%)
Decrease	23(10.1%)	114(50.2%)	70(30.8%)	20(8.9%)
Increase	5(5.9%)	45(52.9%)	18(21.2%)	17(20%)
No. of Passengers those participants contact per day				
1-99	17(9.8%)	98(56.3%)	42(24.1%)	17(9.8%)
≥100	15(8%)	88(47.1%)	61(32.6%)	23(12.3%)
Contact Distance				
Less than 1 m.	19(8.7%)	114(52.3%)	53(24.3%)	32(14.7%)

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
More than 1 m.	13(9.1%)	72(50.3%)	50(35%)	8(5.6%)
Contact Duration				
Less than 5 Mins	18(8.3%)	100(46.1%)	72(33.2%)	27(12.4%)
More than 5 Mins	14(9.7%)	86(59.7%)	31(21.5%)	13(9.1%)
Contact Characteristics				
No Contact	9(8.6%)	57(54.3%)	31(29.5%)	8(7.6%)
Document Contact	14(8%)	92(52.6%)	48(27.4%)	21(12%)
Baggage Contact	0	1(50%)	1(50%)	0
Baggage and Document Contact	9(11.4%)	36(45.6%)	23(29.1%)	11(13.9%)
Work Overtime changing during COVID-19				
No Change	11(7.2%)	72(47.4%)	48(31.6%)	21(13.8%)
Decrease	16(10.4%)	83(53.9%)	44(28.6%)	11(7.1%)
Increase	5(9.1%)	31(56.4%)	11(20%)	8(14.5%)
Working Overtime Reason				
Swap Shift	5(9.3%)	26(48.1%)	17(31.5%)	6(11.1%)
Lack of Staff	3(4.4%)	40(58.8%)	18(26.5%)	7(10.3%)
Command of Supervisor	10(8.2%)	53(43.4%)	42(34.4%)	17(14%)

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
Get Higher Income	12(12.9%)	52(55.9%)	20(21.5%)	9(9.7%)
Others	2(8.3%)	15(62.5%)	6(25.0%)	1(4.2%)
Continuous Working				
1-12 hours	14(7.7%)	108(59%)	48(26.2%)	13(7.1%)
≥ 13 hours	18(10.1%)	78(43.8%)	55(30.9%)	27(15.2%)
Resting Time changing during COVID-19				
No Change	11(7.6%)	73(50.3%)	46(31.7%)	15(10.4%)
Increase	9(8.9%)	55(53.9%)	30(29.4%)	8(7.8%)
Decrease	12(10.5%)	58(50.9%)	27(23.7%)	17(14.9%)
Sleep changing during COVID-19				
No Change	15(8.6%)	95(54.3%)	49(28%)	16(9.1%)
Increase	6(8.1%)	43(58.1%)	20(27%)	5(6.8%)
Decrease	11(9.8%)	48(42.9%)	34(30.3%)	19(17%)
Supporting system				
Full Support	14(10.6%)	77(58.3%)	30(22.8%)	11(8.3%)
Request for Support	13(8.1%)	80(49.7%)	49(30.4%)	19(11.8%)
No Support	5(7.5%)	28(41.8%)	24(35.8%)	10(14.9%)
Others	0	1(100%)	0	0

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
Preventive Measures Factor				
Protective Equipment				
≤ 2 items	15(8.1%)	95(51.1%)	57(30.6%)	19(10.2%)
3-5 items	17(9.7%)	91(52%)	46(26.3%)	21(12%)
Mask Type				
N-95 Mask	0	0	0	0
Surgical Mask	32(8.9%)	186(51.5%)	103(28.5%)	40(11.1%)
Cloth Mask	0	0	0	0
Others	0	0	0	0
Mask Change every				
≤8 hours	21(9.1%)	120(52.2%)	63(27.4%)	26(11.3%)
>8 hours	11(8.4%)	66(50.4%)	40(30.5%)	14(10.7%)
Glove Change every				
≤8 hours	28(9.2%)	159(52.1%)	85(27.9%)	33(10.8%)
8 hours	4(7.1%)	27(48.2%)	18(32.2%)	7(12.5%)
Hand Washing during screening process				
Yes	31(8.8%)	181(51.6%)	101(28.8%)	38(10.8%)
No	1(10%)	5(50%)	2(20%)	2(20%)

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
Hand Washing after screening process				
Yes	32(9.2%)	182(52.1%)	100(28.7%)	35(10%)
No	0	4(33.3%)	3(25%)	5(41.7%)
Type of Hand Sanitizer				
Soap	14(12.7%)	46(41.8%)	32(29.1%)	18(16.4%)
Alcohol Gel	18(7.2%)	140(55.8%)	71(28.3%)	22(8.7%)
Shower suddenly when arrive at home				
Yes	32(10%)	167(52.4%)	87(27.3%)	33(10.3%)
No	0	19(45.2%)	16(38.1%)	7(16.7%)
Clean belonging with				
Alcohol Gel	30(9.8%)	159(52.1%)	84(27.5%)	32(10.6%)
Soap Water	1(20%)	1(20%)	3(60%)	0
No Cleaning	1(2%)	26(51%)	16(31.4%)	8(15.6%)
Physical Health Awareness				
No Change	28(9%)	175(56.1%)	83(26.6%)	26(8.3%)
Better	2(28.6%)	3(42.9%)	0	2(28.5%)
Worse	2(4.8%)	8(19%)	20(47.6%)	12(28.6%)

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress
History of Contact Infected Passengers				
Never	27(12.1%)	115(51.6%)	62(27.8%)	19(8.5%)
Ever	5(3.6%)	71(51.4%)	41(29.7%)	21(15.3%)
History of Quarantine				
Never	28(9.6%)	153(52.6%)	78(26.8%)	32(11%)
Ever	4(5.7%)	33(47.1%)	25(35.7%)	8(11.5%)
Have been tested for COVID-19				
Never	23(11.7%)	93(47.4%)	60(30.6%)	20(10.3%)
Ever	9(5.5%)	93(56.4%)	43(26.1%)	20(12%)

4.2 Hypotheses Testing Association Factors

H1. There is the association between socio demographic, job characteristics and personal preventive measure factors to the mental health among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

H2. There is the association between socio demographic, job characteristics and personal preventive measure factors to the stress among

frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

In the analysis of the data, the chi square test used to investigate the association between socio demographic, job characteristics and personal preventive measure factors to the mental health and stress.

4.2.1 Associated Factors to Mental Health

For the results of the association between socio demographic, job characteristics and personal preventive measure factors to the mental health among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

Regarding socio-demographic factor, the results show that there are one variable and mental health has a significant relationship as the following: there is the relationship between alcohol drinking and mental health at $p < 0.05$.

Regarding job description factor, the results show that there are two variables and mental health has a significant relationship as the following: there is the relationship between continuous working and mental health at $p < 0.01$, there is the relationship between the support system and mental health at $p < 0.05$.

Regarding personal preventive measure factor, the results show that there are three variables and mental health has a significant relationship as the following: there is the relationship between health and mental health at $p < 0.001$, there is the relationship between the contacting with infected passengers and mental health at $p < 0.01$, and there is the relationship

between quarantine and mental health at $p < 0.01$. As shown in Table 12 as followed.

Table 12 Chi Square Test Results of the association between socio demographic, job characteristics and personal preventive measure factors to the mental health

Variables	Normal GHQ	Abnormal GHQ	<i>p</i> value
Socio-demographic Factor			
Gender			0.732
Male	105(69.1%)	47(30.9%)	
Female	140(67.0%)	69(33.0%)	
Age			1.000
20-40	202(68.0%)	95(32.0%)	
41-60	43(67.2%)	21(32.8%)	
Education			0.661
Under Bachelor Degree	69(69.7%)	30(30.3%)	
Bachelor Degree	163(67.9%)	77(32.1%)	
Postgraduate	13(59.1%)	9(40.9%)	
Marital Status			0.053
Single	174(64.9%)	94(35.1%)	
Married, Divorced, Separated, Widowed	71(76.3%)	22(23.7%)	

Income changing during COVID-19			0.895
Decrease	188(68.1%)	88(31.9%)	
Increase or No Change	57(67.1%)	28(32.9%)	
No. of Family			0.650
1-2	142(68.9%)	64(31.1%)	
>2	103(66.5%)	52(33.5%)	
Smoking			0.555
No Smoked	178(69.0%)	80(31.0%)	
Ever or Seldom Smoked	41(62.1%)	25(37.9%)	
Always Smoked	26(70.3%)	11(29.7%)	
Alcohol Drinking			0.045*
No Drink	89(76.7%)	27(23.3%)	
Ever or Seldom Drink	126(63.3%)	73(36.7%)	
Always Drink	30(65.2%)	16(34.8%)	
Job Description Factor			
Organization			0.253
AOT and Health Control and Quarantine Office	148(70.5%)	62(29.5%)	
Thai Customs Department and Immigration Police and others	97(64.2%)	54(35.8%)	
Workloads changing during COVID-19			0.085
No Change or Decrease	194(70.3%)	82(29.7%)	

Increase	51(60.0%)	34(40.0%)	
No. of Passengers			0.573
1-99	121(69.5%)	53(30.5%)	
≥100	124(66.3%)	63(33.7%)	
Contact Distance			0.420
Less than 1 m.	144(66.1%)	74(33.9%)	
More than 1 m.	101(70.6%)	42(29.4%)	
Contact Duration			0.358
Less than 5 Mins	143(65.9%)	74(34.1%)	
More than 5 Mins	102(70.8%)	42(29.2%)	
Contact Characteristics			0.453
No Contact	76(72.4%)	29(27.6%)	
Only Document Contact	114(65.1%)	61(34.9%)	
Others Contact	55(67.9%)	26(32.1%)	
Work Overtime changing during COVID-19			0.775
No Change	104(68.4%)	48(31.6%)	
Decrease	106(68.8%)	48(31.2%)	
Increase	35(63.6%)	20(36.4%)	
Working Overtime Reason			0.150
Swap Shift	37(68.5%)	17(31.5%)	
Lack of Staff	43(63.2%)	25(36.8%)	
Command of Supervisor	76(62.3%)	46(37.7%)	

Get Higher Income	69(74.2%)	24(25.8%)	
Others	20(83.3%)	4(16.7%)	
Continuous Working hours			0.009*
1-12 hours	136(74.3%)	47 (25.7%)	
≥ 13 hours	109(61.2%)	69(38.8%)	
Resting Time changing during COVID-19			0.594
No Change	98(67.6%)	47(32.4%)	
Increase	73(71.6%)	29(28.4%)	
Decrease	74(64.9%)	40(35.1%)	
Sleep changing during COVID-19			0.326
No Change	124(70.9%)	51(29.1%)	
Increase	51(68.9%)	23(31.1%)	
Decrease	70(62.5%)	42(37.5%)	
Supporting system			0.023*
Full Support	101(76.5%)	31(23.5%)	
Request for Support	103(64%)	58(36%)	
No Support	41(60.3%)	27(39.7%)	
Preventive Measures Factor			
Protective Equipment			0.910
≤ 2 items	127(68.3%)	59(31.7%)	
> 2 items	118(67.4%)	57(32.6%)	
Mask Type			- (did not

N-95 Mask	0	0	run
Surgical Mask	245(67.9%)	116(32.1%)	because
Cloth Mask	0	0	there is
Others	0	0	one
			group)
Mask Change every			0.292
≤8 hours	161(70.0%)	69(30.0%)	
>8 hours	84(64.1%)	47(35.9%)	
Glove Change every			0.064
≤8 hours	213(69.8%)	92(30.2%)	
>8 hours	32(57.1%)	24(42.9%)	
Hand Washing during screening process			0.732
Yes	239(68.1%)	112(31.9%)	
No	6(60%)	4(40%)	
Hand Washing after screening process			0.533
Yes	238(68.2%)	111(31.8%)	
No	7(58.3%)	5(41.7%)	
Type of Hand Sanitizer			0.112
Soap	68(61.8%)	42(38.2%)	
Alcohol Gel	177(70.5%)	74(29.5%)	

Shower suddenly when arrive at home			0.117
Yes	221(69.3%)	98(30.7%)	
No	24(57.1%)	18(42.9%)	
Clean belonging with			0.956
Alcohol Gel	207(67.9%)	98(32.1%)	
Soap Water	4(80%)	1(20%)	
No Cleaning	34(66.7%)	17(33.3%)	
Physical Health Awareness			< 0.01*
No Change	235(75.3%)	77(24.7%)	
Better	6(85.7%)	1(14.3%)	
Worse	4(9.5%)	38(90.5%)	
History of Contact Infected Passengers			<0.01*
Never	164(73.5%)	59(26.5%)	
Ever	81(58.7%)	57(41.3%)	
History of Quarantine			<0.01*
Never	207(71.1%)	84(28.9%)	
Ever	38(54.3%)	32(45.7%)	
Have been testes for COVID-19			0.054
Never	142(72.4%)	54(27.6%)	
Ever	103(62.4%)	62(37.6%)	

Note: * is mean p value is less than 0.05.

4.2.2 Associated Factors to Stress

For the results of the association between socio demographic, job characteristics and personal preventive measure factors to the Stress Level among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

Regarding socio-demographic factor, the results show that there are three variables and stress level has a significant relationship as the following: there is the relationship between age of the respondents and stress level at $p < 0.01$, there is the relationship between education of the respondents and stress level at $p < 0.05$, and there is the relationship between marital status of the respondents and stress level at $p < 0.01$.

Regarding job description factor, the results show that there are four variables and stress level has a significant relationship as the following: there is the relationship between workloads and stress level at $p < 0.01$, there is the relationship between contact distance and stress level at $p < 0.05$, there is the relationship between contact duration and stress level at $p < 0.05$, and there is the relationship between continuous working and stress level at $p < 0.05$.

Regarding personal preventive measure factor, the results show that there are five variables and stress level has a significant relationship as the following: there is the relationship between Hand Washing after screening process and stress level at $p < 0.05$, there is the relationship between type of hand sanitizer and stress level at $p < 0.05$, there is the relationship

between take a shower as soon as arrival at home and stress level at $p < 0.05$, there is the relationship between Physical health awareness and stress level at $p < 0.001$, and there is the relationship between the contacting with infected passengers and stress level at $p < 0.05$. As shown in Table 13.

Table 13 Chi Square Test Results of the association between socio demographic, job characteristics and personal preventive measure factors to the Stress Level

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	p-value
Socio-demographic Factor					
Gender					0.086
Male	20(13.2%)	78(51.3%)	39(25.7%)	15(9.8%)	
Female	12(5.7%)	108(51.7%)	64(30.6%)	25(12.0%)	
Age					<0.01*
20-40	20(13.2%)	152(51.3%)	92(25.6%)	33(9.9%)	
41-60	12(18.8%)	34(53.1%)	11(17.2%)	7(10.9%)	
Education					0.016*
Under Bachelor Degree	8(8.1%)	45(45.4%)	36(36.4%)	10(10.1%)	
Bachelor Degree	19(7.9%)	130(54.2%)	66(27.5%)	25(10.4%)	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	p-value
Postgraduate	5(22.7%)	11(50%)	1(4.6%)	5(22.7%)	
Marital Status					0.010*
Single					
Married or	17(6.3%)	140(52.2%)	76(28.4%)	35(13.1%)	
Separated or	15(16.1%)	46(49.5%)	27(29.0%)	5(5.4%)	
Divorced or					
Widow					
Income changing during COVID-19					0.320
Decrease	27(9.8%)	138(50.0%)	83(30.1%)	28(10.1%)	
Increase or No Change	5(5.9%)	48(56.5%)	20(23.5%)	12(14.1%)	
No. of Family					0.838
1-2	16(7.8%)	106(51.5%)	61(29.6%)	23(11.1%)	
>2	16(10.3%)	80(51.6%)	42(27.1%)	17(11%)	
Smoking					0.259
No Smoked	9(7.8%)	64(55.2%)	36(31.0%)	7(6.0%)	
Ever or Seldom Smoked	16(8.0%)	99(49.7%)	56(28.1%)	28(14.2%)	
Always Smoked	7(15.2%)	23(50.0%)	11(23.9%)	5(10.9%)	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	<i>p</i> -value
Alcohol Drinking					0.142
No Drink	24(9.3%)	128(49.6%)	82(31.8%)	24(9.3%)	
Ever or Seldom Drink	6(9.1%)	40(60.5%)	10(15.2%)	10(15.2%)	
Always Drink	2(5.4%)	18(48.6%)	11(29.7%)	6(16.3%)	
Job Description Factor					
Organization					0.933
AOT and Health Control and Quarantine	20(9.5%)	109(51.9%)	58(27.6%)	23(11.0%)	
Thai Customs Department and Immigration	12(7.9%)	77(51.0%)	45(29.8%)	17(11.3%)	
Police and others					
Workloads changing during COVID-19					0.010*
No Change or Decrease	27(9.8%)	141(51.1%)	85(30.8%)	23(8.3%)	
Increase	5(5.9%)	45(52.9%)	18(21.2%)	17(20.0%)	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	p-value
No. of Passengers					0.205
1-99	17(9.8%)	98(56.3%)	42(24.1%)	17(9.8%)	
≥100	18(8.0%)	88(47.1%)	61(32.6%)	23(12.3%)	
Contact Distance					0.019*
Less than 1 m.	19(8.7%)	114(52.3%)	53(24.3%)	32(14.7%)	
More than 1 m.	13(9.1%)	72(50.3%)	50(35.0%)	8(5.6%)	
Contact Duration					0.039*
Less than 5 Mins	18(8.3%)	100(46.1%)	72(33.2%)	27(12.4%)	
More than 5 Mins	14(9.7%)	86(59.7%)	31(21.5%)	13(9.1%)	
Contact Characteristics					0.785
No Contact	9(8.6%)	57(54.3%)	31(29.5%)	8(7.6%)	
Only Document Contact	14(8.0%)	92(52.6%)	48(27.4%)	51(12.0%)	
Others Contact	9(11.1%)	37(45.7%)	24(29.6%)	11(13.6%)	
Work Overtime changing during COVID-19					0.281
No Change	11(7.2%)	72(47.4%)	48(31.6%)	21(13.8%)	
Decrease	16(10.4%)	83(53.9%)	44(28.6%)	11(7.1%)	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	p-value
Increase	5(9.1%)	31(56.4%)	11(20.0%)	8(14.5%)	
Working Overtime Reason					0.431
Swap Shift	5(9.3%)	26(48.1%)	17(31.5%)	6(11.1%)	
Lack of Staff	3(4.4%)	40(58.8%)	18(26.5%)	7(10.3%)	
Command of Supervisor	10(8.2%)	53(43.4%)	42(34.4%)	17(14%)	
Get Higher Income	12(12.9%)	52(55.9%)	20(21.5%)	9(9.7%)	
Others	2(8.3%)	15(62.5%)	6(25.0%)	1(4.2%)	
Continuous Working hours					0.013*
1-12 hours	14(7.7%)	108(59%)	48(26.2%)	13(7.1%)	
≥ 13 hours	18(10.1%)	78(43.8%)	55(30.9%)	27(15.2%)	
Resting Time changing during COVID-19					0.578
No Change	11(7.6%)	73(50.3%)	46(31.7%)	15(10.4%)	
Increase	9(8.9%)	55(53.9%)	30(29.4%)	8(7.8%)	
Decrease	12(10.5%)	58(50.9%)	27(23.7%)	17(14.9%)	

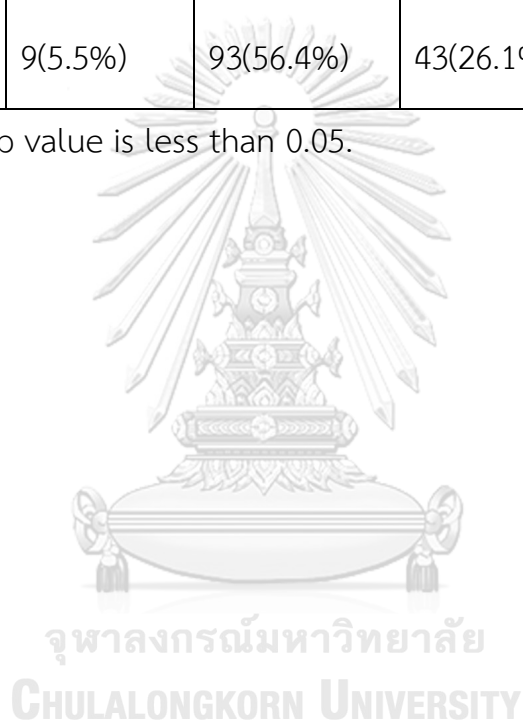
Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	<i>p</i> -value
Sleep changing during COVID-19					0.222
No Change	15(8.6%)	95(54.3%)	49(28%)	16(9.1%)	
Increase	6(8.1%)	43(58.1%)	20(27%)	5(6.8%)	
Decrease	11(9.8%)	48(42.9%)	34(30.3%)	19(17%)	
Supporting system					0.262
Full Support	14(10.6%)	77(58.3%)	30(22.8%)	11(8.3%)	
Request for Support	13(8.1%)	80(49.7%)	49(30.4%)	19(11.8%)	
No Support	5(7.4%)	29(42.6%)	24(35.3%)	10(14.7%)	
Preventive Measures Factor					
Protective Equipment					0.762
≤ 2 items	15(8.1%)	95(51.1%)	57 (30.6%)	19(10.2%)	
> 2 items	17(9.7%)	91(52.0%)	46(26.3%)	21(12.0%)	
Mask Type					- (did not run because there is
N-95 Mask	0	0	0	0	
Surgical Mask	32(8.9%)	186(51.5%)	103(28.5%)	40(11.1%)	
Cloth Mask	0	0	0	0	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	p-value
Others	0	0	0	0	one group)
Mask Change every					0.936
≤8 hours	21(9.1%)	120(52.2%)	63(27.4%)	26(11.3%)	
>8 hours	11(8.4%)	66(50.4%)	40(30.5%)	14(10.7%)	
Glove Change every					0.860
≤8 hours	28(9.2%)	159(52.1%)	85(27.9%)	33(10.8%)	
>8 hours	4(7.1%)	27(48.2%)	18(32.1%)	7(12.5%)	
Hand Washing during screening process					0.642
Yes	31(8.8%)	181(51.6%)	101(28.8%)	38(10.8%)	
No	1(10.0%)	5(50.0%)	2(20.0%)	2(20.0%)	
Hand Washing after screening process					0.022*
Yes	32(9.2%)	182(52.1%)	100(28.7%)	35(10.0%)	
No	0(0.0%)	4(33.3%)	3(25.0%)	5(47.7%)	
Type of Hand Sanitizer					0.022*
Soap	14(12.7%)	46(41.8%)	32(29.1%)	18(16.4%)	
Alcohol Gel	18(7.2%)	140(55.8%)	71(28.3%)	22(8.8%)	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	p-value
Shower suddenly when arrive at home					0.034*
Yes	32(10.0%)	167(52.4%)	87(27.3%)	33(10.3%)	
No	0(0.0%)	19(45.2%)	16(38.1%)	7(16.7%)	
Clean belonging with					0.143
Alcohol Gel	30(9.8%)	159(52.1%)	84(27.5%)	32(10.5%)	
Soap Water	1(20.0%)	1(20.0%)	3(60.0%)	0(0.0%)	
No Cleaning	1(2%)	26(51.0%)	16(31.4%)	8(15.6%)	
Physical Health Awareness					< 0.001*
No Change	28(9.0%)	175(56.1%)	83(26.6%)	26(8.3%)	
Better	2(28.6%)	3(42.9%)	0(0.0%)	2(28.5%)	
Worse	2 (4.8%)	8(19.0%)	20(47.6%)	12(28.6%)	
History of Contact Infected Passengers					0.014*
Never	27(12.1%)	115(51.6%)	62(27.8%)	19(8.5%)	
Ever	5(3.6%)	71(51.4%)	41(29.7%)	21(15.3%)	
History of Quarantine					0.416
Never	28(9.6%)	153(52.6%)	78(26.8%)	32(11%)	

Variables	Low Stress	Moderate Stress	High Stress	Severe Stress	<i>p</i> -value
Ever	4(5.7%)	33(47.1%)	25(35.7%)	8(11.5%)	
Have been testes for COVID-19					0.098
Never	23(11.7%)	93(47.4%)	60(30.6%)	20(10.3%)	
Ever	9(5.5%)	93(56.4%)	43(26.1%)	20(12%)	

Note: * is mean *p* value is less than 0.05.



CHAPTER V

DISCUSSION

This study objective is to explore what factors associated to mental health and stress among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic in Thailand.

5.1 Characteristic of participants

Most of participants are female with young age group because the job characteristic in airport is to service passengers. The workers should be strong and euphemistic. The majority of participant are single because they are young age. And most of them achieved bachelor's degree because of minimal requirement from organization.

The most proportion of participant are from Airport of Thailand organization those consistent with the proportion of worker population in airport. Because of travel restriction, the workload of them decreased. In screening process, the workers have to contact document to facilitate and interview passengers in a short time. Therefore, the contact characteristics are mostly contact document, with less than 1 meter distance and less than 5 minutes duration. For reason working overtime and supportive system depend on each organization's policies.

For personal protective measures, the mask wearing is the main measure that they use to protect themselves because of mandatory policy of wearing mask in all area of airport. But the period to changing their

masks and gloves depends on their convenient, equipment support system from workplace. They mostly use alcohol gel to wash their hand and most of them washing hand after screening process because they all know that after they touch the belonging from passengers, they get risk to infect from those fomites and alcohol gel is more convenient than using soap and water. For shower when arrived home and wipe the belonging behaviors are varied. And most of participants are feeling not changed to their physical health, no history of contact infected passengers, never been quarantined and never been tested for COVID-19, those may cause by their good protective measure and the Thai requirement policy to make sure that all passengers have negative result for COVID-19 before entry country. For the number of people who ever contact infected passenger is 138 but only the high-risk contact will be quarantine, therefore the number of people who ever quarantine is 70.

5.2 Mental Health and Stress

For mental health and stress, there are many studies in other countries as we compare in these as followed

5.2.1 Mental Health

This study to assess the level of mental health and stress among frontline airport workers at Suvarnabhumi Airport, Thailand shown that 67.9% of participants have normal mental health, while abnormal mental health at 32.1%. While the studies from Bangladesh shown the prevalence of depressive symptoms was 15%, 34%, and 15% for mild, moderate, and severe depressive symptoms, respectively. And the prevalence of anxiety

symptoms was 59% for severe anxiety symptoms, 14% for moderate anxiety symptoms, and 14% for mild anxiety. Those higher proportion of abnormal mental health (depression and anxiety) than our study (Abir et al.,2021). The study in Ethiopia conduct in health care workers shown prevalence of depression, anxiety, and stress in this study was 58.2%, 64.7%, and 63.7%, respectively (Asnakew, Amha, and Kassew,2021) and the study in China also conduct in health care workers shown overall, 50.4%, 44.6%, 34.0%, and 71.5%of all participants reported symptoms of depression, anxiety, insomnia, and distress, respectively (Lai et al.,2020). The higher level of abnormal mental health spectrums such as depressive, anxiety than this study. Because in some countries there are lower health care facilities and poorer social support than Thailand. And in the study that conducted in China and Ethiopia the participants are frontline healthcare workers those contact to known infection status patients, therefore they might get more anxiety and lower mental health than our participants.

The detail of job description factor shown the immigration police, workers who have increase workloads or contact more than 100 passengers per day, increase working overtime, continuous working more than 13 hours, decrease rest time and sleep time or have no supportive system from organization have higher proportion of abnormal mental health. In case of contact characteristic, the contact distance with less than 1 meter and lower than 5 minutes have higher proportion of abnormal mental

health because even the workers contact passenger in short duration, they will get more amount or frequency of contact passenger

For each item in General Health Questionnaire (GHQ) has 4 choices and calculate the answer in positive – positive – negative -negative. If the respondent answer in negative way the score will be 1 but if in positive way the score will be 0. Therefore, the score of each question will be 0 – 0 – 1 – 1. The higher score is mean lower-level mental health.

Indicator of GHQ26 “Have you recently been getting out of the house as much as usual?” shows the highest mean This can indicate that most respondents disagreed that they getting out of house as usual. It consistent with the social restriction measure or lock down policy from government to control the COVID-19 disease, therefore it restricts people to getting out of house.

5.2.2 Stress

This study, to assess the level of mental health and stress among frontline airport workers at Suvarnabhumi Airport, Thailand shown that the majority of respondents are moderate stress level at 51.5%, followed by high stress level at 28.5%, severe stress level at 11.1%, and low stress level at 8.9%, respectively.

The study about prevalence of clinical signs and symptoms of severe/extreme stress in Brazil shown that the prevalence of severe/extreme stress was 21.5% (Souza et al., 2021). The prevalence of severe stress from this study is higher than our study. That may cause by

the situation of COVID-19 infection and outbreak in Brazil is worse than Thailand. While the study in Thailand, to study stress level among personnel in Khuntan hospital, Chiangrai shown that they had mild stress of 67.7 %, moderate stress of 27.1%, severe stress of 3.8% and very severe stress of 1.5% (Chommongkhon , 2021). This result is lower prevalence of stress in each level than our study. It might be the different in situation these studies conducted to explore the stress in normal situations but in our study, we explore the stress while the COVID-19 pandemic that cause the more stress in participants.

In each Suanprung Stress Test (SPST) questions shown that SPST6 “Not enough money to pay” shows the highest mean. It associated with the situation of COVID-19 pandemic while the travel restriction, our participants are all the travelling involve occupation, therefore their get lower income while in expenses is still the same.

5.3 Associated Factors to Mental Health and Stress

For the result of associated factors shown the associated factors of stress are much more than mental health. It might cause by the period of working the workers have to face with pressure, complain, and blame from passenger all the time, so it liable to get stress. Moreover, the stress mostly has short period to occur or acute stress. Acute stressors are often new and tend to have a clear and immediate solution. Even with the more difficult challenges that people face, there are possible ways to get out of the situation. But the mental health has longer latency period to occur such as

chronic pain or any chronic health problem condition have been shown to be associated with increases in depression, anxiety, and other adverse mental health outcomes (Beck, Austin Ray, 2018)

5.3.1 Associated Factors to Mental Health

H1. There is the association between socio demographic, job characteristics and personal preventive measure factors to the mental health among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

Regarding socio-demographic factor, there is the relationship between alcohol drinking and mental health at $p < 0.05$. The majority of respondents of this study have seldom drunk, followed by no drinking and always drinking for normal mental health. This result is consistent with the previous studies conducted by Mäkelä, Raitasalo, and Wahlbeck (2015), frequent binge drinking and alcohol problems are associated with poor mental health of general population survey of Finns aged 15–69 years. It is well known that vulnerability to stress is a risk factor for alcohol use disorder (AUD). Because alcohol has anti-anxiety properties, serving as an anxiolytic agent. Therefore, the alcohol drinking motivation can be driven by its ability to alleviate stress (Greeley, and Oei, 1999). On the other hand, chronic alcohol use can result in neuroadaptations in stress-related brain pathways as well as in hypothalamic-pituitary-adrenal (HPA) axis function (Sayette, 1999). These complex effects can be manifested in altered behavioral and cognitive control functions contributing to alcohol craving, compulsive motivation, consumption, and consequences

However, there are insignificant relationships between these variables and mental health, which are gender, age, education, marital status, income, number of family member. According to Khumalo, Temane, and Wissing (2012), inconsistent findings are reported for the socio-demographic variables in psychological well-being and the mental health depending amongst others on the definition and measurement of well-being, context and the nature of the population.

Regarding job description factor, the results show that there are two variables and mental health has a significant relationship as the following.

First, there is the relationship between continuous working and mental health at $p < 0.01$. The majority of respondents are continuously working between 1-12 hours, followed by more than 12 hours for normal mental health. This result is consistent with the previous studies conducted by Park et al. (2020), the long working hours were associated with three mental health parameters: stress, depression, and suicidal ideation in young employees, aged 20 to 35.

Second, there is the relationship between the supporting system and mental health at $p < 0.05$. The majority of respondents have to request for support, followed by full support and no support for normal mental health. This result is consistent with the previous studies conducted by WHO (2020e), the study concludes that feelings of being inadequately supported may all contribute to the mental burden of these health care workers. If there is lacking of the good teamwork or social support, the risk of mental health problem will be increased. The other meaning is the poor

mental health workplace such as inadequate health and safety policies, poor communication, and low levels of support for workers.

Nevertheless, there are insignificant relationships between these variables and mental health, which are organization of the respondents, changing of workload, number of passengers, contact characteristics, contact distance, contact duration, work overtime, overtime reason, resting time, and sleep. According to Sato, Kuroda, and Owan (2020) the differences in the relationship between work schedule characteristics and workers' mental health for white-collar and blue-collar workers can be explained in terms of different work styles, different expectations, and different degrees of selection. The study concludes that working for long hours or irregular hours deteriorates the mental health of workers but its impact is likely to differ significantly across job types. In case of short rest periods are not associated with mental health for white-collar workers. The results indicate that taking a relatively long rest period on weekends is more important for keeping white-collar workers healthy than ensuring a sufficient daily rest period. Regarding blue-collar workers, the analysis reveals that working after midnight is associated with mental ill health, whereas short rest periods are not associated with their mental health. This suggests that the strain of night work is a more important determinant of mental health for blue-collar workers.

In the other hand, this result is inconsistent with the previous studies conducted by Afonso, Fonseca, and Pires, (2017) and Levecque et al. (2017), organizational policies were significantly associated with the

prevalence of mental health problems. In Organization for Economic Co-operation and Development countries, mental ill-health is responsible for between one-third and half of all long-term sickness and disability in the working age population.

Regarding personal preventive measure factor, the results show that there are three variables and mental health has a significant relationship as the following.

First, there is the relationship between physical health awareness and mental health at $p < 0.001$. The physical health awareness of the most respondents does not change within 1 year, followed by the better health and the worse health for normal mental health. This result is consistent with the previous studies conducted by Lai et al. (2020), the study concludes that the baseline value of mental health has a statistically significant and positive direct effect on present physical health. People with physical health problems, especially chronic diseases, are at increased risk of poor mental health, particularly depression and anxiety – around 30% of people with a long-term physical health condition also have a mental health problem. Because the mental and physical health is fundamentally linked. There are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life. Emerging evidence suggests that improving mental wellbeing can contribute substantially to improving physical health, reducing morbidity and mortality. The burden of mental disorders continues to grow with significant impacts

on health and major social, human rights and economic consequences in all countries of the world (WHO, 2021b).

Second, there is the relationship between the contacting with infected passengers and mental health at $p < 0.01$. The majority of respondents have never contacted any infected passengers, followed by who have ever contacted any infected passengers for normal mental health. This result is consistent with the previous studies conducted by WHO (2021d), the study concludes that Lai et al. (2020), the study concludes that those health care workers feared contagion and infection of their family, friends, and colleagues, felt uncertainty and stigmatization, reported reluctance to work or contemplating resignation, and reported experiencing high levels of stress, anxiety, and depression symptoms, which could have long-term psychological implications. Similar concerns about the mental health, psychological adjustment, and recovery of health care workers treating and caring for patients with COVID-19 are now arising.

Third, there is the relationship between quarantine and mental health at $p < 0.01$, the history of quarantine influences the higher mental health. The majority of respondents have never quarantined due to you are high risk contact group, followed by who have ever quarantined for normal mental health. This result is consistent with the previous studies conducted by Khan (2020), the study concludes that the mental health concerns during this pandemic, especially in Bangladesh among home quarantined students. People those are home-quarantined following lockdown measures for preserving their physical health, requires paying attention to

their mental health as well. From the quarantine factor that influences to mental health not only because of fear of COVID-19 infection, but also afraid to loss income because some people who closed contact are the daily employees.

As the study suggests higher level of psychological impact, it is important to improve the delivery of psychological intervention, especially community-based, keeping up with the clinical field of the health system.

Nevertheless, there are insignificant relationships between these variables and mental health, which are protective equipment, mask type, mask change, glove change, washing hand before and after the screening process, type of hand hygiene, shower, clean, and have been tested for covid-19. According to Simms, Fear, and Greenberg (2020), the impact of inadequate safety equipment on the mental health of service personnel deployed on operations in order to better understand the impact on those working under the similarly demanding conditions of the COVID-19 medical response. Personal hygiene practices (Mask wearing, Physical distancing, Hand Hygiene) distribution are still strongly advised even after vaccination in Thailand and there is adequate personal protective equipment. In the other hand, this result is inconsistent with the previous studies conducted by Russ, Sisti, and Wilner (2020), the study concludes that COVID-19 testing and patients in mental health facilities are related. Medical procedures—such as COVID testing—are not always considered to be within the purview of mental health hearings about treatment over objection, and may fall

under statutes related to ‘emergency treatment’. It remains unclear if these statutes apply to COVID testing.

5.3.2 Associated Factors to Stress

H2. There is the association between socio-demographic, job characteristics and personal preventive measure factors to the stress among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic.

Regarding socio demographic factor, the results show that there are three variables and stress has a significant relationship as the following.

First, there is the relationship between age and stress, the difference of age of the respondents influences the higher stress at $p < 0.01$. The most age of respondents is between 20 and 40 years old for moderate stress, followed by age between 41 and 60. This study is consistent with the previous studies conducted by Osmanovic-Thunström et al. (2015), levels of perceived stress increased with increasing age and was the highest among the oldest old. The different types of stressors experienced by adults of different ages, their coping strategies, and positive/negative affect are also different. The older age may get more stress because of their more bad experience of some adverse event in the past.

Second, there is the relationship between education and stress, the difference of education of respondents influences the higher stress $p < 0.05$. The most education of respondents is bachelor degree for moderate stress, followed by under bachelor degree and postgraduate. These results are consistent with the previous studies conducted by Osmanovic-Thunström et al. (2015), this study concludes that levels of perceived stress increase

with increasing age among men and women living at home and in institutions. The association was robust and independent of gender, education, economic status and living arrangements. In line with a previous study, female gender, low education, and financial problems were independent predictors of high levels of perceived stress (Cohen, and Janicki-Deverts, 2012).

Third, there is the relationship between marital status and stress, the more strength of marital status of respondents influences the higher stress at $p < 0.01$. The most marital status of respondents is single for moderate stress, followed by married/separated/divorced/widow. This result is consistent with the previous studies conducted by Vivian (2017), this study concludes marital status was a significant predictor of perceived stress: singlehood was positively correlated with perceived stress, specifically the stresses associated with social commitments, loneliness, and economy/money. These domain-specific stressors also mediated the relationship between marital status and anxiety. The findings suggest that marital status can lead to differential exposure to stressors and risks for mental health problems. The study concluded that marital status can have important implications for social behavior, health, and well-being, and its effects on stress should be further investigated to reduce negative health outcomes for the growing demographic group of singles in the U.S. Souza et al. (2021) found that the main factors associated with severe/extreme depression to be young women, brown, single, not religious, sedentary,

presenting reduced leisure activities, history of anxiety and depression, increased medication use, and Covid-19 symptoms.

Nevertheless, there are insignificant relationships between these variables and stress, which are gender, income, number of family member, smoking, and alcohol drinking. Chronic stress is a known risk factor for alcohol abuse, and for many workers their job is a constant source of stress day after day. Middle-class working professionals are especially at risk of developing alcohol abuse and dependency due to workplace stress. In addition, people who are dependent on alcohol and other drugs are far more likely to die from a smoking-related illness than from their other drugs. Most are motivated to quit smoking; however, their quit rates are lower than in the general population. The study showed that more than half of the respondents had moderate level of stress. No statistically significant association between the smoking, alcohol drinking and stress.

Regarding job description factor, the results show that there are four variables and stress has a significant relationship as the following.

First, there is the relationship between workloads and stress level at $p < 0.01$. The majority of respondents have got the decreased or unchanged workloads for moderate stress, followed by the increased workloads. This result is consistent with the previous studies conducted by Koch (2018), the current research sought to investigate changes in mental and physical health over a semester by examining physiological and perceived stress levels in college students, in conjunction with academic workload and extracurricular involvement. Academic workload and extracurricular

involvement can be sources of stress for college students. The employees who taking on more responsibilities or working longer hours doesn't always result in more productivity. Instead, it may result in overworked and unhappy members of staff which could end up negatively affecting the bottom line.

Second, there is the relationship between contact distance and stress at $p < 0.05$. The most of respondents have contact distance with less than 1 meter for moderate stress, followed by contact distance with more than 1 meter.

Third, there is the relationship between contact duration and stress at $p < 0.05$, the higher strength of contact duration influences the higher stress. The most of respondents have contact duration with less than 5 minutes per passenger for moderate stress, followed by contact duration with more than 5 minutes per passenger. These results are consistent with the previous studies conducted by Wang et al. (2020), this study investigates that close contact, time of contact, and inadequate personal protection were major risk factors of SARS-CoV-2 infection, generally having psychological stress of health-care workers (HCWs) with coronavirus disease 2019 (COVID-19) in a non-frontline clinical department.

Fourth, there is the relationship between continuous working and stress level at $p < 0.05$. The majority of respondents are continuously working between 1-12 hours per month for moderate stress, followed by continuous working more than 12 hours per month. This result is consistent with the previous studies conducted by Park et al. (2020), the working hours

increase, the risk of stress, depression and suicide ideation tends to increase.

Nevertheless, there are insignificant relationships between these variables and stress, which are organization, number of passengers, contact characteristics, work overtime, overtime reason, resting time, sleep, and support. The study showed that more than half of the respondents had moderate level of stress. No statistically significant association between the long working time, resting time, sleep, and stress. Moreover, salaried workers at the affected pay levels either report greater work-family conflict and work stress or report greater incidence of the conditions (such as mandatory overtime work) associated with such conflict and stress. Thus, in terms of outcomes they have little to lose and in fact something to gain from falling within new OT thresholds (Sato et al, 2020).

Regarding personal preventive measure factor, the results show that there are five variables and stress has a significant relationship as the following.

First, there is the relationship between the washing hand after the screening process and stress at $p < 0.05$. The most of respondents wash their hand after the screening process for moderate stress, followed by without washing hand after the screening process.

Second, there is the relationship between type of hand sanitizer and stress at $p < 0.05$. The majority of respondents use alcohol gel after the screening process for moderate stress, followed by using soap after the screening process.

These results are consistent with the previous studies conducted by Wang et al. (2020), this study concludes that washing hands is one of the best ways to prevent the spread of lots of illness including colds, flu, food-borne illnesses, and other infectious diseases. However, there are some people who are so worried about germs that they take exacting care in public places to avoid touching surfaces that may be germ-infested and frequently use hand sanitizers and antibacterial soaps in an effort to minimize risk. People with above-average concern about germs and dirt will wash their hands very thoroughly and may avoid touching the faucet when turning off the water so as not to re-contaminate their hands. They may also make liberal use of hand sanitizers between washes. They will go about their day, however, without undue distress about cleanliness. For those with OCD, on the other hand, a single washing is never enough. Even after multiple washings, the anxiety associated with fear of contamination will continue to interrupt their thoughts to the point of disrupting their lives—and washing their hands does little to relieve the anxiety.

Third, there is the relationship between take a shower and stress level at $p < 0.05$. The majority of respondents take a shower as soon as they arrived home, followed by without taking a shower as soon as they arrived home. This result is consistent with the previous studies conducted by Goto, Hayasaka, and Nakamura (2012) cross-sectional studies found good subjective health status, sufficient sleep and rest, low levels of stress, and high subjective happiness in individuals who had a habit of bathing in hot

water every day. And it also related to previous two factors about more awareness of cleanliness.

Fourth, there is the relationship between physical health awareness and stress, the important of health of the respondents influences stress level at $p < 0.001$. The health of the most respondents does not change within 1 year for moderate stress, followed by the worse health and the better health. This result is consistent with the previous studies conducted by Luan et al. (2020), Psychological stress was found to be related to respondents' perception of their own health and risk of being infected among both healthcare and frontline workers, but not among participants in the general public. Schneiderman, Ironson, and Siegel (2015), the study concludes that stressors have a major influence upon mood, our sense of well-being, behavior, and health. Acute stress responses in young, healthy individuals may be adaptive and typically do not impose a health burden. However, if the threat is unremitting, particularly in older or unhealthy individuals, the long-term effects of stressors can damage health.

Fifth, there is the relationship between the contacting with infected passengers and stress $p < 0.05$. The majority of respondents have never contacted any infected passengers, followed by who have ever contacted any infected passengers. This result is consistent with the previous studies conducted by that Lai et al. (2020). The study concludes that those health care workers feared contagion and infection of their family, friends, and colleagues, felt uncertainty and stigmatization, reported reluctance to work or contemplating resignation, and reported experiencing high levels of

stress, anxiety, and depression symptoms, which could have long-term psychological implications.

Nevertheless, there are insignificant relationships between these variables and stress, which are protective equipment, mask type, mask change, glove change, washing hand before the screening process, clean, quarantine, and test for COVID-19. According to Manuela, Eglseer, and Bauer (2020), nearly all nursing staff wore face masks. The study showed that more than two-thirds of the nurses had moderate to high levels of stress. No statistically significant association between the use of PPE and stress was detected. As well as the results of this study, most of respondents had moderate levels of stress; there are insignificant relationships between protective equipment and stress.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

Most participants are female at 57.9% and the majority of respondents have graduated bachelor's degree at 66.5%. For marital status, the majority of respondents are single at 74.2%. For the median age of respondents are 30 years old with IQR 12, the minimum age are 20 years old and the maximum are 59 years old. The organization of the majority of respondents are from AOT at 43.5%, followed by Immigration Police at 25.2%, Health Control and Quarantine Office at 14.7%, Thai Customs Department at 11.9%, and others at 4.7%, respectively.

For the mental health result are mostly of participants have normal mental health at 67.9% while abnormal mental health at 32.1%.

For the stress level result as follow; the majority of respondents are moderate stress level (SPST score: 24-41) at 51.5%, followed by high stress level (SPST score: 42-61) at 28.5%, severe stress level (SPST score: ≥ 62) at 11.1%, and low stress level (SPST score: 0-23) at 8.9%, respectively.

Stress	Both significant factors	Mental Health
<ul style="list-style-type: none"> • Age^b • Education^a • Marital status^a • Workload^a • Contact Distance^a • Contact Duration^a • Hand washing after screening process^a • Type of hand sanitizer^a • Shower when arrive home^a <p><small>Noted: a means p value < 0.05, b means p value < 0.01</small></p>	<ul style="list-style-type: none"> • Continuous working hours (p 0.013 for mental health, $p < 0.01$ for stress) • Physical Health Awareness ($p < 0.001$ for both mental health and stress) • Contacted with infected passengers ($p < 0.001$ for mental health, p 0.014 for stress) 	<ul style="list-style-type: none"> • Alcohol drinking^a • Supportive system^a • Quarantine^b

Figure 5 Significant Factor Associated to Mental Health and Stress

Refer to Figure 5, for associated factors, there are the association between socio demographic, job characteristics and personal preventive measure factors to the mental health among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic. The socio-demographic factor, the alcohol drinking influences mental health. Job description factor, the source of organization of frontline airport workers, the changing workloads, the continuous working, and the supporting system influence mental health. And personal preventive measure factor, the physical health of frontline airport workers, the contacting with infected passengers, the quarantine, and the testing for COVID-19 influence mental health.

The association between socio demographic, job characteristics and personal preventive measure factors to the stress among frontline airport workers at Suvarnabhumi airport during COVID-19 pandemic. The socio-demographic factor; age, education, and marital status of frontline airport

workers influence stress. Job description factor; the changing workloads, the contact distance, the contact duration and continuous working hours influence stress. And personal preventive measure factor, the washing hand after the screening process, type of hand sanitizer, shower when arrive home, the physical health awareness of frontline airport workers, and the contacting with infected passengers influence stress.

Therefore, the both significant associated factors between mental health and stress are continuous working hours, physical health awareness, history of contacted with infected passengers

Based on the results of research and discussion that has been stated previously, the conclusions of this research are as follows:

6.1 Recommendation

The recommendation to each level of stakeholder as following;

1. Personal level: employees must be made aware of whether they are working for long hours and recognize the potential effects on their physical and mental health wellbeing such as having chronic fatigue syndrome, they should regulate their daily routine to do exercise, meditation, Relaxation to music or counseling, to recognize and release stress.
2. Organization level: the companies and employers must recognize that their workers regularly work long hours, recognize the effects on occupational health and endeavor to improve the situation.

For the special group those are eligible with each factor that associated with mental health such as who has history of alcohol drinking, who has

long continuous working hour, who feeling worsening physical health, who has history of contacted infected passengers or history of quarantine.

While the people who eligible to factors associated to stress such as heavy workload, closely contact to passengers, long continuous working hours, who anxiety about physical hygiene too much, who feeling worsening physical health or who has history of contacted with infected passengers.

And especially who has common associated factors between mental health and stress such as long continuous working hours, who feeling worsening physical health or who has history of contacted with infected passengers.

Those workers should be evaluated mental health and stress by psychologist or closed monitoring about their mental health by senior or supervisors. The organization should establish the full support system to make sure that their worker have enough protective equipment when they work and make the access to counseling or consultant. Managing proper working hours, and workload with proper resting leave in case of high stress or refer to healthcare if severe abnormal mental health.

3. National level: the governments should clearly recognize the importance of maintaining the health of workers because the productivity of the workforce is what sustains the development and enhancement of society and the economy. Governments should work to establish standard working hours as a useful step towards safeguarding the health and well-being of workers. If no maximum working hours or standard working hours have been established, the health of workers is threatened by the negative

health effects of long working hours. Governments should regularly review working hours and monitor the compliance of companies and employers.

6.2 Recommendation for further research

By adopting the widely used Thai General Health Questionnaire (Thai GHQ): the Thai GHQ is the mental health problem screening tool that developed from Goldberg's general health questionnaire (Goldberg, 1972). The Goldberg's GHQ is one of the most widely accepted screening types of mental health problems, and it was translated into more than 36 languages. The developed Thai GHQ is able to screen for mental health problems well by telling if the person has a mental health problem or not, but unable to tell the diagnosis of any type of psychiatric disorder. This Thai GHQ has 4 formats those are Thai GHQ 12, 28, 30 and 60. The Thai GHQ 60 is the complete version and includes unhappiness, anxiety, social impairment, and hypochondriasis questions. Our study provides an accessible benchmark for future studies on mental health problems in other sectors i.e. health care, university, etc. thereby strengthening the evidence base for accurate research policy management.

In this study all respondents were from airport workers age 20-60 years old who working in Suvarnabhumi Airports, Thailand and involve the screening process for the COVID-19 disease control, which limiting the generalization of these findings to less affected regions.

Future research is suggested to use respondents which from different backgrounds in terms of psychological and socio-culture factors may take into account that might have provided further insights into latent groups.

The further research strategy should be narrowed-based, and was devised to include all research that reported on the index questions, i.e., mental health of people with pre-existing mental illness and psychiatric hospitalization rates during a pandemic.

Moreover, the exploratory research should conduct both qualitative and quantitative approach to deep more insights with respondents, a semi-structured interview approach was adapted for participants to discuss and show their thoughts freely as well as their feelings, opinion, and behavior.

6.3 Limitations

The first limitation of this study should be noted, diagnosis of negative emotional state such as depression, anxiety, and stress were established based on self-administrated questionnaires. The use of self-report data may induce a possibility of biases and inaccuracies. The data collectors were trained and orientated before they collected data. They explained and answer the question in case of the respondent cannot understand the questionnaires.

The second limitation of this study was unable to distinguish the association of symptoms with being a clinician in this region vs simply living in this region (because there was no comparator group) and was also unable to distinguish preexisting mental health symptoms vs new symptoms. Therefore, in this study we study only the prevalence of mental health and stress of airport workers.

The third limitation of this study was carried out for the mental health questions about your experience in the past during 1 month to the present

which lacks longitudinal follow-up. Because of the increasingly arduous situation, the mental health symptoms of health care workers could become more severe. Thus, long-term psychological implications of this population are worth further investigation.



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Appendix I

Ethic committee documents

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คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย
254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330
โทรศัพท์: 0-2218-3202, 0-2218-3049 E-mail: eccu@chula.ac.th

COA No. 150/2564

ใบรับรองโครงการวิจัย

โครงการวิจัยที่ 099.1/64 : ปัจจัยที่เกี่ยวข้องกับสุขภาพจิตและความเครียดในผู้ปฏิบัติงานด้านหน้าที่
สนามบินสุวรรณภูมิในช่วงเวลาการระบาดของโควิด-19 ในประเทศไทย :
การศึกษาภาคตัดขวาง

ผู้วิจัยหลัก : นางศุภยา ติเรกวุฒิกุล

หน่วยงาน : วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย
ได้พิจารณา โดยใช้หลัก ของ Belmont Report 1979, Declaration of Helsinki 2013, Council for
International Organizations of Medical Sciences (CIOM) 2016, มาตรฐานคณะกรรมการจริยธรรมการวิจัย
ในคน (มคจค.) 2560, นโยบายแห่งชาติและแนวทางปฏิบัติการวิจัยในมนุษย์ 2558 อนุมัติให้ดำเนินการศึกษาวิจัย
เรื่องดังกล่าวได้

ลงนาม ประจักษ์ ทรัพย์ประเสริฐ
(รองศาสตราจารย์ นายแพทย์ปริดา ทักคนประดิษฐ์)
ประธาน

ลงนาม วิวัฒน์ สิวักตันโย
(ผู้ช่วยศาสตราจารย์ ดร.ระวีพันธ์ มิ่งกัณย์)
กรรมการและเลขานุการ

วันที่รับรอง : 29 มิถุนายน 2564 วันหมดอายุ : 28 มิถุนายน 2565

เอกสารที่คณะกรรมการรับรอง

- 1) โครงการวิจัย
- 2) ผู้วิจัย
- 3) เอกสารข้อมูลสำหรับผู้มีส่วนรวมในการวิจัย และหนังสือแสดงความยินยอมของผู้มีส่วนรวมในการวิจัย
- 4) แบบสอบถาม



เลขที่โครงการวิจัย 099.1/64
วันที่รับรอง 29 มิ.ย. 2564
วันหมดอายุ 28 มิ.ย. 2565

เงื่อนไข

1. ข้าพเจ้ารับทราบว่าเป็นการผิดจริยธรรม หากดำเนินการกับข้อมูลการวิจัยก่อนได้รับการอนุมัติจากคณะกรรมการพิจารณาจริยธรรมการวิจัย
2. หากใบรับรองโครงการวิจัยหมดอายุ การดำเนินการวิจัยต้องยุติ เมื่อต้องการต่ออายุต้องขออนุมัติใหม่ล่วงหน้าไม่ต่ำกว่า 1 เดือน พร้อมส่งรายงานความก้าวหน้าการวิจัย
3. ต้องดำเนินการวิจัยตามที่ระบุไว้ในโครงการวิจัยอย่างเคร่งครัด
4. ให้เอกสารข้อมูลสำหรับผู้มีส่วนรวมในการวิจัย ใบยินยอมของกลุ่มประชากรหรือผู้มีส่วนรวมในการวิจัย และเอกสารเชิญเข้าร่วมวิจัย (ถ้ามี) เฉพาะที่ประทับตราคณะกรรมการเท่านั้น
5. หากเกิดเหตุการณ์ไม่พึงประสงค์ร้ายแรงในสถานที่เก็บข้อมูลที่ขออนุมัติจากคณะกรรมการ ต้องรายงานคณะกรรมการภายใน 5 วันทำการ
6. หากมีการเปลี่ยนแปลงการดำเนินการวิจัย ให้ส่งคณะกรรมการพิจารณาจริยธรรมการวิจัยก่อนดำเนินการ
7. หากยุติโครงการวิจัยก่อนกำหนดต้องแจ้งคณะกรรมการ ภายใน 2 สัปดาห์พร้อมคำชี้แจง
8. โครงการวิจัยไม่เกิน 1 ปี ส่งแบบรายงานสิ้นสุดโครงการวิจัย (AF 01-15) และบทคัดย่อผลการวิจัยภายใน 30 วัน เมื่อโครงการวิจัยเสร็จสิ้น สำหรับโครงการวิจัยที่เป็นวิทยานิพนธ์ให้ส่งบทคัดย่อผลการวิจัย ภายใน 30 วัน เมื่อโครงการวิจัยเสร็จสิ้น
9. โครงการวิจัยที่มีหลายระยะ จะรับรองโครงการเป็นระยะ เมื่อดำเนินการวิจัยในระยะแรกเสร็จสิ้นแล้ว ให้ดำเนินการส่งรายงานความก้าวหน้า พร้อมโครงการวิจัยและเอกสารที่เกี่ยวข้องในระยะถัดไป
10. คณะกรรมการฯ ส่งวนสิทธิ์ในการตรวจเยี่ยมเพื่อติดตามการดำเนินการวิจัย
11. สำหรับโครงการวิจัยจากภายนอก ผู้บริหารส่วนงาน กำกับดูแลการดำเนินการวิจัย

เอกสารข้อมูลสำหรับผู้มีส่วนร่วมในการวิจัยและหนังสือแสดงความยินยอมเข้าร่วมการวิจัย

โครงการวิจัยเรื่อง **ปัจจัยที่เกี่ยวข้องกับสุขภาพจิตและความเครียดในผู้ปฏิบัติงานด้านหน้าที่สนามบินสุวรรณภูมิในช่วงเวลาการระบาดของโควิด-19 ในประเทศไทย: การศึกษาภาคตัดขวาง**

ชื่อผู้วิจัย : นาง ตุลยา ดิเรกวุฒิกุล

ตำแหน่ง : นิสิตสาธาณสุขศาสตรมหาบัณฑิต วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

สถานที่ติดต่อผู้วิจัย : ตำนควบคุมโรคติดต่อระหว่างประเทศ ท่าอากาศยานสุวรรณภูมิ

โทรศัพท์มือถือ 08-1474-2558 E-mail : mtoonlaya@gmail.com

ขอเรียนเชิญท่านเข้าร่วมการวิจัย ก่อนตัดสินใจเข้าร่วมในการวิจัย โปรดทำความเข้าใจว่างานวิจัยนี้เกี่ยวข้องกับอะไรและทำไมเพราะเหตุใด กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้อย่างรอบคอบ หากมีข้อความใดที่อ่านแล้วไม่เข้าใจหรือไม่ชัดเจน โปรดสอบถามเพิ่มเติมกับผู้วิจัยได้ตลอดเวลา ผู้วิจัยจะอธิบายจนกว่าจะเข้าใจอย่างชัดเจน

เนื้อหาข้อมูล

1. งานวิจัยนี้ศึกษาปัจจัยที่เกี่ยวข้องกับสุขภาพจิตและความเครียดในผู้ปฏิบัติงานด้านหน้าที่สนามบินสุวรรณภูมิ โดยผู้โดยสารที่เดินทางจากต่างประเทศ ในช่วงเวลาที่มีการระบาดของโรคโควิด-19 ทั้งในด้านปัจจัยส่วนบุคคล เช่น เพศ อายุ ลักษณะงานที่ทำ การเปลี่ยนแปลงของภาระงาน ช่วงเวลาพักผ่อน เป็นต้น รวมถึงปัจจัยด้านวิธีการในการดูแลสุขอนามัยส่วนบุคคล ตามหลักการป้องกันโรค เพื่อหาความสัมพันธ์กับสุขภาพจิต และความเครียดในผู้ปฏิบัติงานด้านหน้าที่สนามบินสุวรรณภูมิ
2. การให้ข้อมูลและขอความยินยอมทำโดยแจ้งเป็นเอกสารลายลักษณ์อักษร เพื่อให้ผู้มีส่วนร่วมในการวิจัยได้อ่าน ก่อนตัดสินใจเข้าร่วมงานวิจัยนี้ โดยจะแจ้งถึงวัตถุประสงค์ของงานวิจัย ประโยชน์ของงานวิจัย *ความไม่สะดวกหรือความเสี่ยงที่อาจเกิดขึ้นกับผู้เข้าร่วมในการวิจัย*
3. รายละเอียดและคุณสมบัติของผู้มีส่วนร่วมในการวิจัย
 - เป็นเจ้าหน้าที่ผู้ปฏิบัติงานในกระบวนการคัดกรองผู้โดยสารจากต่างประเทศ ท่าอากาศยานสุวรรณภูมิ ได้แก่ เจ้าหน้าที่สนามบินสุวรรณภูมิ เจ้าหน้าที่ควบคุมโรคติดต่อระหว่างประเทศ เจ้าหน้าที่ศุลกากร และตำรวจตรวจคนเข้าเมือง
 - โดยมีเกณฑ์การคัดเลือกผู้มีส่วนร่วมในการวิจัยดังนี้
 - อายุตั้งแต่ 20 - 60 ปี
 - เป็นผู้อ่าน เขียน และ สื่อสารภาษาไทยได้
 - ปฏิบัติงานที่ท่าอากาศยานสุวรรณภูมิมาแล้วอย่างน้อย 6 เดือน
 - มีสุขภาพร่างกายแข็งแรง หรือมีโรคประจำตัวที่ควบคุมได้ดี ไม่มีภาวะแทรกซ้อน

- ไม่มีโรคหรือภาวะที่ผิดปกติเกี่ยวกับสมอง เช่นเนื้องอกสมอง เส้นเลือดสมองตีบหรือแตก
 - ไม่ได้เป็นผู้ป่วยที่ได้รับการรักษาทางสุขภาพจิตอยู่ ทั้งแบบใช้ยาและไม่ได้ใช้ยา เช่นการทำจิตบำบัด
 - ไม่ได้ตั้งครรถ์อยู่หรือ คลอดบุตรภายใน 6 เดือนที่ผ่านมา
 - ไม่มีประวัติเพิ่งเข้ารับการรักษาในโรงพยาบาลภายใน 1 เดือนที่ผ่านมา
- วิธีการได้มาและการเข้าถึงผู้มีส่วนร่วมในการวิจัย
 - ผู้วิจัยหลักติดต่อผ่านผู้บังคับบัญชาของแต่ละหน่วยงานเพื่อขออนุญาตทำการอธิบายข้อมูลและแบบสอบถามให้แก่ผู้มีส่วนร่วมในงานวิจัย เพื่อขอความร่วมมือและทำการศึกษานี้

4. การคัดกรองผู้มีส่วนร่วมในงานวิจัย ตามเกณฑ์การคัดเข้า-คัดออก

การคัดกรองผู้มีส่วนร่วมในงานวิจัยตามเกณฑ์การคัดเข้า-คัดออก จะใช้ข้อคำถาม 2 ข้อ อยู่ที่หน้าแรกของแบบสอบถาม หากท่านผู้มีส่วนร่วมในงานวิจัย มีคุณสมบัติที่ตรงกับเกณฑ์การคัดออกจะมีคำแนะนำระบุไว้อย่างชัดเจนว่าให้ท่านยุติการทำแบบสอบถาม และขอขอบพระคุณท่านที่สละเวลาส่วนตัวในการเข้าร่วมงานวิจัยครั้งนี้

5. ในการเข้าร่วมงานวิจัย ผู้มีส่วนร่วมในการวิจัยจะเข้าร่วมงานวิจัยโดยการตอบแบบสอบถามแบบตอบด้วยตนเอง ใช้เวลาประมาณ 10-15 นาที โดยจะมีหัวข้อแบบสอบถามดังนี้

- (1) ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรองผู้โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ มีข้อคำถามทั้งหมด 35 ข้อ
- (2) ตอนที่ 2 แบบประเมินสุขภาพจิต มีข้อคำถามทั้งหมด 60 ข้อ
- (3) ตอนที่ 3 แบบประเมินความเครียด มีข้อคำถามทั้งหมด 20 ข้อ

6. ความเสี่ยง/อันตราย และความไม่สะดวกต่าง ๆ ที่อาจเกิดขึ้นจากการเข้าร่วมการวิจัย

ผู้มีส่วนร่วมในการวิจัยอาจได้รับความไม่สะดวก จากการที่ท่านจะต้องสละเวลาส่วนตัวในการตอบแบบสอบถามเป็นเวลาประมาณ 10-15 นาที หากท่านไม่สะดวกทำแบบสอบถามหรือมีเวลาไม่เพียงพอ ท่านสามารถยุติการเข้าร่วมงานวิจัยได้ทุกขณะ

ระหว่างการตอบแบบสอบถามหรือเสร็จสิ้นการตอบแบบสอบถามแล้ว ถ้ารู้สึกไม่สบายใจ ผู้มีส่วนร่วมในการวิจัยสามารถแจ้งผู้วิจัยและขอยุติการเข้าร่วมงานวิจัยได้ ถ้าผู้มีส่วนร่วมในการวิจัยประเมินตนเองแล้ว พบว่าระดับสุขภาพจิต และความเครียดสูงกว่าระดับปกติ ผู้วิจัยจะให้คำแนะนำเกี่ยวกับการจัดการความเครียดเบื้องต้น หากผู้มีส่วนร่วมในการวิจัยต้องการการดูแลรักษาจากแพทย์หรือนักจิตบำบัด ผู้วิจัยจะแนะนำให้ผู้มีส่วนร่วมในการวิจัยเข้ารับการรักษาที่โรงพยาบาลตามสิทธิ์ของผู้มีส่วนร่วมในการวิจัยต่อไป

7. ประโยชน์ในการเข้าร่วมการวิจัย

ประโยชน์จากการศึกษาครั้งนี้จะทำให้ทราบถึงระดับสุขภาพจิต และระดับความเครียดของ ผู้ปฏิบัติงานในการคัดกรองผู้โดยสารในภาวะที่มีการระบาดของโรคโควิด-19 รวมทั้งทราบปัจจัยที่ สัมพันธ์กับระดับสุขภาพจิตและความเครียด

ในส่วนประโยชน์ที่ผู้มีส่วนร่วมในการวิจัยจะได้รับ คือ ได้ทราบระดับคะแนนการประเมิน สุขภาพจิต และความเครียด โดยให้ผู้มีส่วนร่วมในการวิจัย ประเมินตนเองได้

นอกจากนี้ ผู้วิจัยนำผลการศึกษาไปนำเสนอต่อหน่วยงานที่เกี่ยวข้อง หรือต่อผู้มีส่วนได้ส่วน เสียจากงานคัดกรองผู้โดยสาร เพื่อให้เกิดการตัดสินใจในการปรับเปลี่ยน หรือปรับปรุง ระบบ สนับสนุนผู้ปฏิบัติงานให้ดียิ่งขึ้น

8. วิธีการพิทักษ์สิทธิผู้เข้าร่วมงานวิจัย การรักษาความลับ (privacy & confidentiality)

ข้อมูลที่เกี่ยวข้องกับผู้มีส่วนร่วมในการวิจัยจะเก็บเป็นความลับโดยผู้วิจัยหลักจะแยกเอกสาร แสดงความยินยอมเข้าร่วมการวิจัยที่สามารถระบุตัวตนของผู้มีส่วนร่วมในการวิจัยได้ ออกจาก แบบสอบถามก่อนที่จะทำการบันทึกข้อมูล หากมีการเสนอผลการวิจัยจะเสนอเป็นภาพรวม ข้อมูลใด ที่สามารถระบุถึงตัวผู้มีส่วนร่วมในการวิจัยได้จะไม่ปรากฏในรายงาน

9. เมื่อเสร็จสิ้นการวิจัยแล้ว ข้อมูลที่เกี่ยวข้องกับผู้เข้าร่วมวิจัยทั้งหมด รวมถึงแบบสอบถามจะถูก ทำลาย

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10. ในการเข้าร่วมวิจัยครั้งนี้ ผู้วิจัยไม่มีสิ่งใดจะมอบให้นอกจากคำขอบคุณที่ท่านสละเวลามาร่วม งานวิจัย

11. การเข้าร่วมการวิจัยเป็นโดยสมัครใจ ท่านสามารถปฏิเสธที่จะเข้าร่วมหรือถอนตัวจากการวิจัยได้ ทุกขณะ โดยไม่ต้องให้เหตุผล ไม่สูญเสียประโยชน์ที่พึงได้รับ และไม่มีผลกระทบใด ๆ ต่อผู้เข้าร่วม วิจัย

12. หากมีข้อสงสัย โปรดสอบถามเพิ่มเติมจากผู้วิจัยได้ตลอดเวลา และหากผู้วิจัยมีข้อมูลเพิ่มเติมที่เป็น ประโยชน์หรือโทษเกี่ยวกับการวิจัย ผู้วิจัยจะแจ้งให้ท่านทราบอย่างรวดเร็ว

13. หากได้รับการปฏิบัติไม่ตรงตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์ 0-2218-3202, 0-2218-3049 E-mail: eccu@chula.ac.th

ข้าพเจ้าได้รับการอธิบายจากผู้วิจัย และเข้าใจข้อมูลดังกล่าวข้างต้นทุกประการแล้ว จึงลงนามเข้าร่วมการวิจัยนี้ด้วยความสมัครใจ และได้รับเอกสารไว้ 1 ชุดแล้ว

ลงชื่อ..... **ตุลยา ตีเรากุณีกุล** ลงชื่อ.....
 (ตุลยา ตีเรากุณีกุล) (.....)

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Appendix II

Questionaries

สังกัด..... ID.....

แบบสอบถามเพื่อการประเมินสุขภาพจิตและความเครียดในผู้ปฏิบัติงานคัดกรองผู้โดยสาร ในช่วง
เวลาการระบาดของโรคโควิด-19 สนามบินสุวรรณภูมิ

คำชี้แจง แบบสอบถามนี้มีวัตถุประสงค์เพื่อใช้เป็นเครื่องมือในการเก็บรวบรวมข้อมูลสำหรับการ
ประเมินสุขภาพจิตและความเครียดในผู้ปฏิบัติงานคัดกรองผู้โดยสาร ในช่วงเวลาการระบาดของโรค
โควิด-19 ณ สนามบินสุวรรณภูมิ แบ่งออกเป็น 3 ตอน คือ

- ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัด
กรองผู้โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ
- ตอนที่ 2 แบบประเมินสุขภาพจิต
- ตอนที่ 3 แบบประเมินความเครียด

คำถามคัดกรองเบื้องต้น

1. อายุของท่านอยู่ในช่วง 20-60 ปี หรือไม่
 - ใช่ (กรุณาตอบข้อถัดไป)
 - ไม่ใช่ (กรุณายุติการทำแบบสอบถาม ขอบพระคุณที่สละเวลาอันมีค่าของท่าน)

2. ท่านมีโรคประจำตัวหรือภาวะต่อไปนี้หรือไม่
 - ไม่มีโรคประจำตัว
 - โรคประจำตัวที่มีภาวะแทรกซ้อนและควบคุมได้ไม่คงที่ หรือมีโรคมาเรียมที่ยังคงดำเนินการรักษา
อยู่
 - มีโรคหรือภาวะที่ผิดปกติเกี่ยวกับสมอง เช่นเนื้องอกสมอง เส้นเลือดสมองตีบหรือแตก
 - ยังคงได้รับการรักษาทางสุขภาพจิตอยู่ ทั้งแบบใช้ยาและไม่ได้ใช้ยา เช่นการทำจิตบำบัด
 - ตั้งครรภ์อยู่หรือ คลอดบุตรภายใน 6 เดือนที่ผ่านมา

หากท่านมีภาวะในข้อใดข้อหนึ่งข้างต้น กรุณายุติการทำแบบสอบถาม ขอบพระคุณที่สละเวลาอันมีค่าของท่าน

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรองผู้โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ

คำชี้แจง โปรดทำเครื่องหมาย ✓ ในกล่องหน้าข้อความที่ตรงกับข้อมูลของผู้ตอบแบบสอบถาม

ข้อมูลทั่วไป

1. เพศ

- หญิง
- ชาย
- ไม่ต้องการระบุ

2. อายุ.....ปี

3. สังกัด (กรุณาตอบเพียง 1 ข้อที่ตรงกับลักษณะงานของท่านมากที่สุด)

- AOT: Airport Service กรมศุลกากร ด้านควบคุมโรคติดต่อ
- ตำรวจตรวจคนเข้าเมือง อื่นๆ โปรดระบุ.....

4.ระดับการศึกษา

- ต่ำกว่าปริญญาตรี
- ปริญญาตรี
- สูงกว่าปริญญาตรี

5.สถานภาพสมรส

- โสด สมรส แยกกันอยู่
- หย่าร้าง หม้าย

6.หลังจากเกิดการระบาดของโรค COVID-19 รายได้เฉลี่ยต่อเดือนของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
- เพิ่มขึ้น

7.จำนวนสมาชิกในครอบครัวที่อยู่อาศัยร่วมกันในปัจจุบัน.....คน

8. การบริโภคเครื่องดื่มแอลกอฮอล์ หรือสูบบุหรี่

8.1 ท่านบริโภคเครื่องดื่มแอลกอฮอล์หรือไม่

<input type="checkbox"/>	ไม่เคยดื่ม
<input type="checkbox"/>	เคยดื่ม แต่ปัจจุบันหยุดดื่มแล้ว
<input type="checkbox"/>	ปัจจุบันยังดื่มอยู่เรื่อยๆครั้ง (≤6 ครั้ง / ปี)
<input type="checkbox"/>	ปัจจุบันยังดื่มอยู่เป็นประจำทุกเดือน

8.2 ท่านสูบบุหรี่หรือไม่

<input type="checkbox"/>	ไม่เคยสูบ
<input type="checkbox"/>	เคยสูบ แต่ปัจจุบันหยุดสูบแล้ว
<input type="checkbox"/>	ปัจจุบันยังสูบบุหรี่อยู่เรื่อยๆครั้ง (≤6 ครั้ง / ปี)
<input type="checkbox"/>	ปัจจุบันยังสูบบุหรี่อยู่เป็นประจำทุกเดือน

ข้อมูลเกี่ยวกับลักษณะงาน ในการคัดกรองผู้โดยสาร

9. ในช่วงเวลาหลังจากการระบาดของโรคโควิด-19 ปริมาณงานของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- | | | | |
|--------------------------|-----------|--------------------------|----------------|
| <input type="checkbox"/> | ลดลง | <input type="checkbox"/> | ไม่เปลี่ยนแปลง |
| <input type="checkbox"/> | เพิ่มขึ้น | | |

10. จำนวนผู้โดยสารที่ท่านต้องสัมผัสเฉลี่ย.....คน ต่อวัน

11. ลักษณะงานของท่านต้องสัมผัสผู้โดยสารอย่างไรบ้าง

(นิยามคำว่าสัมผัส หมายถึง การพูดคุยกับผู้โดยสาร การวัดอุณหภูมิ การสัมผัสเอกสาร/สัมภาระ ของผู้โดยสาร)

ระยะห่าง	ระยะเวลา	การสัมผัสสัมภาระผู้โดยสาร
<input type="checkbox"/> น้อยกว่า 1 เมตร	<input type="checkbox"/> น้อยกว่า 5 นาที/คน	<input type="checkbox"/> ไม่สัมผัส
<input type="checkbox"/> มากกว่า 1 เมตร	<input type="checkbox"/> มากกว่า 5 นาที/คน	<input type="checkbox"/> สัมผัสเฉพาะเอกสาร
		<input type="checkbox"/> สัมผัสกระเป๋าสัมภาระ
		<input type="checkbox"/> สัมผัสเอกสารและกระเป๋าสัมภาระ

12. จากสถานการณ์การระบาดของโรคโควิด-19 การปฏิบัติงานล่วงเวลาของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
 เพิ่มขึ้น

13. เหตุผลที่ท่านต้องปฏิบัติงานล่วงเวลา

- แลกเปลี่ยนด้วยความสมัครใจ
 เจ้าหน้าที่ขาดแคลน จึงต้องปฏิบัติงานด้วยความจำเป็น
 เป็นคำสั่งจากหัวหน้างาน
 ต้องการรายได้เพิ่ม
 อื่นๆ.....

14. หลังจากมีการระบาดของโรค COVID-19 ท่านเคยปฏิบัติงานติดต่อกันมากที่สุดกี่ชั่วโมง.....ชั่วโมง

15. หลังจากเกิดสถานการณ์การระบาดของโรคโควิด-19 ช่วงเวลาพักผ่อนหลังจากเลิกงานของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
 เพิ่มขึ้น

16. หลังจากเกิดสถานการณ์การระบาดของโรคโควิด-19 การนอนหลับของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
 เพิ่มขึ้น

17. ท่านคิดว่าระบบสนับสนุนจากหน่วยงานของท่านเป็นอย่างไร (ตัวอย่างของระบบสนับสนุนเช่น อุปกรณ์ป้องกันส่วนบุคคล การสนับสนุนกำลังคนเพื่อให้ผู้ปฏิบัติงานมีระยะเวลาทำงานที่เหมาะสม ระบบการแก้ไขปัญหาและการจัดการดูแลผู้ปฏิบัติงานในกรณีที่เกิดภาวะไม่พึงประสงค์ เช่นมีการสัมผัสกับผู้ติดเชื้อ เป็นต้น)

- มีการสนับสนุนและให้ความช่วยเหลืออย่างเต็มที่ ทุกช่องทาง มีการสนับสนุนเมื่อร้องขอ
 ไม่มีการสนับสนุนเพิ่มเติม อื่นๆ.....

การใช้อุปกรณ์ป้องกันการติดเชื้อ

18.ในช่วงเวลาปฏิบัติงานคัดกรองท่านสวมอุปกรณ์ป้องกันอย่างไรบ้าง (ตอบได้มากกว่า 1 ตัวเลือก)

- ไม่ได้ใช้อุปกรณ์ป้องกันขณะปฏิบัติงาน
- หน้ากากอนามัย
- กระจกป้องกันใบหน้า (Face-Shield)
- ถุงมือ
- เสื้อกาวน์กันน้ำ
- อื่นๆ โปรดระบุ

19.หน้ากากอนามัยที่ท่านใช้ขณะปฏิบัติงานคัดกรอง (กรุณาตอบเพียง 1 ข้อที่ตรงกับอุปกรณ์ที่ท่านใช้ขณะปฏิบัติงานมากที่สุด) หน้ากาก

- N-95
- หน้ากากอนามัยทางการแพทย์ (Surgical Mask)
- หน้ากากผ้า
- อื่นๆ.....

20.ท่านเปลี่ยนหน้ากากอนามัยทุกครั้งเมื่อ (กรุณาตอบเพียง 1 ข้อที่ตรงกับการปฏิบัติจริงของท่านมากที่สุด)

- ตรวจผู้โดยสารครบ 1 สายการบิน
- ทุกๆ 2 – 3 ชั่วโมง
- ทุกๆ 6 – 8 ชั่วโมง
- ทุกๆ 12 ชั่วโมง
- หลังจากทำงานเสร็จสิ้น 1 วัน

21.ท่านเปลี่ยนถุงมือทุกครั้งเมื่อ (กรุณาตอบเพียง 1 ข้อที่ตรงกับการปฏิบัติจริงของท่านมากที่สุด)

- ตรวจผู้โดยสารครบ 1 สายการบิน
- ทุกๆ 2 – 3 ชั่วโมง
- ทุกๆ 6 – 8 ชั่วโมง
- ทุกๆ 12 ชั่วโมง
- หลังจากทำงานเสร็จสิ้น 1 วัน

22. ท่านล้างมือระหว่างปฏิบัติงานหรือไม่

ใช่

ไม่

23. หลังจากคัดกรองผู้โดยสารเสร็จสิ้น ท่านล้างมือทุกครั้งหรือไม่

ใช่

ไม่

24. ท่านล้างมือด้วยสิ่งใดเป็นประจำ (กรุณาตอบข้อที่ตรงกับที่ท่านปฏิบัติมากที่สุดเพียง 1 ข้อ)

น้ำเปล่า+สบู่

เจลแอลกอฮอล์

เมื่อท่านกลับถึงที่พักท่านปฏิบัติตนอย่างไรบ้าง

25. อาบน้ำ ทำความสะอาดร่างกายทันทีหรือไม่

ใช่

ไม่ใช่

26. สิ่งของและสัมภาระ ท่านเช็ดสิ่งของและสัมภาระหรือไม่ (กรุณาตอบข้อที่ตรงกับที่ท่านปฏิบัติมากที่สุดเพียง 1 ข้อ)

เช็ดด้วยแอลกอฮอล์

เช็ดด้วยผ้าชุบน้ำสบู

ไม่ได้เช็ดสัมภาระ

27. ท่านคิดว่าสุขภาพร่างกายของท่านในช่วง 1 ปีที่ผ่านมาเป็นอย่างไร

แย่ลง

เท่าเดิม

ดีขึ้น

ประวัติการสัมผัสผู้โดยสารติดเชื้อ หรือมีความเสี่ยงสูง

28. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยสัมผัสผู้โดยสารที่เคยได้รับการยืนยันการติดเชื้อหรือไม่

เคย

ไม่เคย

29.ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยต้องหยุดพักงานเพื่อกักตัว เนื่องจากท่านมีประวัติสัมผัสผู้โดยสารที่ติดเชื้อ หรือเป็นผู้สัมผัสที่มีความเสี่ยงสูงหรือไม่

- เคย
- ไม่เคย

30.ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยได้รับการตรวจหาเชื้อโควิด-19 เนื่องจากท่านมีประวัติสัมผัสผู้โดยสารที่ติดเชื้อ หรือเป็นผู้สัมผัสที่มีความเสี่ยงสูงหรือไม่

- เคย
- ไม่เคย

ตอนที่ 2 แบบประเมินสุขภาพจิต

แบบสอบถามสุขภาพทั่วไป

(Thai GHQ - 60)

คำชี้แจง แบบสอบถามนี้มีวัตถุประสงค์เพื่อต้องการทราบถึงสภาวะสุขภาพของท่านในระยะ 2-3 สัปดาห์ที่ ผ่านมาว่าเป็นอย่างไร กรุณาตอบคำถามต่อไปนี้ โดยขีดเครื่องหมายวงกลมหรือกากบาทรอบคำตอบ ที่ใกล้เคียงกับสภาพของท่านใน ปัจจุบันหรือในช่วงสองถึงสามสัปดาห์ที่ผ่านมามากที่สุด โดยไม่รวมถึงปัญหาที่ท่านเคยมีในอดีต และกรุณาตอบคำถามทุกข้อ โดยรูปแบบการคิดคะแนนแต่ละข้อจะเป็นแบบ 0 - 0 - 1 - 1

ในระยะสองถึงสามสัปดาห์ที่ผ่านมาท่าน

1) รู้สึกสบายและมีสุขภาพดี

- ดีกว่าปกติ เหมือนปกติ แย่กว่าปกติ แย่กว่าปกติมาก

2) รู้สึกต้องการยาบำรุงให้มีกำลังวังชา

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

3) รู้สึกทรุดโทรมและสุขภาพไม่ดี

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

4) รู้สึกไม่สบาย

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

5) เจ็บหรือปวดบริเวณศีรษะ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

6) รู้สึกตึงหรือคล้ายมีแรงกดที่ศีรษะ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

7) สามารถมีสมาธิจดจ่อกับสิ่งที่กำลังทำอยู่ได้

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

8) รู้สึกกลัวว่าตนเองจะเป็นลมหมดสติไปในที่สาธารณะ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

9) มีอาการรบกวนหรือหนาว

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

10) มีเหงื่อออกมาก

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

11) ตื่นเช้ากว่าปกติและหลับต่อไม่ได้

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

12) หลังจากตื่นนอนแล้ว รู้สึกนอนไม่เต็มอิ่ม

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

13) รู้สึกเพลียมาก และไม่มีแรงแม้แต่จะกินอาหาร

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

14) นอนไม่หลับเพราะกังวลใจ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

15) รู้สึกตื่นตัว และความคิดว่องไว

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

16) รู้สึกมีกำลังวังชา

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

17) เมื่อเข้านอนใช้เวลา นานกว่าจะหลับได้

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

18) ไม่สามารถหลับได้สนิทหลังจากหลับแล้ว

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

19) ฝันไม่ดีหรือน่ากลัว

ไม่เลย ไม่มากกว่าปกติ ก่อนข้างมากกว่าปกติ มากกว่าปกติมาก

20) มีอาการกระสับกระส่าย หลับไม่สนิท

ไม่เลย ไม่มากกว่าปกติ ก่อนข้างมากกว่าปกติ มากกว่าปกติมาก

21) หาอะไรทำและทำให้ตัวเองไม่มีเวลาว่างได้

มากกว่าปกติ เหมือนปกติ ก่อนข้างน้อยกว่าปกติ น้อยกว่าปกติมาก

22) ทำอะไรช้ากว่าปกติ

เร็วกว่าปกติ เหมือนปกติ ช้ากว่าปกติ ช้ากว่าปกติมาก

23) รู้สึกขาดความสนใจในกิจกรรมที่เคยทำตามปกติ

ไม่เลย ไม่มากกว่าปกติ ก่อนข้างมากกว่าปกติ มากกว่าปกติมาก

24) ปล่อยปละละเลย ไม่สนใจรูปร่างหน้าตาของตนเอง

ไม่เลย ไม่มากกว่าปกติ ก่อนข้างมากกว่าปกติ มากกว่าปกติมาก

25) พิถีพิถันกับการแต่งเนื้อแต่งตัวน้อยลง

พิถีพิถันมากกว่าปกติ เท่า ๆ ปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

26) ออกไปนอกบ้านบ่อยเท่าที่เคย

มากกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

27) จัดการกับสิ่งต่าง ๆ ได้ดีพอ ๆ กับคนส่วนใหญ่ ที่อยู่ในสภาพเดียวกับท่าน

ดีกว่ามาก ดีพอ ๆ กัน ก่อนข้างน้อยกว่า น้อยกว่ามาก

28) รู้สึกว่าโดยทั่วไปแล้วทำอะไร ๆ ได้ดี

ดีกว่าปกติ เหมือนปกติ ดีน้อยกว่า ดีน้อยกว่าปกติมาก

29) ไปทำงานหรือทำงานบ้านสาย

ไม่สายเลย ไม่สายกว่าปกติ ก่อนข้างสายกว่าปกติ สายกว่าปกติมาก

30) พอใจกับการที่ทำงานลุล่วงไป

มากกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

31) สามารถมีความรู้สึกรักและอบอุ่นต่อคนใกล้ชิดได้

ดีกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

32) รู้สึกว่าสามารถเข้ากับคนอื่นได้ง่าย

ดีกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

- 33) ใช้เวลาคุยเล่นกับคนอื่นมาก
- ใช้เวลามากกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก
- 34) รู้สึกกลัวที่จะพูดอะไรออกไปต่อหน้าคนอื่น เพราะเกรงจะทำให้ตัวเองดูโง่
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 35) รู้สึกว่าได้ทำตัวให้เป็นประโยชน์ในเรื่องต่าง ๆ
- มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก
- 36) รู้สึกว่าสามารถตัดสินใจในเรื่องต่าง ๆ ได้
- มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก
- 37) รู้สึกว่าตัวเองไม่สามารถที่จะเริ่มทำอะไรได้เลย
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 38) จะทำอะไรก็รู้สึกหวาดกลัวไปหมด
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 39) รู้สึกดีใจที่ได้อยู่ตลอดเวลา
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 40) รู้สึกว่าไม่สามารถที่จะเอาชนะความลำบากต่าง ๆ ได้
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 41) รู้สึกว่าชีวิตต้องดิ้นรนอยู่ตลอดเวลา
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 42) สามารถมีความสุขกับกิจกรรมในชีวิตประจำวันตามปกติได้
- มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก
- 43) มองอะไรก็เครียดไปหมด
- มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก
- 44) รู้สึกหงุดหงิด อารมณ์ไม่ดี
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 45) รู้สึกกลัวหรือตกใจโดยไม่มีเหตุผลสมควร
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 46) สามารถที่จะเผชิญหน้ากับปัญหาต่าง ๆ ของตัวเองได้
- ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

- 47) รู้สึกเรื่องต่าง ๆ ทั้บถมจนรับไม่ไหว
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 48) มีความรู้สึกว่คนรอบข้างจับตามองคุณอยู่
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 49) รู้สึกไม่มีความสุขและเศร้าหมอง
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 50) รู้สึกเสียความมั่นใจในตัวเองไป
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 51) คิดว่ตัวเองเป็นคนไร้ค่า
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 52) รู้สึกว่ชีวิตนี้หมดหวังโดยสิ้นเชิง
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 53) รู้สึกมีความหวังในอนาคตของตัวเอง
- มากกว่าปกติ เท่าปกติ น้อยกว่าปกติ มีความหวังน้อยมาก
- 54) รู้สึกมีความสุขดี ตามสมควร เมื่อดูโดยรวม ๆ
- มากกว่าปกติ เท่า ๆ ปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก
- 55) รู้สึกกังวล กระทบกระวายเป็น และเครียดอยู่ตลอดเวลา
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 56) รู้สึกไม่คุ้มค่าที่จะมีชีวิตอยู่ต่อไป
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 57) คิดว่มีความเป็นไปได้ที่จะอยากจบชีวิตตัวเอง
- ไม่อย่างแน่นอน ไม่คิดว่เป็นอย่างนั้น มีอยู่บ้างเหมือนกัน มีแน่ ๆ
- 58) รู้สึกว่บางครั้งทำอะไรไม่ได้เลย เพราะประสาทตึงเครียดมาก
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 59) พบว่ตนเองรู้สึกอยากตายไปให้พ้น ๆ
- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก
- 60) พบว่มีความรู้สึกที่อยากจะทำลายชีวิตตัวเองเข้ามาอยู่ในความคิดเสมอ ๆ
- ไม่อย่างแน่นอน ไม่คิดว่เป็นอย่างนั้น มีอยู่บ้างเหมือนกัน มีแน่ ๆ

ตอนที่ 3 แบบประเมินความเครียด

แบบวัดความเครียด กรมสุขภาพจิต

(SPST - 20)

คำชี้แจง : ในระยะ 6 เดือนที่ผ่านมา มีเหตุการณ์ในข้อใด เกิดขึ้นกับตัวคุณบ้าง และคุณมีความรู้สึกอย่างไรต่อ

เหตุการณ์นั้น ให้ใส่เครื่องหมาย ✓ ลงในช่องระดับความเครียด ถ้าข้อไหนไม่ได้เกิดขึ้นให้ข้ามไปไม่ต้องตอบ

- ระดับความเครียด 1 หมายถึง ไม่รู้สึกเครียด
 ระดับความเครียด 2 หมายถึง รู้สึกเครียดเล็กน้อย
 ระดับความเครียด 3 หมายถึง รู้สึกเครียดปานกลาง
 ระดับความเครียด 4 หมายถึง รู้สึกเครียดมาก
 ระดับความเครียด 5 หมายถึง รู้สึกเครียดมากที่สุด

ข้อที่	คำถามในระยะ 6 เดือน ที่ผ่านมา	ระดับของความเครียด				
		1	2	3	4	5
1	กลัวทำงานผิดพลาด					
2	ไปไม่ถึงเป้าหมายที่วางไว้					
3	ครอบครัวมีความขัดแย้งกันในเรื่องเงินหรือเรื่องงานในบ้าน					
4	เป็นกังวลกับเรื่องสารพิษหรือมลภาวะในอากาศ น้ำ เสียง และดิน					
5	รู้สึกว่าต้องแข่งขันหรือเปรียบเทียบ					
6	เงินไม่พอใช้จ่าย					
7	กล้ามเนื้อตึงหรือปวด					
8	ปวดหัวจากความตึงเครียด					
9	ปวดหลัง					
10	ความอยากอาหารเปลี่ยนแปลง					
11	ปวดศีรษะข้างเดียว					
12	รู้สึกวิตกกังวล					
13	รู้สึกคับข้องใจ					
14	รู้สึกโกรธ หรือหงุดหงิด					
15	รู้สึกเศร้า					

16	ความจำไม่ดี					
17	รู้สึกสับสน					
18	ตั้งสมาธิลำบาก					
19	รู้สึกเหนื่อยง่าย					
20	เป็นหวัดบ่อย ๆ					
คะแนนรวม						



English version

Part 1 General information about respondent, the job description of respondent and personal protective behavior during work and at home

Instruction: Please check in the box in front of the text or fill the blank with the most closely to your information

General Information

1. Gender

- Female
- Male
- Unspecified

2. Age.....Years

3. Your Organization

- AOT
- Health Control and Quarantine Office
- Immigration Police
- Thai Customs Department
- Other.....

4. Graduation

- Undergraduate
- Bachelor Degree
- Higher than bachelor degree

5. Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed



6. Monthly Income

- Increase
- Not change
- Decrease

7. Number of Household Member Persons

8.1 Smoking

- Never
- Used to smoke
- Sometimes
- Usually

8.2 Alcohol drinking

- Never
- Used to Alcohol drinking
- Sometimes
- Usually



Job Description

9. How your workload changes after COVID-19 pandemic?

- Increase
- Not change
- Decrease



10. Number of passengers those you have to contact aroundpassengers/day

11. What is the contact characteristic to passengers in your working process?

- | Distance | Timing | Contact passengers' stuff |
|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> < 1 meter | <input type="checkbox"/> < 5 minutes/ passenger | <input type="checkbox"/> Not contact |
| <input type="checkbox"/> > 1 meter | <input type="checkbox"/> > 5 minutes/ passenger | <input type="checkbox"/> Documents |
| | | <input type="checkbox"/> Baggage |
| | | <input type="checkbox"/> Contact both |

12. How about your overtime working hours changing after COVID-19?

- Increase
 Not change
 Decrease

13. Which reason make you have to do the overtime?

- Voluntary change with your colleagues
 Not enough staffs
 Order from supervisor
 Need more income from OT
 Others.....

14. How many the longest hours those you working continuously?.....Hours

15. How about your resting time change?

- Increase
 Not change
 Decrease

16. After the COVID-19 pandemic, how did your sleep hours change?

- Increase
 Not change
 Decrease

17. Which answer is the most closely describe your organization supervision and supporting system?

- Support to all level and all track
 Support when request
 None
 Other.....

Personal Protective Measures

18. Which item(s) you wearing during work with the passenger screening?

- Mask
- Face-Shield
- Gloves
- Plastic Gown
- None
- Other.....

19. Which is the mask type that you wear in the screening process?

- N-95 mask
- Surgical Mask
- Fabric Mask
- Other.....

20. When did you change your mask?

- Every flight
- Every 2-3 hours
- Every 6-8 hours
- Every 12 hours
- After a day

21. When did you change your gloves?

- Every flight
- Every 2-3 hours
- Every 6-8 hours
- Every 12 hours
- After a day

22. Did you wash your hand during the screening process?

- Yes
- No

23. Do you always wash your hand after the screening process?

- Yes
 No

24. Which is the hand sanitizer that you use after the screening process?

- Alcohol Gel
 Water
 Water + Soap

25. Do you take a bath as soon as you arrived home?

- Yes
 No

26. Do you wipe your belongings?

- Wipe with alcohol
 Wipe with soapy cloth
 Do not wipe the belongings

27. How about your health within 1 year?

- Worsening
 Normal
 Better

28. Did you contact any confirmed case from passengers?

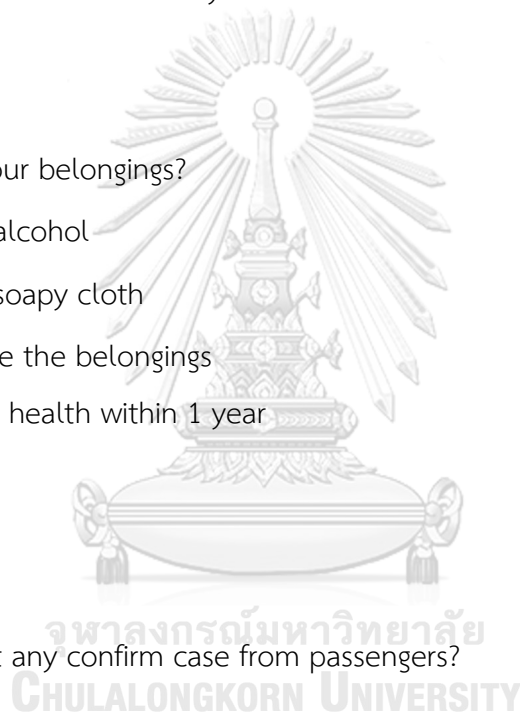
- Yes
 No

29. Did you have to quarantine due to you are high risk contact group?

- Yes
 No

30. Have you ever been tested for covid-19 due to contact confirmed case or you are high risk contact group?

- Yes
 No



Part 2 Mental Health Questionnaire
General Health Quality Questionnaire
(GHQ – 60)

Instruction We would like to know if you had any medical complaints, and how your health has been in general, over the past few weeks.

Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you.

Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation

- 1) Have you recently been feeling perfectly well and in good health?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 2) Have you recently been feeling in need of a good tonic?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 3) Have you recently been feeling run down and out of sorts?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 4) Have you recently felt that you are ill?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 5) Have you recently been getting any pains in your head?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 6) Have you recently been getting a feeling of tightness or pressure in your head?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 7) Have you recently been able to concentrate on whatever you're doing?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 8) Have you recently been afraid of fainting in public place?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 9) Have you recently been having hot or cold spells?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

- 10) Have you recently had too much sweating?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 11) Have you recently been getting up early than usual and cannot continue sleeping?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 12) Have you recently felt sleep unwell after you wake up?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 13) Have you recently felt very tired and do not have any energy even to eating?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 14) Have you recently lost much sleep over worry?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 15) Have you recently felt active and quick thinking?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 16) Have you recently felt energetic?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 17) Have you recently taken a long time to fall asleep after go to bed?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 18) Have you recently had difficulty in staying asleep once you are off?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 19) Have you recently got nightmare or scary dream?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 20) Have you recently been having restless, disturbed nights?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 21) Have you recently been managing to keep yourself busy and occupied?
a. More so than usual b. Same as usual c. Rather more than usual d. Much less than usual
- 22) Have you recently been taking longer over the things that you do?
a. Quicker than usual b. Same as usual c. Longer than usual d. Much longer than usual
- 23) Have you recently lost of usual interest?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

- 24) Have you recently been neglected your own face and body?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 25) Have you recently been less meticulous about your appearance
a. Much more than usual b. Same as usual c. Rather more than usual d. Much less than usual
- 26) Have you recently been getting out of the house as much as usual?
a. More so than usual b. Same as usual c. Rather more than usual d. Much less than usual
- 27) Have you recently been managing as well as most people would in your shoes?
a. More so than usual b. About the same c. Less well than usual d. Much less than usual
- 28) Have you recently felt on the whole you were doing things well?
a. More so than usual b. About the same c. Less well than usual d. Much less than usual
- 29) Have you recently been late to work or housework?
a. Never been late b. Not late than usual c. Rather late than usual d. Much late than usual
- 30) Have you recently been satisfied with the way you've carried out your task?
a. More satisfied b. About the same c. Less satisfied than usual d. Much less satisfied than usual
- 31) Have you recently been able to feel warmth and affection from those near to you?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 32) Have you recently been finding it easy to get on with other people?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 33) Have you recently spent much time chatting with people
a. More so than usual b. About the same c. Less than usual d. Much less than usual
- 34) Have you recently been afraid of speaking something, because you don't want to be a foolish?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 35) Have you recently felt that you are playing a useful part in things?
a. More so than usual b. Same as usual c. Rather less than usual d. Much less than usual
- 36) Have you recently felt capable of making decisions about the things?
a. More so than usual b. Same as usual c. Rather less than usual d. Much less than usual

- 37) Have you recently felt that you cannot start to do anything?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 38) Have you recently felt dreaded to do everything?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 39) Have you recently felt constantly under strain
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 40) Have you recently felt you could not overcome your difficulties?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 41) Have you recently been finding life a struggle all the time?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 42) Have you recently been able to enjoy your normal day-to-day activities?
a. More so than usual b. Same as usual c. Rather less than usual d. Much less than usual
- 43) Have you recently been taking things hard?
a. More so than usual b. Same as usual c. Rather less than usual d. Much less than usual
- 44) Have you recently been getting edgy and bad-tempered?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 45) Have you recently been getting scared or panicky for no good reason
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 46) Have you recently been able to face up to your problems?
a. Better than usual b. Same as usual c. Worse than usual d. Much more than usual
- 47) Have you recently found getting everything on top of you?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 48) Have you recently felt that people keep their eyes on you?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 49) Have you recently been feeling unhappy and depressed?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual
- 50) Have you recently been losing confidence in yourself?
a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

51) Have you recently been thinking of yourself as worthless person?

a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

52) Have you recently felt that life is entirely hopeless?

a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

53) Have you recently been feeling hopeful about your own future?

a. More so than usual b. Same as usual c. Rather less than usual d. Much less than usual

54) Have you recently been feeling reasonably happy, all things considered?

a. More so than usual b. Same as usual c. Rather less than usual d. Much less than usual

55) Have you recently been feeling nervous and strung-up all the time?

a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

56) Have you recently been felt that life isn't worth living?

57) Have you recently been thought of the possibility that you might make away with yourself?

a. Definitely not b. I don't think so c. Has crossed my mind d. Definitely have

58) Have you recently been found at times you couldn't do anything because your nerves were too bad?

a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

59) Have you recently found yourself wishing you were dead and away from it all?

a. Not at all b. No more than usual c. Rather more than usual d. Much more than usual

60) Have you recently found that the idea of taking your own life kept coming into your mind?

a. Definitely not b. I don't think so c. Has crossed my mind d. Definitely has

Part 3 Stress Questionnaire

Suanprung Stress Test 20

(SPST - 20)

Instruction : In the past 6 months, is there any event in each item occurred to you? And how did you feel about that situation? Please check the most closely to you stress level. If any situation or event did not occur, you can skip that question without answer.

Stress Level	1	mean that	no stress at all
Stress Level	2	mean that	feel little stress
Stress Level	3	mean that	feel moderate stress
Stress Level	4	mean that	feel much stress
Stress Level	5	mean that	feel extremely stress

item	In the past 6 months	Stress Level				
		1	2	3	4	5
1	Afraid to make any mistake in your work					
2	Afraid that you cannot reach your goal					
3	There is conflict about financial or working problem in your family					
4	Anxiety about toxic chemical or pollution in the air, water, noise or soil.					
5	Feeling about competition or comparing					
6	Not enough money to pay					
7	Pain or stiffness on your muscle					
8	Headache from stress					

9	Back pain					
10	Your appetite changed					
11	One side headache					
12	Feel anxious					
13	Feel constraint					
14	Feel frustrated					
15	Feel depressed					
16	Worse memory					
17	Feel confused					
18	Difficult to concentrate					
19	Feel tired easily					
20	Get cold often					
Total						

Questionnaire Online Version



แบบสอบถามเพื่อการประเมินสุขภาพจิตและความเครียดในผู้ปฏิบัติงานคัดกรองผู้โดยสารในช่วงเวลาการระบาดของโรคโควิด-19 สนามบินสุวรรณภูมิ

แบบสอบถามนี้มีวัตถุประสงค์เพื่อใช้เป็นเครื่องมือในการเก็บรวบรวมข้อมูลสำหรับการประเมินสุขภาพจิตและความเครียดในผู้ปฏิบัติงานคัดกรองผู้โดยสาร ในช่วงเวลาการระบาดของโรคโควิด-19 ณ สนามบินสุวรรณภูมิ แบ่งออกเป็น 3 ตอน คือ

- ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรองผู้โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ
 ตอนที่ 2 แบบประเมินสุขภาพจิต
 ตอนที่ 3 แบบประเมินความเครียด



คำถามคัดกรองข้อที่ 1

อายุของท่านอยู่ในช่วง 20-60 ปี หรือไม่ *

- ใช่
- ไม่ใช่

กลับ

ถัดไป

ล้างแบบฟอร์ม

คำถามคัดกรองข้อที่ 2

ท่านมีโรคประจำตัวหรือภาวะต่อไปนี้หรือไม่ *

- ไม่มีโรคประจำตัว
- โรคประจำตัวที่มีภาวะแทรกซ้อนและความคุมได้ไม่คงที่ หรือมีโรคมาเรียมที่ยังคงดำเนินการรักษาอยู่
- มีโรคหรือภาวะที่ผิดปกติเกี่ยวกับสมอง เช่นเนื้องอกสมอง เส้นเลือดสมองตีบหรือแตก
- ยังคงได้รับการรักษาทางสุขภาพจิตอยู่ ทั้งแบบใช้ยาและไม่ใช้ยา เช่นการทำจิตบำบัด
- ตั้งครรภ์อยู่หรือ คลอดบุตรภายใน 6 เดือนที่ผ่านมา

กลับ

ถัดไป

ล้างแบบฟอร์ม

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรองผู้
โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ

โปรดเลือกคำตอบที่ตรงกับข้อมูลของท่านมากที่สุด

1. เพศ *

- หญิง
- ชาย
- ไม่ต้องการระบุ

2.อายุ (เต็มปี) *

คำตอบของคุณ

3. สังเกต (กรุณาตอบเพียง 1 ข้อที่ตรงกับลักษณะงานของท่านมากที่สุด) *

- AOT
- กรมศุลกากร
- ด้านควบคุมโรคติดต่อ
- ตำรวจตรวจคนเข้าเมือง
- อื่นๆ: _____

4.ระดับการศึกษา *

- ต่ำกว่าปริญญาตรี
- ปริญญาตรี
- สูงกว่าปริญญาตรี

5.สถานภาพสมรส *

- โสด
- สมรส
- แยกกันอยู่
- หย่าร้าง
- หม้าย

6.หลังจากเกิดการระบาดของโรค COVID-19 รายได้เฉลี่ยต่อเดือนของท่านเปลี่ยนแปลงหรือไม่อย่างไร *

- ลดลง
- เท่าเดิม
- เพิ่มขึ้น

7.จำนวนสมาชิกในครอบครัวที่อยู่อาศัยร่วมกันในปัจจุบัน *

คำตอบของคุณ _____

8.1 ท่านบริโภคเครื่องดื่มแอลกอฮอล์หรือไม่ *

- ไม่เคยดื่ม
- เคยดื่ม แต่ปัจจุบันหยุดดื่มแล้ว
- ปัจจุบันยังดื่มอยู่เรื่อยๆครั้ง (≤6ครั้ง / ปี)
- ปัจจุบันยังดื่มอยู่เป็นประจำทุกเดือน

8.2 ท่านสูบบุหรี่หรือไม่ *

- ไม่เคยสูบ
- เคยสูบ แต่ปัจจุบันหยุดสูบแล้ว
- ปัจจุบันยังสูบบุหรี่อยู่เรื่อยๆครั้ง (≤6ครั้ง / ปี)
- ปัจจุบันยังสูบบุหรี่อยู่เป็นประจำทุกเดือน

9.ในช่วงเวลาหลังจากการระบาดของโรคโควิด-19 ปริมาณงานของท่านเปลี่ยนแปลงหรือไม่อย่างไร *

- เพิ่มขึ้น
- เท่าเดิม
- ลดลง

10.จำนวนผู้โดยสารที่ท่านต้องสัมผัสเฉลี่ยกี่คนต่อวัน *

นิยามคำว่าสัมผัส หมายถึง การพูดคุยกับผู้โดยสาร การวัดอุณหภูมิ การสัมผัสเอกสาร/สัมภาระ หรือส่วนใดส่วนหนึ่งของร่างกายหรือเสื้อผ้า ของผู้โดยสาร โดยท่านอาจสวมอุปกรณ์ป้องกันตนเอง(เช่นหน้ากากอนามัยหรือถุงมือ)หรือไม่ก็ได้

คำตอบของคุณ _____

11.1ลักษณะงานของท่านต้องสัมผัสผู้โดยสารอย่างไรบ้าง (ระยะห่าง) *

- มากกว่า 1 เมตร
- น้อยกว่า 1 เมตร

11.2ลักษณะงานของท่านต้องสัมผัสผู้โดยสารอย่างไรบ้าง (ระยะเวลา) *

- มากกว่า 5 นาที
- น้อยกว่า 5 นาที

11.3ลักษณะงานของท่านต้องสัมผัสผู้โดยสารอย่างไรบ้าง (การสัมผัสสิ่งของ) *

- ไม่ได้สัมผัสเอกสารหรือสัมภาระ
- เอกสารและสัมภาระ
- เอกสารอย่างเดียว
- สัมภาระอย่างเดียว

12. จากสถานการณ์การระบาดของโรคโควิด-19 การปฏิบัติงานล่วงเวลา (OT) ของท่านเปลี่ยนแปลงหรือไม่ อย่างไร *

- เพิ่มขึ้น
- ลดลง
- เท่าเดิม

13. เหตุผลที่ท่านต้องปฏิบัติงานล่วงเวลา *

- แลกเปลี่ยนเวรด้วยความสมัครใจ
- ต้องการรายได้เพิ่ม
- เจ้าหน้าที่ขาดแคลน จึงต้องปฏิบัติงานด้วยความจำเป็น
- เป็นคำสั่งจากหัวหน้างาน
- อื่นๆ: _____



14. หลังจากมีการระบาดของโรค COVID-19 ท่านเคยปฏิบัติงานติดต่อกันมากที่สุดกี่ชั่วโมง *

คำตอบของคุณ _____

15. หลังจากเกิดสถานการณ์การระบาดของโรคโควิด-19 ช่วงเวลาพักผ่อนหลังจากเลิกงานของท่านเปลี่ยนแปลงหรือไม่ อย่างไร *

- ลดลง
- เพิ่มขึ้น
- เท่าเดิม

16. หลังจากเกิดสถานการณ์การระบาดของโรคโควิด-19 การนอนหลับของท่านเปลี่ยนแปลงหรือไม่ อย่างไร *

- ลดลง
- เพิ่มขึ้น
- เท่าเดิม

17. ท่านคิดว่าระบบสนับสนุนจากหน่วยงานของท่านเป็นอย่างไร (ตัวอย่างของระบบสนับสนุน เช่น อุปกรณ์ป้องกันส่วนบุคคล การสนับสนุนกำลังคนเพื่อให้ผู้ปฏิบัติงานมีระยะเวลาทำงานที่เหมาะสม ระบบการแก้ไขปัญหาและการจัดการดูแลผู้ปฏิบัติงานในกรณีที่เกิดภาวะไม่พึงประสงค์ เช่น มีการสัมผัสกับผู้ติดเชื้อ เป็นต้น) *

- มีการสนับสนุนและให้ความช่วยเหลืออย่างเต็มที่ ทุกช่องทาง
- มีการสนับสนุนเมื่อร้องขอ
- ไม่มีการสนับสนุนเพิ่มเติม
- อื่นๆ: _____

18. ในช่วงเวลาปฏิบัติงานคัดกรองท่านสวมอุปกรณ์ป้องกันอย่างไรบ้าง (ตอบได้มากกว่า 1 ตัวเลือก) *

- ไม่ได้ใช้อุปกรณ์ป้องกันขณะปฏิบัติงาน
- หน้ากากอนามัย
- กรงจิ้งป้องกันใบหน้า (Face-Shield)
- ถุงมือ
- เสื้อกาวน์กันน้ำ
- อื่นๆ: _____

19. หน้ากากอนามัยที่ท่านใช้ขณะปฏิบัติงานคัดกรอง (กรุณาตอบเพียง 1 ข้อที่ตรงกับอุปกรณ์ที่ท่านใช้ขณะปฏิบัติงานมากที่สุด) *

- หน้ากาก N-95
- หน้ากากอนามัยทางการแพทย์ (Surgical Mask)
- หน้ากากผ้า
- อื่นๆ: _____

การเปลี่ยนหน้ากากอนามัยและถุงมือ *

	ตรวจผู้โดยสาร ครบ 1 สายการ บิน	ทุกๆ 2 – 3 ชั่วโมง	ทุกๆ 6 – 8 ชั่วโมง	ทุกๆ 12 ชั่วโมง	หลังจากทำงาน เสร็จสิ้น 1 วัน
20. ท่านเปลี่ยน หน้ากาก อนามัยทุกครั้ง เมื่อ (กรุณา ตอบเพียง 1 ข้อ ที่ตรงกับการ ปฏิบัติจริงมาก ที่สุด)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. ท่านเปลี่ยน ถุงมือทุกครั้ง เมื่อ (กรุณา ตอบเพียง 1 ข้อ ที่ตรงกับการ ปฏิบัติจริงมาก ที่สุด)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. ท่านล้างมือระหว่างปฏิบัติงานหรือไม่ *

- ล้าง
- ไม่ได้ล้าง

23. หลังจากคัดกรองผู้โดยสารเสร็จสิ้น ท่านล้างมือทุกครั้งหรือไม่ *

- ล้าง
- ไม่ได้ล้าง

24. ท่านล้างมือด้วยสิ่งใดเป็นประจำ (กรุณาตอบข้อที่ตรงกับที่ท่านปฏิบัติมากที่สุดเพียง 1 ข้อ)

- เจลแอลกอฮอล์
- สบู่ + น้ำเปล่า

เมื่อท่านกลับถึงที่พักท่านปฏิบัติตนอย่างไรบ้าง

25. อาบน้ำ ทำความสะอาดร่างกายทันทีหรือไม่ *

- ใช่
- ไม่ใช่

26. สิ่งของและสัมภาระ ท่านขีดสิ่งของและสัมภาระหรือไม่ (กรุณาตอบข้อที่ตรงกับที่ท่านปฏิบัติมากที่สุดเพียง 1 ข้อ) *

- เข็ดด้วยแอลกอฮอล์
- เข็ดด้วยผ้าชุบน้ำสบู่
- ไม่ได้ขีดสัมภาระ

27. ท่านคิดว่าสุขภาพร่างกายของท่านในช่วง 1 ปีที่ผ่านมาเป็นอย่างไร *

- แย่ลง
- เท่าเดิม
- ดีขึ้น

ประวัติการสัมผัสผู้โดยสารติดเชื้อ หรือมีความเสี่ยงสูง

28. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยสัมผัสผู้โดยสารที่เคยได้รับการยืนยันการติดเชื้อหรือไม่ *

- เคย
- ไม่เคย

29. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยต้องหยุดพักงานเพื่อกักตัว เนื่องจากท่านมีประวัติสัมผัสผู้โดยสารที่ติดเชื้อ หรือเป็นผู้สัมผัสที่มีความเสี่ยงสูงหรือไม่ *

- เคย
- ไม่เคย

30. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยได้รับการตรวจหาเชื้อโควิด-19 เนื่องจากท่านมีประวัติสัมผัสผู้โดยสารที่ติดเชื้อ หรือเป็นผู้สัมผัสที่มีความเสี่ยงสูงหรือไม่ *

- เคย
- ไม่เคย

กลับ

ถัดไป

ล้างแบบฟอร์ม

ตอนที่ 2 แบบประเมินสุขภาพจิต

คำชี้แจง แบบสอบถามนี้มีวัตถุประสงค์เพื่อต้องการทราบถึงสภาวะสุขภาพของท่านในระยะ 2-3 สัปดาห์ที่ผ่านมาว่าเป็นอย่างไร กรุณาตอบคำถามต่อไปนี้ โดยขีดเครื่องหมายวงกลมหรือกากบาทรอบคำตอบที่ใกล้เคียงกับสภาพของท่านในปัจจุบันหรือในช่วงสองถึงสามสัปดาห์ที่ผ่านมามากที่สุด โดยไม่รวมถึงปัญหาที่ท่านเคยมีในอดีต และกรุณาตอบคำถามทุกข้อ

แบบสอบถามสุขภาพทั่วไป (Thai GHQ – 60) *

36 คะแนน

	ไม่เลย	ไม่มากกว่าปกติ	ค่อนข้างมากกว่าปกติ	มากกว่าปกติมาก
2. รู้สึกต้องการยาบำรุงให้มีกำลังวังชา	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. รู้สึกทรมานและสุขภาพไม่ดี	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. รู้สึกไม่สบาย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. เจ็บหรือปวดบริเวณศีรษะ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. รู้สึกตึงหรือคล้าย มีแรงกดที่ศีรษะ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. รู้สึกกลัวว่าตนเอง จะเป็นลมหมดสติ ไปในที่สาธารณะ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. มีอาการวูบร้อน หรือหนาว	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. มีเหงื่อออกมาก	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ตื่นเช้ากว่าปกติ และหลับตอไม่ได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. หลังจากตื่นนอน แล้ว รู้สึกนอนไม่ เต็มอิ่ม	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. รู้สึกเพลียมาก และไม่มีแรงแม้แต่ จะกินอาหาร	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. นอนไม่หลับ เพราะกังวลใจ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. เมื่อเข้านอนใช้ เวลานานกว่าจะ หลับได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. ไม่สามารถหลับ ได้สนิทหลังจาก หลับแล้ว	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. ผื่นไม่ดีหรือน่า กลัว	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. มีอาการกระสับ กระส่าย หลับไม่ สนิท	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. รู้สึกขาดความ สนใจในกิจกรรมที่ เคยทำตามปกติ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. ปล่อยปะละ ละเลย ไม่สนใจรูป ร่างกายตาของ ตนเอง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. รู้สึกกลัวที่จะพูด อะไรออกไปต่อหน้า คนอื่น เพราะเกรง จะทำให้ตัวเองดูโง่	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. รู้สึกว่าตัวเองไม่สามารถที่จะเริ่มทำอะไรได้เลย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. จะทำอะไรก็รู้สึกหวาดกลัวไปหมด	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. รู้สึกดีงเครียดอยู่ตลอดเวลา	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. รู้สึกว่าไม่สามารถที่จะเอาชนะความลำบากต่าง ๆ ได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. รู้สึกว่าชีวิตต้องดิ้นรนอยู่ตลอดเวลา	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. รู้สึกหงุดหงิดอารมณ์ไม่ดี	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. รู้สึกกลัวหรือตกใจโดยไม่มีเหตุผลสมควร	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. รู้สึกเรื่องต่าง ๆ ทั้ถกมจรับไม่ไหว	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. มีความรู้สึกว่คนรอบข้างจับตามองคุณอยู่	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. รู้สึกไม่มีความสุขและเศร้าหมอง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. รู้สึกเสียความมั่นใจในตัวเองไป	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. คิดว่าตัวเองเป็นคนไร้ค่า	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. รู้สึกว่าชีวิตนี้หมดหวังโดยสิ้นเชิง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. รู้สึกกังวล กระวนกระวาย และเครียดอยู่ตลอดเวลา	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. รู้สึกไม่คุ้มค่าที่จะมีชีวิตอยู่ต่อไป	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. รู้สึกว่าบางครั้งทำอะไรไม่ได้เลย เพราะประสาทตึงเครียดมาก	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. พบว่าตนเองรู้สึกอยากตายไปให้พ้น ๆ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	ดีกว่าปกติ	เหมือนปกติ	น้อยกว่าปกติ	น้อยกว่าปกติมาก
7. สามารถมีสมาธิจดจ่อกับสิ่งที่กำลังทำอยู่ได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. รู้สึกตื่นตัว และความคิดว่องไว	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. รู้สึกมีกำลังวังชา	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. สามารถมีความรู้สึกรักและอบอุ่นต่อคนใกล้ชิดได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. รู้สึกว่าสามารถเข้ากับคนอื่นได้ง่าย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. ใช้เวลาคุยเล่นกับคนอื่นมาก	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. สามารถที่จะเผชิญหน้ากับปัญหาต่าง ๆ ของตัวเองได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	มากกว่าปกติ	เท่า ๆ ปกติ	น้อยกว่าปกติ	น้อยกว่าปกติมาก
26. ออกไปนอกบ้านบ่อยเท่าที่เคย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. พอใจกับการที่ทำงานลุล่วงไป	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. รู้สึกว่าได้ทำตัวให้เป็นประโยชน์ในเรื่องต่าง ๆ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. รู้สึกว่าสามารถตัดสินใจในเรื่องต่าง ๆ ได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. สามารถมีความสุขกับกิจกรรมในชีวิตประจำวันตามปกติได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. มองอะไรเครื่องเครียดไปหมด	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. รู้สึกมีความสุขตามสมควร เมื่อดูโดยรวม ๆ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*

1 คะแนน

	ดีกว่าปกติ	เหมือนปกติ	แยกว่าปกติ	แยกว่าปกติมาก
1. รู้สึกสบายและมีสุขภาพดี	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*

1 คะแนน

	มากกว่าปกติ	เหมือนปกติ	ค่อนข้างน้อยกว่าปกติ	น้อยกว่าปกติมาก
21. ห่าอะไรทำและทำให้ตัวเองไม่มีเวลาว่างได้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 1 คะแนน

	เร็วกว่าปกติ	เหมือนปกติ	ช้ากว่าปกติ	ช้ากว่าปกติมาก
22.ทำอะไรช้ากว่าปกติ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 1 คะแนน

	พิถีพิถันมากกว่าปกติ	เท่า ๆ ปกติ	น้อยกว่าปกติ	น้อยกว่าปกติมาก
25.พิถีพิถันกับการแต่งเนื้อแต่งตัวน้อยลง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 1 คะแนน

	ดีกว่ามาก	ดีพอ ๆ กัน	ค่อนข้างน้อยกว่า	น้อยกว่ามาก
27.จัดการกับสิ่งต่าง ๆ ได้ดีพอ ๆ กับคนส่วนใหญ่ที่อยู่ในสภาพเดียวกับท่าน	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 1 คะแนน

	ดีกว่าปกติ	เหมือนปกติ	ดีน้อยกว่า	ดีน้อยกว่าปกติมาก
28.รู้สึกว่าจะทำอะไรไปแล้วทำอะไร ๆ ได้ดี	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*

1 คะแนน

	ไม่สายเลย	ไม่สายกว่าปกติ	ค่อนข้างสายกว่าปกติ	สายกว่าปกติมาก
29.ไปทำงานหรือทำงานบ้านสาย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*

1 คะแนน

	มากกว่าปกติ	เท่าปกติ	น้อยกว่าปกติ	มีความหวังน้อยมาก
53.รู้สึกมีความหวังในอนาคตของตัวเอง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*

2 คะแนน

	ไม่อย่างแน่นอน	ไม่คิดว่าเป็นอย่างนั้น	มีอยู่บ้างเหมือนกัน	มีแน่ ๆ
57.คิดว่ามีความเป็นไปได้ที่จะอยากจบชีวิตตัวเอง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60.พบว่ามีความรู้สึกที่อยากจะทำลายชีวิตตัวเองเข้ามาอยู่ในความคิดเสมอ ๆ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ตอนที่ 3 แบบประเมินความเครียด

ในระยะ 6 เดือนที่ผ่านมา มีเหตุการณ์ในข้อใด เกิดขึ้นกับตัวคุณบ้าง และคุณมีความรู้สึกอย่างไรต่อเหตุการณ์นั้น ให้เลือก ลงในช่องระดับความเครียด ถ้าข้อไหนไม่ได้เกิดขึ้นให้ข้ามไปไม่ต้องตอบ

แบบวัดความเครียด กรมสุขภาพจิต (SPST - 20)

ระดับความเครียด	1	หมายถึง	ไม่รู้สึกเครียด
ระดับความเครียด	2	หมายถึง	รู้สึกเครียดเล็กน้อย
ระดับความเครียด	3	หมายถึง	รู้สึกเครียดปานกลาง
ระดับความเครียด	4	หมายถึง	รู้สึกเครียดมาก
ระดับความเครียด	5	หมายถึง	รู้สึกเครียดมากที่สุด

	1	2	3	4	5
กลัวทำงานผิดพลาด	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ไปไม่ถึงเป้าหมายที่วางไว้	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ครอบครัวมีความขัดแย้งกันในเรื่องเงินหรือเรื่องงานในบ้าน	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
เป็นกังวลกับเรื่องสารพิษหรือมลภาวะในอากาศ น้ำ เสียง และดิน	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกว่าต้องแข่งขันหรือเปรียบเทียบ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
เงินไม่พอใช้จ่าย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
กล้ำเนื้อตึงหรือปวด	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ปวดหัวจากความ ตึงเครียด	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ปวดหลัง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ความอยาก อาหาร เปลี่ยนแปลง	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ปวดศีรษะข้าง เดียว	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกวิตกกังวล	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกคับข้องใจ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกโกรธ หรือ หงุดหงิด	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกเศร้า	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ความจำไม่ดี	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกสับสน	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ตั้งสมาธิลำบาก	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
รู้สึกเหนื่อยง่าย	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
เป็นหวัดบ่อย ๆ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

การแปลผล หลังจากทำแบบประเมินส่วนนี้ ท่านสามารถคำนวณคะแนนเบื้องต้นของท่าน เพื่อ
แปลผลระดับความเครียดของท่าน

คะแนน 0 -23 หมายถึง ระดับความเครียดเล็กน้อย
 คะแนน 24 -41 หมายถึง ระดับความเครียดปานกลาง
 คะแนน 42 -61 หมายถึง ระดับความเครียดมาก
 คะแนน ≥ 62 หมายถึง ระดับความเครียดรุนแรง

Questionnaire Hard Copy Version

AF 03-06

เอกสารข้อมูลสำหรับผู้มีส่วนร่วมในการวิจัยและหนังสือแสดงความยินยอมเข้าร่วมการวิจัย

โครงการวิจัยเรื่อง ปัจจัยที่เกี่ยวข้องกับสุขภาพจิตและความเครียดในผู้ปฏิบัติงานด้านหน้าที่สนามบินสุวรรณภูมิในช่วงเวลาการระบาดของโควิด-19 ในประเทศไทย: การศึกษากภาคตัดขวาง

ชื่อผู้วิจัย : นาง ตุลยา ดิเรกวุฒิกุล

ตำแหน่ง : นิสิตสาธาณสุขศาสตรมหาบัณฑิต วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

สถานที่ติดต่อผู้วิจัย : ด่านควบคุมโรคติดต่อระหว่างประเทศ ท่าอากาศยานสุวรรณภูมิ

โทรศัพท์มือถือ 08-1474-2558 E-mail : mtoonlaya@gmail.com

ขอเรียนเชิญท่านเข้าร่วมการวิจัย ก่อนตัดสินใจเข้าร่วมในการวิจัย โปรดทำความเข้าใจว่างานวิจัยนี้เกี่ยวข้องกับอะไรและทำไมเพราะเหตุใด กรุณาใช้เวลาในการอ่านข้อมูลต่อไปนี้รอบคอบ หากมีข้อความใดที่อ่านแล้วไม่เข้าใจหรือไม่ชัดเจน โปรดสอบถามเพิ่มเติมกับผู้วิจัยได้ตลอดเวลา ผู้วิจัยจะอธิบายจนกว่าจะเข้าใจอย่างชัดเจน

เนื้อหาข้อมูล

- งานวิจัยนี้ศึกษาปัจจัยที่เกี่ยวข้องกับสุขภาพจิตและความเครียดในผู้ปฏิบัติงานด้านหน้าที่สนามบินสุวรรณภูมิ โดยสารที่เดินทางจากต่างประเทศ ในช่วงเวลาที่มีการระบาดของโรคโควิด-19 ทั้งในด้านปัจจัยส่วนบุคคล เช่น เพศ อายุ ลักษณะงานที่ทำ การเปลี่ยนแปลงของภาระงาน ช่วงเวลาพักผ่อน เป็นต้น รวมถึงปัจจัยด้านวิธีการในการดูแลสุขภาพอนามัยส่วนบุคคล ตามหลักการป้องกันโรค เพื่อหาความสัมพันธ์กับสุขภาพจิต และความเครียดในผู้ปฏิบัติงานด้านหน้าที่
- การให้ข้อมูลและขอความยินยอมทำโดยแจ้งเป็นเอกสารลายลักษณ์อักษร เพื่อให้ผู้มีส่วนร่วมในการวิจัยได้อ่าน ก่อนตัดสินใจเข้าร่วมงานวิจัยนี้ โดยจะแจ้งถึงวัตถุประสงค์ของงานวิจัย ประโยชน์ของงานวิจัย ความไม่สะดวกหรือความเสี่ยงที่อาจเกิดขึ้นกับผู้เข้าร่วมในการวิจัย
- รายละเอียดและคุณสมบัติของผู้มีส่วนร่วมในการวิจัย
 - เป็นเจ้าหน้าที่ผู้ปฏิบัติงานในกระบวนการคัดกรองผู้โดยสารจากต่างประเทศ ท่าอากาศยานสุวรรณภูมิ ได้แก่ เจ้าหน้าที่สนามบินสุวรรณภูมิ เจ้าหน้าที่ควบคุมโรคติดต่อระหว่างประเทศ เจ้าหน้าที่ศุลกากร และตำรวจตรวจคนเข้าเมือง
 - โดยมีเกณฑ์การคัดเลือกผู้มีส่วนร่วมในการวิจัยดังนี้
 - อายุตั้งแต่ 20 - 60 ปี
 - เป็นผู้อ่าน เขียน และ สื่อสารภาษาไทยได้
 - ปฏิบัติงานที่ท่าอากาศยานสุวรรณภูมิมาแล้วอย่างน้อย 6 เดือน
 - มีสุขภาพร่างกายแข็งแรง ไม่มีโรคประจำตัวที่ควบคุมได้ดี ไม่มีภาวะแทรกซ้อน
 - ไม่มีโรคหรือภาวะที่ผิดปกติเกี่ยวกับสมอง เช่น เนื้องอกสมอง เส้นเลือดสมองตีบหรือแตก
 - ไม่ได้เป็นผู้ป่วยที่ได้รับการรักษาทางสุขภาพจิตอยู่ ทั้งแบบใช้ยาและไม่ได้ใช้ยา เช่น การทำจิตบำบัด
 - ไม่ได้ตั้งครรภ์อยู่หรือ คลอดบุตรภายใน 6 เดือนที่ผ่านมา
 - ไม่มีประวัติเพิ่งเข้ารับการรักษาในโรงพยาบาลภายใน 1 เดือนที่ผ่านมา

- วิธีการได้มาและการเข้าถึงผู้มีส่วนร่วมในการวิจัย
 - ผู้วิจัยหลักติดต่อผ่านผู้บังคับบัญชาของแต่ละหน่วยงานเพื่อขออนุญาตทำการอธิบายข้อมูลและแบบสอบถามให้แก่ผู้มีส่วนร่วมงานวิจัย เพื่อขอความร่วมมือและทำการศึกษานี้

4. การคัดกรองผู้มีส่วนร่วมในงานวิจัย ตามเกณฑ์การคัดเข้า-คัดออก

การคัดกรองผู้มีส่วนร่วมในงานวิจัยตามเกณฑ์การคัดเข้า-คัดออก จะใช้ข้อคำถาม 2 ข้อ อยู่ที่หน้าแรกของแบบสอบถาม หากท่านผู้มีส่วนร่วมในงานวิจัย มีคุณสมบัติที่ตรงกับเกณฑ์การคัดออกจะมีคำแนะนำระบุไว้อย่างชัดเจนว่าให้ท่านยุติการทำแบบสอบถาม และขอขอบพระคุณท่านที่สละเวลาส่วนตัวในการเข้าร่วมงานวิจัยครั้งนี้

5. ในการเข้าร่วมงานวิจัย ผู้มีส่วนร่วมในการวิจัยจะเข้าร่วมงานวิจัยโดยการตอบแบบสอบถามแบบตอบด้วยตนเอง ใช้เวลาประมาณ 10-15 นาที โดยจะมีหัวข้อแบบสอบถามดังนี้

- (1) ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรองผู้โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ มีข้อคำถามทั้งหมด 35 ข้อ
- (2) ตอนที่ 2 แบบประเมินสุขภาพจิต มีข้อคำถามทั้งหมด 60 ข้อ
- (3) ตอนที่ 3 แบบประเมินความเครียด มีข้อคำถามทั้งหมด 20 ข้อ

6. ความเสี่ยง/อันตราย และความไม่สะดวกต่าง ๆ ที่อาจเกิดขึ้นจากการเข้าร่วมการวิจัย

ผู้มีส่วนร่วมในการวิจัยอาจได้รับความไม่สะดวก จากการที่ท่านจะต้องสละเวลาส่วนตัวในการตอบแบบสอบถามเป็นเวลาประมาณ 10-15 นาที หากท่านไม่สะดวกทำแบบสอบถามหรือมีเวลาไม่เพียงพอ ท่านสามารถยุติการเข้าร่วมงานวิจัยได้ทุกขณะ

ระหว่างการตอบแบบสอบถามหรือเสร็จสิ้นการตอบแบบสอบถามแล้ว ถ้ารู้สึกไม่สบายใจ ผู้มีส่วนร่วมในการวิจัยสามารถแจ้งผู้วิจัยและขอยุติการเข้าร่วมงานวิจัยได้ ถ้าผู้มีส่วนร่วมในการวิจัย ประเมินตนเองแล้ว พบว่าระดับสุขภาพจิต และความเครียดสูงกว่าระดับปกติ ผู้วิจัยจะให้คำแนะนำ เกี่ยวกับการจัดการความเครียดเบื้องต้น หากผู้มีส่วนร่วมในการวิจัยต้องการการดูแลรักษาจากแพทย์ หรือนักจิตบำบัด ผู้วิจัยจะแนะนำให้ผู้มีส่วนร่วมในการวิจัยเข้ารับการดูแลที่โรงพยาบาลตามสิทธิ์ของผู้มีส่วนร่วมในการวิจัยต่อไป

7. ประโยชน์ในการเข้าร่วมการวิจัย

ประโยชน์จากการศึกษาครั้งนี้จะทำให้ทราบถึงระดับสุขภาพจิต และระดับความเครียดของผู้ปฏิบัติงานในการคัดกรองผู้โดยสารในภาวะที่มีการระบาดของโรคโควิด-19 รวมทั้งทราบปัจจัยที่สัมพันธ์กับระดับสุขภาพจิตและความเครียด

ในส่วนประโยชน์ที่ผู้มีส่วนร่วมในการวิจัยจะได้รับ คือ ได้ทราบระดับคะแนนการประเมินสุขภาพจิต และความเครียด โดยให้ผู้มีส่วนร่วมในการวิจัย ประเมินตนเองได้

นอกจากนี้ ผู้วิจัยนำผลการศึกษาไปนำเสนอต่อหน่วยงานที่เกี่ยวข้อง หรือต่อผู้มีส่วนได้ส่วนเสียจากงานคัดกรองผู้โดยสาร เพื่อให้เกิดการตัดสินใจในการปรับเปลี่ยน หรือปรับปรุง ระบบสนับสนุนผู้ปฏิบัติงานให้ดียิ่งขึ้น

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8. วิธีการพิทักษ์สิทธิผู้เข้าร่วมงานวิจัย การรักษาความลับ (privacy & confidentiality)

ข้อมูลที่เกี่ยวข้องกับผู้มีส่วนร่วมในการวิจัยจะเก็บเป็นความลับโดยผู้วิจัยหลักจะแยกเอกสารแสดงความยินยอมเข้าร่วมการวิจัยที่สามารถระบุตัวตนของผู้มีส่วนร่วมในการวิจัยได้ ออกจากแบบสอบถามก่อนที่จะทำการบันทึกข้อมูล หากมีการเสนอผลการวิจัยจะเสนอเป็นภาพรวม ข้อมูลใดที่สามารถระบุถึงตัวผู้มีส่วนร่วมในการวิจัยได้จะไม่ปรากฏในรายงาน

9. เมื่อเสร็จสิ้นการวิจัยแล้ว ข้อมูลที่เกี่ยวข้องกับผู้เข้าร่วมวิจัยทั้งหมด รวมถึงแบบสอบถามจะถูกทำลาย

10. ในการเข้าร่วมวิจัยครั้งนี้ ผู้วิจัยไม่มีสิ่งใดจะมอบให้นอกจากคำขอบคุณที่ท่านสละเวลามาร่วมงานวิจัย

11. การเข้าร่วมการวิจัยเป็นโดยสมัครใจ ท่านสามารถปฏิเสธที่จะเข้าร่วมหรือถอนตัวจากการวิจัยได้ทุกขณะ โดยไม่ต้องให้เหตุผล ไม่สูญเสียประโยชน์ที่พึงได้รับ และไม่มีผลกระทบใด ๆ ต่อผู้เข้าร่วมวิจัย

12. หากมีข้อสงสัย โปรดสอบถามเพิ่มเติมจากผู้วิจัยได้ตลอดเวลา และหากผู้วิจัยมีข้อมูลเพิ่มเติมที่เป็นประโยชน์หรือโทษเกี่ยวกับการวิจัย ผู้วิจัยจะแจ้งให้ท่านทราบอย่างรวดเร็ว

13. หากได้รับการปฏิบัติไม่ตรงตามข้อมูลดังกล่าวสามารถร้องเรียนได้ที่ คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย 254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330 โทรศัพท์ 0-2218-3202, 0-2218-3049 E-mail: eccu@chula.ac.th

ข้าพเจ้าได้รับการอธิบายจากผู้วิจัย และเข้าใจข้อมูลดังกล่าวข้างต้นทุกประการแล้ว จึงลงนามเข้าร่วมการวิจัยนี้ด้วยความสมัครใจ และได้รับเอกสารไว้ 1 ชุดแล้ว

ลงชื่อ.....ศุภยา อีเรกวุฒิกุล.....

(ศุภยา อีเรกวุฒิกุล)

ผู้วิจัยหลัก

วันที่...../...../.....

ลงชื่อ.....

(.....)

ผู้เข้าร่วมการวิจัย

วันที่...../...../.....

สังกัด..... ID.....

แบบสอบถามเพื่อการประเมินสุขภาพจิตและความเครียดในผู้ปฏิบัติงานคัดกรองผู้โดยสาร ในช่วงเวลา
การระบาดของโรคโควิด-19 สนามบินสุวรรณภูมิ

คำชี้แจง แบบสอบถามนี้มีวัตถุประสงค์เพื่อใช้เป็นเครื่องมือในการเก็บรวบรวมข้อมูลสำหรับการประเมินสุขภาพจิตและความเครียดในผู้ปฏิบัติงานคัดกรองผู้โดยสาร ในช่วงเวลาการระบาดของโรคโควิด-19 ณ สนามบินสุวรรณภูมิ แบ่งออกเป็น 3 ตอน คือ

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรอง

ผู้โดยสาร และการใช้อุปกรณ์ป้องกันการติดเชื้อ

ตอนที่ 2 แบบประเมินสุขภาพจิต

ตอนที่ 3 แบบประเมินความเครียด

คำถามคัดกรองเบื้องต้น

1. อายุของท่านอยู่ในช่วง 20-60 ปี หรือไม่

- ใช่ (กรุณาตอบข้อถัดไป)
- ไม่ใช่ (กรุณายุติการทำแบบสอบถาม ขอพระคุณที่สละเวลาอันมีค่าของท่าน)

2. ท่านมีโรคประจำตัวหรือภาวะต่อไปนี้หรือไม่

- ไม่มีโรคประจำตัว
- โรคประจำตัวที่มีภาวะแทรกซ้อนและควบคุมได้ไม่คงที่ หรือมีโรคมะเร็งที่ยังคงดำเนินการรักษาอยู่
- มีโรคหรือภาวะที่ผิดปกติเกี่ยวกับสมอง เช่น เนื้องอกสมอง เส้นเลือดสมองตีบหรือแตก
- ยังคงได้รับการรักษาทางสุขภาพจิตอยู่ ทั้งแบบใช้ยาและไม่ได้ใช้ยา เช่นการทำจิตบำบัด
- ตั้งครรภ์อยู่หรือ คลอดบุตรภายใน 6 เดือนที่ผ่านมา

หากท่านมีภาวะในข้อใดข้อหนึ่งข้างต้น กรุณายุติการทำแบบสอบถาม ขอพระคุณที่สละเวลาอันมีค่าของท่าน

ตอนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม บรรยายลักษณะการทำงานในการคัดกรองผู้โดยสาร และการใช้อุปกรณ์

ป้องกันการติดเชื้อ

คำชี้แจง โปรดทำเครื่องหมาย ✓ ในกล่องหน้าข้อความที่ตรงกับข้อมูลของผู้ตอบแบบสอบถาม

ข้อมูลทั่วไป

1. เพศ

- หญิง
- ชาย
- ไม่ต้องการระบุ

2. อายุ.....ปี

3. สังกัด (กรุณาตอบเพียง 1 ข้อที่ตรงกับลักษณะงานของท่านมากที่สุด)

- AOT: Airport Service กรมศุลกากร ตำนควบคุมโรคติดต่อ
- ตำรวจตรวจคนเข้าเมือง อื่นๆ โปรดระบุ.....

4.ระดับการศึกษา

- ต่ำกว่าปริญญาตรี
- ปริญญาตรี
- สูงกว่าปริญญาตรี

5.สถานภาพสมรส

- โสด สมรส แยกกันอยู่
- หย่าร้าง หม้าย

6.หลังจากเกิดการระบาดของโรค COVID-19 รายได้เฉลี่ยต่อเดือนของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
- เพิ่มขึ้น

7.จำนวนสมาชิกในครอบครัวที่อยู่อาศัยร่วมกันในปัจจุบัน.....คน

12. จากสถานการณ์การระบาดของโรคโควิด-19 การปฏิบัติงานล่วงเวลาของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
- เพิ่มขึ้น

13. เหตุผลที่ท่านต้องปฏิบัติงานล่วงเวลา

- แลกเปลี่ยนเวรด้วยความสมัครใจ
- เจ้าหน้าที่ขาดแคลน จึงต้องปฏิบัติงานด้วยความจำเป็น
- เป็นคำสั่งจากหัวหน้างาน
- ต้องการรายได้เพิ่ม
- อื่นๆ.....

14. หลังจากมีการระบาดของโรค COVID-19 ท่านเคยปฏิบัติงานติดต่อกันมากที่สุดกี่ชั่วโมง..... ชั่วโมง

15. หลังจากเกิดสถานการณ์การระบาดของโรคโควิด-19 ช่วงเวลาพักผ่อนหลังจากเลิกงานของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
- เพิ่มขึ้น

16. หลังจากเกิดสถานการณ์การระบาดของโรคโควิด-19 การนอนหลับของท่านเปลี่ยนแปลงหรือไม่ อย่างไร

- ลดลง ไม่เปลี่ยนแปลง
- เพิ่มขึ้น

17. ท่านคิดว่าระบบสนับสนุนจากหน่วยงานของท่านเป็นอย่างไร (ตัวอย่างของระบบสนับสนุนเช่น อุปกรณ์ป้องกันส่วนบุคคล การสนับสนุนกำลังคนเพื่อให้ผู้ปฏิบัติงานมีระยะเวลาทำงานที่เหมาะสม ระบบการแก้ไขปัญหาและการจัดการดูแลผู้ปฏิบัติงาน ในกรณีที่เกิดภาวะไม่พึงประสงค์ เช่น มีการสัมผัสกับผู้ติดเชื้อ เป็นต้น)

- มีการสนับสนุนและให้ความช่วยเหลืออย่างเต็มที่ ทุกช่องทาง มีการสนับสนุนเมื่อร้องขอ
- ไม่มีการสนับสนุนเพิ่มเติม อื่นๆ.....

การใช้อุปกรณ์ป้องกันการติดเชื้อ

18. ในช่วงเวลาปฏิบัติงานคัดกรองท่านสวมอุปกรณ์ป้องกันอย่างไรบ้าง (ตอบได้มากกว่า 1 ตัวเลือก)

- ไม่ได้ใช้อุปกรณ์ป้องกันขณะปฏิบัติงาน
- หน้ากากอนามัย
- กระบังป้องกันใบหน้า (Face-Shield)
- ถุงมือ
- เสื้อกาวน์กันน้ำ
- อื่นๆ โปรดระบุ

19. หน้ากากอนามัยที่ท่านใช้ขณะปฏิบัติงานคัดกรอง (กรุณาตอบเพียง 1 ข้อที่ตรงกับอุปกรณ์ที่ท่านใช้ขณะปฏิบัติงานมากที่สุด) หน้ากาก

- N-95
- หน้ากากอนามัยทางการแพทย์ (Surgical Mask)
- หน้ากากผ้า
- อื่นๆ.....

20. ท่านเปลี่ยนหน้ากากอนามัยทุกครั้งเมื่อ (กรุณาตอบเพียง 1 ข้อที่ตรงกับการปฏิบัติจริงของท่านมากที่สุด)

- ตรวจผู้โดยสารครบ 1 สายการบิน
- ทุกๆ 2 – 3 ชั่วโมง
- ทุกๆ 6 – 8 ชั่วโมง
- ทุกๆ 12 ชั่วโมง
- หลังจากทำงานเสร็จสิ้น 1 วัน

21. ท่านเปลี่ยนถุงมือทุกครั้งเมื่อ (กรุณาตอบเพียง 1 ข้อที่ตรงกับการปฏิบัติจริงของท่านมากที่สุด)

- ตรวจผู้โดยสารครบ 1 สายการบิน
- ทุกๆ 2 – 3 ชั่วโมง
- ทุกๆ 6 – 8 ชั่วโมง

- ทุกๆ 12 ชั่วโมง
- หลังจากทำงานเสร็จสิ้น 1 วัน

22. ท่านล้างมือระหว่างปฏิบัติงานหรือไม่

- ใช่
- ไม่

23. หลังจากคัดกรองผู้โดยสารเสร็จสิ้น ท่านล้างมือทุกครั้งหรือไม่

- ใช่
- ไม่

24. ท่านล้างมือด้วยสิ่งใดเป็นประจำ (กรุณาตอบข้อที่ตรงกับที่ท่านปฏิบัติมากที่สุดเพียง 1 ข้อ)

- น้ำเปล่า+สบู่
- เจลแอลกอฮอล์

เมื่อท่านกลับถึงที่พักท่านปฏิบัติตนอย่างไรบ้าง

25. อาบน้ำ ทำความสะอาดร่างกายทันทีหรือไม่

- ใช่
- ไม่ใช่

26. สิ่งของและสัมภาระ ท่านเช็ดสิ่งของและสัมภาระหรือไม่ (กรุณาตอบข้อที่ตรงกับที่ท่านปฏิบัติมากที่สุดเพียง 1 ข้อ)

- เช็ดด้วยแอลกอฮอล์
- เช็ดด้วยผ้าชุบน้ำสบู่
- ไม่ได้เช็ดสัมภาระ

27. ท่านคิดว่าสุขภาพร่างกายของท่านในช่วง 1 ปีที่ผ่านมาเป็นอย่างไร

- แย่ลง เท่าเดิม
- ดีขึ้น

ประวัติการสัมผัสผู้โดยสารติดเชื้อ หรือมีความเสี่ยงสูง

28. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยสัมผัสผู้โดยสารที่เคยได้รับการยืนยันการติดเชื้อหรือไม่

เคย

ไม่เคย

29. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยต้องหยุดพักงานเพื่อกักตัว เนื่องจากท่านมีประวัติสัมผัสผู้โดยสารที่ติดเชื้อ หรือเป็นผู้สัมผัสที่มีความเสี่ยงสูงหรือไม่

เคย

ไม่เคย

30. ในช่วงระยะเวลา 1 ปีที่ผ่านมาท่านเคยได้รับการตรวจหาเชื้อโควิด-19 เนื่องจากท่านมีประวัติสัมผัสผู้โดยสารที่ติดเชื้อ หรือเป็นผู้สัมผัสที่มีความเสี่ยงสูงหรือไม่

เคย

ไม่เคย

ตอนที่ 2 แบบประเมินสุขภาพจิต

แบบสอบถามสุขภาพทั่วไป

(Thai GHQ - 60)

คำชี้แจง แบบสอบถามนี้มีวัตถุประสงค์เพื่อต้องการทราบถึงสภาวะสุขภาพของท่านในระยะ 2-3 สัปดาห์ที่ผ่านมาว่าเป็นอย่างไร กรุณาตอบคำถามต่อไปนี้ โดยขีดเครื่องหมายวงกลมหรือกากบาทรอบคำตอบที่ใกล้เคียงกับสภาพของท่านในปัจจุบันหรือในช่วงสองถึงสามสัปดาห์ที่ผ่านมามากที่สุด โดยไม่รวมถึงปัญหาที่ท่านเคยมีในอดีต และกรุณาตอบคำถามทุกข้อ โดยรูปแบบการคิดคะแนนแต่ละข้อจะเป็นแบบ 0 - 0 - 1 - 1

ในระยะสองถึงสามสัปดาห์ที่ผ่านมา

1) รู้สึกสบายและมีสุขภาพดี

ดีกว่าปกติ

เหมือนปกติ

แย่กว่าปกติ

แย่กว่าปกติมาก

2) รู้สึกต้องการยาบำรุงให้มีกำลังวังชา

ไม่เลย

ไม่มากกว่าปกติ

ค่อนข้างมากกว่าปกติ

มากกว่าปกติมาก

3) รู้สึกทรุดโทรมและสุขภาพไม่ดี

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

4) รู้สึกไม่สบาย

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

5) เจ็บหรือปวดบริเวณศีรษะ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

6) รู้สึกตึงหรือคล้ายมีแรงกดที่ศีรษะ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

7) สามารถมีสมาธิจดจ่อกับสิ่งที่กำลังทำอยู่ได้

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

8) รู้สึกกลัวว่าตนเองจะเป็นลมหมดสติไปในที่สาธารณะ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

9) มีอาการวูบร้อนหรือหนาว

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

10) มีเหงื่อออกมาก

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

11) ตื่นเช้ากว่าปกติและหลับต่อไม่ได้

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

12) หลังจากตื่นนอนแล้ว รู้สึกนอนไม่เต็มอิ่ม

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

13) รู้สึกเพลียมาก และไม่มีแรงแม้แต่จะกินอาหาร

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

14) นอนไม่หลับเพราะกังวลใจ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

15) รู้สึกตื่นตัว และความคิดว่องไว

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

16) รู้สึกมีกำลังวังชา

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

17) เมื่อเข้านอนใช้เวลา นานกว่าจะหลับได้

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

18) ไม่สามารถหลับได้สนิทหลังจากหลับแล้ว

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

19) ผื่นไม่ตีหรือนากแล้ว

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

20) มีอาการกระสับกระส่าย หลับไม่สนิท

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

21) หทำอะไรทำและทำให้ตัวเองไม่มีเวลาว่างได้

มากกว่าปกติ เหมือนปกติ ค่อนข้างน้อยกว่าปกติ น้อยกว่าปกติมาก

22) ทำอะไรช้ากว่าปกติ

เร็วกว่าปกติ เหมือนปกติ ช้ากว่าปกติ ช้ากว่าปกติมาก

23) รู้สึกขาดความสนใจในกิจกรรมที่เคยทำตามปกติ

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

24) ปล่อยปละละเลย ไม่สนใจรูปร่างหน้าตาของตนเอง

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

25) พิถีพิถันกับการแต่งเนื้อแต่งตัวน้อยลง

พิถีพิถันมากกว่าปกติ เท่า ๆ ปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

26) ออกไปนอกบ้านบ่อยเท่าที่เคย

มากกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

27) จัดการกับสิ่งต่าง ๆ ได้ดีพอ ๆ กับคนส่วนใหญ่ ที่อยู่ในสภาพเดียวกับท่าน

ดีกว่ามาก ดีพอ ๆ กัน ค่อนข้างน้อยกว่า น้อยกว่ามาก

28) รู้สึกว่าโดยทั่วไปแล้วทำอะไร ๆ ได้ดี

ดีกว่าปกติ เหมือนปกติ ดีน้อยกว่า ดีน้อยกว่าปกติมาก

29) ไปทำงานหรือทำงานบ้านสาย

ไม่สายเลย ไม่สายกว่าปกติ ค่อนข้างสายกว่าปกติ สายกว่าปกติมาก

30) พอใจกับการที่ทำงานลุล่วงไป

มากกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

31) สามารถมีความรู้สึกรักและอบอุ่นต่อคนใกล้ชิดได้

ดีกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

32) รู้สึกว่าสามารถเข้ากับคนอื่นได้ง่าย

ดีกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

33) ใช้เวลาคุยเล่นกับคนอื่นมาก

ใช้เวลามากกว่าปกติ เท่าปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

34) รู้สึกกลัวที่จะพูดอะไรออกไปต่อหน้าคนอื่น เพราะเกรงจะทำให้ตัวเองดูโง่

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

35) รู้สึกว่าได้ทำตัวให้เป็นประโยชน์ในเรื่องต่าง ๆ

มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

36) รู้สึกว่าสามารถตัดสินใจในเรื่องต่าง ๆ ได้

มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

37) รู้สึกว่าตัวเองไม่สามารถที่จะเริ่มทำอะไรได้เลย

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

38) จะทำอะไรก็รู้สึกหวาดกลัวไปหมด

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

39) รู้สึกดีถึงเครื่องอยู่ตลอดเวลา

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

40) รู้สึกว่าไม่สามารถที่จะเอาชนะความลำบากต่าง ๆ ได้

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

41) รู้สึกว่าชีวิตต้องดิ้นรนอยู่ตลอดเวลา

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

42) สามารถมีความสุขกับกิจกรรมในชีวิตประจำวันตามปกติได้

มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

43) มองอะไรเครื่องเครียดไปหมด

มากกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

44) รู้สึกหงุดหงิด อารมณ์ไม่ดี

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

45) รู้สึกกลัวหรือตกใจโดยไม่มีเหตุสมควร

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

46) สามารถที่จะเผชิญหน้ากับปัญหาต่าง ๆ ของตัวเองได้

ดีกว่าปกติ เหมือนปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

47) รู้สึกเรื่องต่าง ๆ ทั้บถมจนรับไม่ไหว

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

48) มีความรู้สึกว่าคนรอบข้างจับตามองคุณอยู่

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

49) รู้สึกไม่มีความสุขและเศร้าหมอง

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

50) รู้สึกเสียความมั่นใจในตัวเองไป

ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

51) คิดว่าตัวเองเป็นคนไร้ค่า

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

52) รู้สึกว่าชีวิตนี้หมดหวังโดยสิ้นเชิง

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

53) รู้สึกมีความหวังในอนาคตของตัวเอง

- มากกว่าปกติ เท่าปกติ น้อยกว่าปกติ มีความหวังน้อยมาก

54) รู้สึกมีความสุขดี ตามสมควร เมื่อดูโดยรวม ๆ

- มากกว่าปกติ เท่า ๆ ปกติ น้อยกว่าปกติ น้อยกว่าปกติมาก

55) รู้สึกกังวล กระวนกระวาย และเครียดอยู่ตลอดเวลา

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

56) รู้สึกไม่คุ้มค่าที่จะมีชีวิตอยู่ต่อไป

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

57) คิดว่ามีความเป็นไปได้ที่จะอยากจบชีวิตตัวเอง

- ไม่อย่างแน่นอน ไม่คิดว่าเป็นอย่างนั้น มีอยู่บ้างเหมือนกัน มีแน่ ๆ

58) รู้สึกว่าบางครั้งทำอะไรไม่ได้เลย เพราะประสาทตึงเครียดมาก

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

59) พบว่าตนเองรู้สึกอยากตายไปให้พ้น ๆ

- ไม่เลย ไม่มากกว่าปกติ ค่อนข้างมากกว่าปกติ มากกว่าปกติมาก

60) พบว่ามีความรู้สึกที่อยากจะทำลายชีวิตตัวเองเข้ามาอยู่ในความคิดเสมอ ๆ

- ไม่อย่างแน่นอน ไม่คิดว่าเป็นอย่างนั้น มีอยู่บ้างเหมือนกัน มีแน่ ๆ

ตอนที่ 3 แบบประเมินความเครียด

แบบวัดความเครียด กรมสุขภาพจิต

(SPST - 20)

คำชี้แจง : ในระยะ 6 เดือนที่ผ่านมา มีเหตุการณ์ในข้อใด เกิดขึ้นกับตัวคุณบ้าง และคุณมีความรู้สึกอย่างไรต่อเหตุการณ์นั้น ให้

ใส่เครื่องหมาย ✓ ลงในช่องระดับความเครียด ถ้าข้อไหนไม่ได้เกิดขึ้นให้ข้ามไปไม่ต้องตอบ

- ระดับความเครียด 1 หมายถึง ไม่รู้สึกเครียด
 ระดับความเครียด 2 หมายถึง รู้สึกเครียดเล็กน้อย
 ระดับความเครียด 3 หมายถึง รู้สึกเครียดปานกลาง
 ระดับความเครียด 4 หมายถึง รู้สึกเครียดมาก
 ระดับความเครียด 5 หมายถึง รู้สึกเครียดมากที่สุด

ข้อที่	คำถามในระยะ 6 เดือน ที่ผ่านมา	ระดับของความเครียด				
		1	2	3	4	5
1	กลัวทำงานผิดพลาด					
2	ไปไม่ถึงเป้าหมายที่วางไว้					
3	ครอบครัวมีความขัดแย้งกันในเรื่องเงินหรือเรื่องงานในบ้าน					
4	เป็นกังวลกับเรื่องสารพิษหรือมลภาวะในอากาศ น้ำ เสียง และดิน					
5	รู้สึกว่าต้องแข่งขันหรือเปรียบเทียบ					
6	เงินไม่พอใช้จ่าย					
7	กล้ามเนื้อตึงหรือปวด					
8	ปวดหัวจากความตึงเครียด					
9	ปวดหลัง					
10	ความอยากอาหารเปลี่ยนแปลง					
11	ปวดศีรษะข้างเดียว					
12	รู้สึกวิตกกังวล					
13	รู้สึกคับข้องใจ					

14	รู้สึกโกรธ หรือหงุดหงิด					
15	รู้สึกเศร้า					
16	ความจำไม่ดี					
17	รู้สึกสับสน					
18	ตั้งสมาธิลำบาก					
19	รู้สึกเหนื่อยง่าย					
20	เป็นหวัดบ่อย ๆ					
คะแนนรวม						

Appendix III

The output results from statistics analysis

Descriptive Statistics General Characteristics Result

Frequency Table

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	150	41.6	41.6	41.6
	Female	209	57.9	57.9	99.4
	Unidentified	2	.6	.6	100.0
	Total	361	100.0	100.0	

Age	Mean	32.93	.456
	95% Confidence Interval for Mean	Lower Bound	32.03
		Upper Bound	33.82
	5% Trimmed Mean	32.39	
	Median	30.00	
	Variance	75.136	
	Std. Deviation	8.668	
	Minimum	20	
	Maximum	59	
	Range	39	
	Interquartile Range	12	
	Skewness	.929	.128
	Kurtosis	.096	.256

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under Bachelor Degree	99	27.4	27.4	27.4
	Bachelor Degree	240	66.5	66.5	93.9
	Postgraduate	22	6.1	6.1	100.0
	Total	361	100.0	100.0	

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	268	74.2	74.2	74.2
	Married	80	22.2	22.2	96.4
	Separated	3	.8	.8	97.2
	Divorced	8	2.2	2.2	99.4
	Widow	2	.6	.6	100.0
	Total	361	100.0	100.0	

Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change	76	21.1	21.1	21.1
	Increase	9	2.5	2.5	23.5
	Decrease	276	76.5	76.5	100.0
	Total	361	100.0	100.0	

No.of Family	Mean		2.75	.092
	95% Confidence Interval for Mean	Lower Bound	2.57	
		Upper Bound	2.93	
	5% Trimmed Mean		2.61	
	Median		2.00	
	Variance		3.038	
	Std. Deviation		1.743	
	Minimum		1	
	Maximum		12	
	Range		11	
	Interquartile Range		3	
	Skewness		1.242	.128
	Kurtosis		2.266	.256

Alcohol Drinking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Drink	116	32.1	32.1	32.1
	Ever Drink	79	21.9	21.9	54.0
	Seldom Drink	120	33.2	33.2	87.3
	Always Drink	46	12.7	12.7	100.0
	Total	361	100.0	100.0	

Smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Smoked	258	71.5	71.5	71.5
	Ever Smoke	47	13.0	13.0	84.5
	Seldom Smoked	19	5.3	5.3	89.8
	Always Smoked	37	10.2	10.2	100.0
	Total	361	100.0	100.0	

Organization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	AOT	157	43.5	43.5	43.5
	Thai Customs Department	43	11.9	11.9	55.4
	Health Control and Quarantine Office	53	14.7	14.7	70.1
	Immigration Police	91	25.2	25.2	95.3
	Others	17	4.7	4.7	100.0
	Total	361	100.0	100.0	

Workloads

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change	49	13.6	13.6	13.6
	Decrease	227	62.9	62.9	76.5
	Increase	85	23.5	23.5	100.0
	Total	361	100.0	100.0	

No.of Passengers	Mean		205.74	16.696
	95% Confidence Interval for Mean	Lower Bound	172.90	
		Upper Bound	238.57	
	5% Trimmed Mean		162.45	
	Median		100.00	
	Variance		100628.856	
	Std. Deviation		317.221	
	Minimum		1	
	Maximum		2000	
	Range		1999	
	Interquartile Range		180	
	Skewness		2.596	.128
	Kurtosis		8.638	.256

Contact Distance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 Meter	218	60.4	60.4	60.4
	More than 1 Meter	143	39.6	39.6	100.0
	Total	361	100.0	100.0	

Contact Duration

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 5 Mins	217	60.1	60.1	60.1
	More than 5 Mins	144	39.9	39.9	100.0
	Total	361	100.0	100.0	

Contact Characteristics

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Contact	105	29.1	29.1	29.1
	Document Contact	175	48.5	48.5	77.6
	Baggage Contact	2	.6	.6	78.1
	Baggage and Document Contact	79	21.9	21.9	100.0
	Total	361	100.0	100.0	

Work Overtime

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change	152	42.1	42.1	42.1
	Decrease	154	42.7	42.7	84.8
	Increase	55	15.2	15.2	100.0
	Total	361	100.0	100.0	

Overtime Reason

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Swap Shift	54	15.0	15.0	15.0
	Lack of Staff	68	18.8	18.8	33.8
	Command of Supervisor	122	33.8	33.8	67.6
	Get Higher Income	93	25.8	25.8	93.4
	Others	24	6.6	6.6	100.0
Total		361	100.0	100.0	

Continuous Working	Mean	14.65	.441
	95% Confidence Interval for Mean	Lower Bound	13.79
		Upper Bound	15.52
	5% Trimmed Mean	13.94	
	Median	12.00	
	Variance	70.121	
	Std. Deviation	8.374	
	Minimum	1	
	Maximum	120	
	Range	119	
	Interquartile Range	4	
	Skewness	6.879	.128
	Kurtosis	75.769	.256

Resting Time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change	145	40.2	40.2	40.2
	Increase	102	28.3	28.3	68.4
	Decrease	114	31.6	31.6	100.0
Total		361	100.0	100.0	

Sleep

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change	175	48.5	48.5	48.5
	Increase	74	20.5	20.5	69.0
	Decrease	112	31.0	31.0	100.0
Total		361	100.0	100.0	

Support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full Support	132	36.6	36.6	36.6
	Request for Support	161	44.6	44.6	81.2
	No Support	67	18.6	18.6	99.7
	Others	1	.3	.3	100.0
Total		361	100.0	100.0	

No. of equipment	Mean		2.55	.053
	95% Confidence Interval for Mean	Lower Bound	2.44	
		Upper Bound	2.65	
	5% Trimmed Mean		2.54	
	Median		2.00	
	Variance		1.021	
	Std. Deviation		1.010	
	Minimum		0	
	Maximum		5	
	Range		5	
	Interquartile Range		1	
	Skewness		.175	.128
	Kurtosis		-.539	.256

Mask Type

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Surgical Mask	361	100.0	100.0	100.0

Mask Change

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Flight	32	8.9	8.9	8.9
2-3 Hours	65	18.0	18.0	26.9
6-8 Hours	133	36.8	36.8	63.7
12 Hours	14	3.9	3.9	67.6
1 Day	117	32.4	32.4	100.0
Total	361	100.0	100.0	

Glove Change

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Flight	108	29.9	29.9	29.9
2-3 Hours	140	38.8	38.8	68.7
6-8 Hours	57	15.8	15.8	84.5
12 Hours	6	1.7	1.7	86.1
1 Day	50	13.9	13.9	100.0
Total	361	100.0	100.0	

Before Hand Wash

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	351	97.2	97.2	97.2
	No	10	2.8	2.8	100.0
	Total	361	100.0	100.0	

After Hand Wash

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	349	96.7	96.7	96.7
	No	12	3.3	3.3	100.0
	Total	361	100.0	100.0	

Type of Hand Hygiene

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Soap	110	30.5	30.5	30.5
	Alcohol Gel	251	69.5	69.5	100.0
	Total	361	100.0	100.0	

Shower

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	319	88.4	88.4	88.4
	No	42	11.6	11.6	100.0
	Total	361	100.0	100.0	

Clean

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alcohol Gel	305	84.5	84.5	84.5
	Soap Water	5	1.4	1.4	85.9
	No Cleaning	51	14.1	14.1	100.0
	Total	361	100.0	100.0	

Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Change	312	86.4	86.4	86.4
	Better	7	1.9	1.9	88.4
	Worse	42	11.6	11.6	100.0
	Total	361	100.0	100.0	

Infected Passengers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	223	61.8	61.8	61.8
	Ever	138	38.2	38.2	100.0
	Total	361	100.0	100.0	

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Quarantine

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	291	80.6	80.6	80.6
	Ever	70	19.4	19.4	100.0
	Total	361	100.0	100.0	

Rapid Test

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	196	54.3	54.3	54.3
	Ever	165	45.7	45.7	100.0
	Total	361	100.0	100.0	

Descriptive Statistics Result for Mental Health Questionnaire



Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
GHQ1	361	0	1	.25	.432
GHQ2	361	0	1	.29	.452
GHQ3	361	0	1	.28	.451
GHQ4	361	0	1	.22	.412
GHQ5	361	0	1	.21	.406
GHQ6	361	0	1	.19	.396
GHQ7	361	0	1	.16	.365
GHQ8	361	0	1	.14	.346
GHQ9	361	0	1	.11	.307
GHQ10	361	0	1	.10	.304
GHQ11	361	0	1	.19	.389
GHQ12	361	0	1	.35	.477
GHQ13	361	0	1	.10	.304
GHQ14	361	0	1	.20	.404
GHQ15	361	0	1	.15	.357
GHQ16	361	0	1	.23	.423
GHQ17	361	0	1	.24	.428
GHQ18	361	0	1	.22	.416
GHQ19	361	0	1	.13	.337

GHQ20	361	0	1	.16	.368
GHQ21	361	0	1	.16	.368
GHQ22	361	0	1	.11	.318
GHQ23	361	0	1	.20	.398
GHQ24	361	0	1	.18	.387
GHQ25	361	0	1	.18	.382
GHQ26	361	0	1	.68	.465
GHQ27	361	0	1	.08	.268
GHQ28	361	0	1	.12	.321
GHQ29	361	0	1	.12	.324
GHQ30	361	0	1	.12	.321
GHQ31	361	0	1	.13	.334
GHQ32	361	0	1	.08	.276
GHQ33	361	0	1	.25	.435
GHQ34	361	0	1	.11	.318
GHQ35	361	0	1	.08	.272
GHQ36	361	0	1	.07	.259
GHQ37	361	0	1	.12	.324
GHQ38	361	0	1	.13	.334
GHQ39	361	0	1	.17	.378
GHQ40	361	0	1	.14	.352
GHQ41	361	0	1	.32	.467
GHQ42	361	0	1	.26	.438
GHQ43	361	0	1	.19	.389
GHQ44	361	0	1	.20	.404
GHQ45	361	0	1	.13	.337
GHQ46	361	0	1	.09	.285
GHQ47	361	0	1	.17	.380
GHQ48	361	0	1	.10	.300
GHQ49	361	0	1	.18	.382
GHQ50	361	0	1	.12	.324
GHQ51	361	0	1	.07	.259
GHQ52	361	0	1	.09	.285
GHQ53	361	0	1	.20	.398
GHQ54	361	0	1	.19	.392

GHQ55	361	0	1	.13	.334
GHQ56	361	0	1	.06	.245
GHQ57	361	0	1	.06	.245
GHQ58	361	0	1	.07	.263
GHQ59	361	0	1	.04	.193
GHQ60	361	0	1	.07	.254
GHQ Score	361	0	52	9.89	9.673
Valid N (listwise)	361				

GHQ Group

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Normal	245	67.9	67.9	67.9
Abnormal	116	32.1	32.1	100.0
Total	361	100.0	100.0	

Descriptive statistics Result of Mental Health Each Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Gender	Male	Count	105	47	152
		% within Gender	69.1%	30.9%	100.0%
	Female	Count	140	69	209
		% within Gender	67.0%	33.0%	100.0%
Total		Count	245	116	361
		% within Gender	67.9%	32.1%	100.0%

agegroup * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
agegroup	20-40	Count	202	95	297
		% within agegroup	68.0%	32.0%	100.0%
	41-60	Count	43	21	64
		% within agegroup	67.2%	32.8%	100.0%
Total		Count	245	116	361
		% within agegroup	67.9%	32.1%	100.0%

Marital Status * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Marital Status	Single	Count	174	94	268
		% within Marital Status	64.9%	35.1%	100.0%
	Married	Count	63	17	80
		% within Marital Status	78.8%	21.3%	100.0%
	Separated	Count	2	1	3
		% within Marital Status	66.7%	33.3%	100.0%
	Divorced	Count	4	4	8
		% within Marital Status	50.0%	50.0%	100.0%
	Widow	Count	2	0	2
		% within Marital Status	100.0%	0.0%	100.0%
Total		Count	245	116	361
		% within Marital Status	67.9%	32.1%	100.0%

Income * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Income	No change	Count	52	24	76
		% within Income	68.4%	31.6%	100.0%
	Increase	Count	5	4	9
		% within Income	55.6%	44.4%	100.0%
	Decrease	Count	188	88	276
		% within Income	68.1%	31.9%	100.0%
Total	Count	245	116	361	
	% within Income	67.9%	32.1%	100.0%	

FamilyGroup * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
FamilyGroup	<=2	Count	142	64	206
		% within FamilyGroup	68.9%	31.1%	100.0%
	>2	Count	103	52	155
		% within FamilyGroup	66.5%	33.5%	100.0%
Total	Count	245	116	361	
	% within FamilyGroup	67.9%	32.1%	100.0%	

Alcohol Drinking * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Alcohol Drinking	No Drink	Count	89	27	116
		% within Alcohol Drinking	76.7%	23.3%	100.0%
	Ever Drink	Count	53	26	79
		% within Alcohol Drinking	67.1%	32.9%	100.0%
	Seldom Drink	Count	73	47	120
		% within Alcohol Drinking	60.8%	39.2%	100.0%
	Always Drink	Count	30	16	46
		% within Alcohol Drinking	65.2%	34.8%	100.0%
Total	Count	245	116	361	
	% within Alcohol Drinking	67.9%	32.1%	100.0%	

Smoking * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Smoking	No Smoked	Count	178	80	258
		% within Smoking	69.0%	31.0%	100.0%
	Ever Smoked	Count	29	18	47
		% within Smoking	61.7%	38.3%	100.0%
	Seldom Smoked	Count	12	7	19
		% within Smoking	63.2%	36.8%	100.0%
	Always Smoked	Count	26	11	37
		% within Smoking	70.3%	29.7%	100.0%
Total	Count		245	116	361
	% within Smoking		67.9%	32.1%	100.0%

Organization * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Organization	AOT	Count	110	47	157
		% within Organization	70.1%	29.9%	100.0%
	Thai Customs Department	Count	37	6	43
		% within Organization	86.0%	14.0%	100.0%
	Health Control and Quarantine Office	Count	38	15	53
		% within Organization	71.7%	28.3%	100.0%
	Immigration Police	Count	49	42	91
		% within Organization	53.8%	46.2%	100.0%
	Others	Count	11	6	17
		% within Organization	64.7%	35.3%	100.0%
Total	Count		245	116	361
	% within Organization		67.9%	32.1%	100.0%

Workloads * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Workloads	No change	Count	38	11	49
		% within Workloads	77.6%	22.4%	100.0%
	Decrease	Count	156	71	227
		% within Workloads	68.7%	31.3%	100.0%
	Increase	Count	51	34	85
		% within Workloads	60.0%	40.0%	100.0%
Total	Count		245	116	361
	% within Workloads		67.9%	32.1%	100.0%

passengergroup * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
passengergroup	0-99	Count	121	53	174
		% within passengergroup	69.5%	30.5%	100.0%
	>100	Count	124	63	187
		% within passengergroup	66.3%	33.7%	100.0%
Total		Count	245	116	361
		% within passengergroup	67.9%	32.1%	100.0%

Contact Distance * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Contact Distance	Less than 1 Meter	Count	144	74	218
		% within Contact Distance	66.1%	33.9%	100.0%
	More than 1 Meter	Count	101	42	143
		% within Contact Distance	70.6%	29.4%	100.0%
Total		Count	245	116	361
		% within Contact Distance	67.9%	32.1%	100.0%

Contact Duration * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Contact Duration	Less than 5 Mins	Count	143	74	217
		% within Contact Duration	65.9%	34.1%	100.0%
	More than 5 Mins	Count	102	42	144
		% within Contact Duration	70.8%	29.2%	100.0%
Total		Count	245	116	361
		% within Contact Duration	67.9%	32.1%	100.0%

Contact Characteristics * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Contact Characteristics	No Contact	Count	76	29	105
		% within Contact Characteristics	72.4%	27.6%	100.0%
	Document Contact	Count	114	61	175
		% within Contact Characteristics	65.1%	34.9%	100.0%
	Baggage Contact	Count	2	0	2
		% within Contact Characteristics	100.0%	0.0%	100.0%
	Baggage and Document Contact	Count	53	26	79
		% within Contact Characteristics	67.1%	32.9%	100.0%
Total		Count	245	116	361
		% within Contact Characteristics	67.9%	32.1%	100.0%

Work Overtime * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Work Overtime	No change	Count	104	48	152
		% within Work Overtime	68.4%	31.6%	100.0%
	Decrease	Count	106	48	154
		% within Work Overtime	68.8%	31.2%	100.0%
	Increase	Count	35	20	55
		% within Work Overtime	63.6%	36.4%	100.0%
Total	Count	245	116	361	
	% within Work Overtime	67.9%	32.1%	100.0%	

Overtime Reason * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Overtime Reason	Swap Shift	Count	37	17	54
		% within Overtime Reason	68.5%	31.5%	100.0%
	Lack of Staff	Count	43	25	68
		% within Overtime Reason	63.2%	36.8%	100.0%
	Command of Supervisor	Count	76	46	122
		% within Overtime Reason	62.3%	37.7%	100.0%
	Get Higher Income	Count	69	24	93
		% within Overtime Reason	74.2%	25.8%	100.0%
	Others	Count	20	4	24
		% within Overtime Reason	83.3%	16.7%	100.0%
Total	Count	245	116	361	
	% within Overtime Reason	67.9%	32.1%	100.0%	

workinghour_gr * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
workinghour_gr	1-12	Count	136	47	183
		% within workinghour_gr	74.3%	25.7%	100.0%
	>12	Count	109	69	178
		% within workinghour_gr	61.2%	38.8%	100.0%
Total	Count	245	116	361	
	% within workinghour_gr	67.9%	32.1%	100.0%	

Resting Time * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Resting Time	No change	Count	98	47	145
		% within Resting Time	67.6%	32.4%	100.0%
	Increase	Count	73	29	102
		% within Resting Time	71.6%	28.4%	100.0%
	Decrease	Count	74	40	114
		% within Resting Time	64.9%	35.1%	100.0%
Total	Count	245	116	361	
	% within Resting Time	67.9%	32.1%	100.0%	

Sleep * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Sleep	No change	Count	124	51	175
		% within Sleep	70.9%	29.1%	100.0%
	Increase	Count	51	23	74
		% within Sleep	68.9%	31.1%	100.0%
	Decrease	Count	70	42	112
		% within Sleep	62.5%	37.5%	100.0%
Total	Count	245	116	361	
	% within Sleep	67.9%	32.1%	100.0%	

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Support * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Support	Full Support	Count	101	31	132
		% within Support	76.5%	23.5%	100.0%
	Request for Support	Count	103	58	161
		% within Support	64.0%	36.0%	100.0%
	No Support	Count	40	27	67
		% within Support	59.7%	40.3%	100.0%
	Others	Count	1	0	1
		% within Support	100.0%	0.0%	100.0%
Total	Count	245	116	361	
	% within Support	67.9%	32.1%	100.0%	

equipmentgroup * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
equipmentgroup	<=2	Count	127	59	186
		% within equipmentgroup	68.3%	31.7%	100.0%
	>2	Count	118	57	175
		% within equipmentgroup	67.4%	32.6%	100.0%
Total		Count	245	116	361
		% within equipmentgroup	67.9%	32.1%	100.0%

MaskChangegroup * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
MaskChangegroup	<=8	Count	161	69	230
		% within MaskChangegroup	70.0%	30.0%	100.0%
	>8	Count	84	47	131
		% within MaskChangegroup	64.1%	35.9%	100.0%
Total		Count	245	116	361
		% within MaskChangegroup	67.9%	32.1%	100.0%

glovechangegroup * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
glovechangegroup	<=8	Count	213	92	305
		% within glovechangegroup	69.8%	30.2%	100.0%
	>8	Count	32	24	56
		% within glovechangegroup	57.1%	42.9%	100.0%
Total		Count	245	116	361
		% within glovechangegroup	67.9%	32.1%	100.0%

Before Hand Wash * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Before Hand Wash	Yes	Count	239	112	351
		% within Before Hand Wash	68.1%	31.9%	100.0%
	No	Count	6	4	10
		% within Before Hand Wash	60.0%	40.0%	100.0%
Total		Count	245	116	361
		% within Before Hand Wash	67.9%	32.1%	100.0%

After Hand Wash * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
After Hand Wash	Yes	Count	238	111	349
		% within After Hand Wash	68.2%	31.8%	100.0%
	No	Count	7	5	12
		% within After Hand Wash	58.3%	41.7%	100.0%
Total		Count	245	116	361
		% within After Hand Wash	67.9%	32.1%	100.0%

Type of Hand Hygiene * GHQ Group

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Type of Hand Hygiene	Soap	Count	68	42	110
		% within Type of Hand Hygiene	61.8%	38.2%	100.0%
	Alcohol Gel	Count	177	74	251
		% within Type of Hand Hygiene	70.5%	29.5%	100.0%
Total		Count	245	116	361
		% within Type of Hand Hygiene	67.9%	32.1%	100.0%

Shower * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Shower	Yes	Count	221	98	319
		% within Shower	69.3%	30.7%	100.0%
	No	Count	24	18	42
		% within Shower	57.1%	42.9%	100.0%
Total		Count	245	116	361
		% within Shower	67.9%	32.1%	100.0%

Clean * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Clean	Alcohol Gel	Count	207	98	305
		% within Clean	67.9%	32.1%	100.0%
	Soap Water	Count	4	1	5
		% within Clean	80.0%	20.0%	100.0%
	No Cleaning	Count	34	17	51
		% within Clean	66.7%	33.3%	100.0%
Total		Count	245	116	361
		% within Clean	67.9%	32.1%	100.0%

Infected Passengers * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Infected Passengers	Never	Count	164	59	223
		% within Infected Passengers	73.5%	26.5%	100.0%
	Ever	Count	81	57	138
		% within Infected Passengers	58.7%	41.3%	100.0%
Total		Count	245	116	361
		% within Infected Passengers	67.9%	32.1%	100.0%

Quarantine * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Quarantine	Never	Count	207	84	291
		% within Quarantine	71.1%	28.9%	100.0%
	Ever	Count	38	32	70
		% within Quarantine	54.3%	45.7%	100.0%
Total	Count		245	116	361
	% within Quarantine		67.9%	32.1%	100.0%

Test for COVID-19 * GHQ Group**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Test for COVID-19	Never	Count	142	54	196
		% within Test for COVID-19	72.4%	27.6%	100.0%
	Ever	Count	103	62	165
		% within Test for COVID-19	62.4%	37.6%	100.0%
Total	Count		245	116	361
	% within Test for COVID-19		67.9%	32.1%	100.0%

Descriptive statistics of stress questionnaire

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
SPST1	361	1	5	2.09	1.002
SPST2	361	1	5	2.31	1.051
SPST3	361	1	5	2.17	1.158
SPST4	361	1	5	2.48	1.263
SPST5	361	1	5	1.97	1.028
SPST6	361	1	5	2.92	1.351
SPST7	361	1	5	2.09	1.027
SPST8	361	1	5	2.09	1.047
SPST9	361	1	5	2.18	1.079
SPST10	361	1	5	1.92	1.006
SPST11	361	1	5	1.87	.992
SPST12	361	1	5	2.08	1.093
SPST13	361	1	5	1.93	1.109
SPST14	361	1	5	1.98	1.045
SPST15	361	1	5	1.94	1.064
SPST16	361	1	5	1.98	1.039
SPST17	361	1	5	1.86	.975
SPST18	361	1	5	1.94	.993
SPST19	361	1	5	2.01	1.102
SPST20	361	1	5	1.68	.981
SPST Score	361	20	93	41.50	14.742
Valid N (listwise)	361				

Stress Level

		Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
SPST Score	Low Stress	32	100.0%	0	0.0%	32	100.0%
	Moderate Stress	186	100.0%	0	0.0%	186	100.0%
	High Stress	103	100.0%	0	0.0%	103	100.0%
	Severe Stress	40	100.0%	0	0.0%	40	100.0%

Descriptive statistics Result of Stress Each Level

agegroup * SPST Level

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
agegroup	20-40	Count	20	152	92	33	297
		% within agegroup	6.7%	51.2%	31.0%	11.1%	100.0%
	41-60	Count	12	34	11	7	64
		% within agegroup	18.8%	53.1%	17.2%	10.9%	100.0%
Total		Count	32	186	103	40	361
		% within agegroup	8.9%	51.5%	28.5%	11.1%	100.0%

Education * SPST Level

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Education	Under Bachelor Degree	Count	8	45	36	10	99
		% within Education	8.1%	45.5%	36.4%	10.1%	100.0%
	Bachelor Degree	Count	19	130	66	25	240
		% within Education	7.9%	54.2%	27.5%	10.4%	100.0%
	Postgraduate	Count	5	11	1	5	22
		% within Education	22.7%	50.0%	4.5%	22.7%	100.0%
Total		Count	32	186	103	40	361
		% within Education	8.9%	51.5%	28.5%	11.1%	100.0%

Marital Status * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Marital Status	Single	Count	17	140	76	35	268
		% within Marital Status	6.3%	52.2%	28.4%	13.1%	100.0%
	Married	Count	14	43	20	3	80
		% within Marital Status	17.5%	53.8%	25.0%	3.8%	100.0%
	Separated	Count	0	1	2	0	3
		% within Marital Status	0.0%	33.3%	66.7%	0.0%	100.0%
	Divorced	Count	1	1	4	2	8
		% within Marital Status	12.5%	12.5%	50.0%	25.0%	100.0%
	Widow	Count	0	1	1	0	2
		% within Marital Status	0.0%	50.0%	50.0%	0.0%	100.0%
Total		Count	32	186	103	40	361
		% within Marital Status	8.9%	51.5%	28.5%	11.1%	100.0%

Income * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Income	No change	Count	4	43	19	10	76
		% within Income	5.3%	56.6%	25.0%	13.2%	100.0%
	Increase	Count	1	5	1	2	9
		% within Income	11.1%	55.6%	11.1%	22.2%	100.0%
	Decrease	Count	27	138	83	28	276
		% within Income	9.8%	50.0%	30.1%	10.1%	100.0%
Total		Count	32	186	103	40	361
		% within Income	8.9%	51.5%	28.5%	11.1%	100.0%

FamilyGroup * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
FamilyGroup	<=2	Count	16	106	61	23	206
		% within FamilyGroup	7.8%	51.5%	29.6%	11.2%	100.0%
	>2	Count	16	80	42	17	155
		% within FamilyGroup	10.3%	51.6%	27.1%	11.0%	100.0%
Total		Count	32	186	103	40	361
		% within FamilyGroup	8.9%	51.5%	28.5%	11.1%	100.0%

Alcohol Drinking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Drink	116	32.1	32.1	32.1
	Ever Drink	79	21.9	21.9	54.0
	Seldom Drink	120	33.2	33.2	87.3
	Always Drink	46	12.7	12.7	100.0
	Total	361	100.0	100.0	

Smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Smoked	258	71.5	71.5	71.5
	Ever Smoke	47	13.0	13.0	84.5
	Seldom Smoked	19	5.3	5.3	89.8
	Always Smoked	37	10.2	10.2	100.0
	Total	361	100.0	100.0	

Organization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	AOT	157	43.5	43.5	43.5
	Thai Customs Department	43	11.9	11.9	55.4
	Health Control and Quarantine Office	53	14.7	14.7	70.1
	Immigration Police	91	25.2	25.2	95.3
	Others	17	4.7	4.7	100.0
	Total	361	100.0	100.0	

Workloads

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change	49	13.6	13.6	13.6
	Decrease	227	62.9	62.9	76.5
	Increase	85	23.5	23.5	100.0
	Total	361	100.0	100.0	

Contact Distance * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Contact Distance	Less than 1 Meter	Count	19	114	53	32	218
		% within Contact Distance	8.7%	52.3%	24.3%	14.7%	100.0%
	More than 1 Meter	Count	13	72	50	8	143
		% within Contact Distance	9.1%	50.3%	35.0%	5.6%	100.0%
Total		Count	32	186	103	40	361
		% within Contact Distance	8.9%	51.5%	28.5%	11.1%	100.0%

Contact Duration * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Contact Duration	Less than 5 Mins	Count	18	100	72	27	217
		% within Contact Duration	8.3%	46.1%	33.2%	12.4%	100.0%
	More than 5 Mins	Count	14	86	31	13	144
		% within Contact Duration	9.7%	59.7%	21.5%	9.0%	100.0%
Total		Count	32	186	103	40	361
		% within Contact Duration	8.9%	51.5%	28.5%	11.1%	100.0%

Contact Characteristics * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Contact Characteristics	No Contact	Count	9	57	31	8	105
		% within Contact Characteristics	8.6%	54.3%	29.5%	7.6%	100.0%
	Document Contact	Count	14	92	48	21	175
		% within Contact Characteristics	8.0%	52.6%	27.4%	12.0%	100.0%
	Baggage Contact	Count	0	1	1	0	2
		% within Contact Characteristics	0.0%	50.0%	50.0%	0.0%	100.0%
	Baggage and Document Contact	Count	9	36	23	11	79
		% within Contact Characteristics	11.4%	45.6%	29.1%	13.9%	100.0%
Total		Count	32	186	103	40	361
		% within Contact Characteristics	8.9%	51.5%	28.5%	11.1%	100.0%

Work Overtime * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Work Overtime	No change	Count	11	72	48	21	152
		% within Work Overtime	7.2%	47.4%	31.6%	13.8%	100.0%
	Decrease	Count	16	83	44	11	154
		% within Work Overtime	10.4%	53.9%	28.6%	7.1%	100.0%
	Increase	Count	5	31	11	8	55
		% within Work Overtime	9.1%	56.4%	20.0%	14.5%	100.0%
Total		Count	32	186	103	40	361
		% within Work Overtime	8.9%	51.5%	28.5%	11.1%	100.0%

Overtime Reason * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Overtime Reason	Swap Shift	Count	5	26	17	6	54
		% within Overtime Reason	9.3%	48.1%	31.5%	11.1%	100.0%
	Lack of Staff	Count	3	40	18	7	68
		% within Overtime Reason	4.4%	58.8%	26.5%	10.3%	100.0%
	Command of Supervisor	Count	10	53	42	17	122
		% within Overtime Reason	8.2%	43.4%	34.4%	13.9%	100.0%
	Get Higher Income	Count	12	52	20	9	93
		% within Overtime Reason	12.9%	55.9%	21.5%	9.7%	100.0%
	Others	Count	2	15	6	1	24
		% within Overtime Reason	8.3%	62.5%	25.0%	4.2%	100.0%
Total		Count	32	186	103	40	361
		% within Overtime Reason	8.9%	51.5%	28.5%	11.1%	100.0%

WorkGroup * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
WorkGroup	1-12	Count	14	108	48	13	183
		% within WorkGroup	7.7%	59.0%	26.2%	7.1%	100.0%
	>13	Count	18	78	55	27	178
		% within WorkGroup	10.1%	43.8%	30.9%	15.2%	100.0%
Total		Count	32	186	103	40	361
		% within WorkGroup	8.9%	51.5%	28.5%	11.1%	100.0%

Resting Time * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Resting Time	No change	Count	11	73	46	15	145
		% within Resting Time	7.6%	50.3%	31.7%	10.3%	100.0%
	Increase	Count	9	55	30	8	102
		% within Resting Time	8.8%	53.9%	29.4%	7.8%	100.0%
	Decrease	Count	12	58	27	17	114
		% within Resting Time	10.5%	50.9%	23.7%	14.9%	100.0%
Total		Count	32	186	103	40	361
		% within Resting Time	8.9%	51.5%	28.5%	11.1%	100.0%

Sleep * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Sleep	No change	Count	15	95	49	16	175
		% within Sleep	8.6%	54.3%	28.0%	9.1%	100.0%
	Increase	Count	6	43	20	5	74
		% within Sleep	8.1%	58.1%	27.0%	6.8%	100.0%
	Decrease	Count	11	48	34	19	112
		% within Sleep	9.8%	42.9%	30.4%	17.0%	100.0%
Total		Count	32	186	103	40	361
		% within Sleep	8.9%	51.5%	28.5%	11.1%	100.0%

Support * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Support	Full Support	Count	14	77	30	11	132
		% within Support	10.6%	58.3%	22.7%	8.3%	100.0%
	Request for Support	Count	13	80	49	19	161
		% within Support	8.1%	49.7%	30.4%	11.8%	100.0%
	No Support	Count	5	28	24	10	67
		% within Support	7.5%	41.8%	35.8%	14.9%	100.0%
	Others	Count	0	1	0	0	1
		% within Support	0.0%	100.0%	0.0%	0.0%	100.0%
Total		Count	32	186	103	40	361
		% within Support	8.9%	51.5%	28.5%	11.1%	100.0%

equipmentgroup * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
equipmentgroup	<=2	Count	15	95	57	19	186
		% within equipmentgroup	8.1%	51.1%	30.6%	10.2%	100.0%
	>2	Count	17	91	46	21	175
		% within equipmentgroup	9.7%	52.0%	26.3%	12.0%	100.0%
Total		Count	32	186	103	40	361
		% within equipmentgroup	8.9%	51.5%	28.5%	11.1%	100.0%

Mask Type * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Mask Type	Surgical Mask	Count	32	186	103	40	361

MaskChangegroup * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
MaskChangegroup	<=8	Count	21	120	63	26	230
		% within MaskChangegroup	9.1%	52.2%	27.4%	11.3%	100.0%
	>8	Count	11	66	40	14	131
		% within MaskChangegroup	8.4%	50.4%	30.5%	10.7%	100.0%
Total		Count	32	186	103	40	361
		% within MaskChangegroup	8.9%	51.5%	28.5%	11.1%	100.0%

glovechangegroup * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
glovechangegroup	<=8	Count	28	159	85	33	305
		% within glovechangegroup	9.2%	52.1%	27.9%	10.8%	100.0%
	>8	Count	4	27	18	7	56
		% within glovechangegroup	7.1%	48.2%	32.1%	12.5%	100.0%
Total		Count	32	186	103	40	361
		% within glovechangegroup	8.9%	51.5%	28.5%	11.1%	100.0%

Before Hand Wash * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Before Hand Wash	Yes	Count	31	181	101	38	351
		% within Before Hand Wash	8.8%	51.6%	28.8%	10.8%	100.0%
	No	Count	1	5	2	2	10
		% within Before Hand Wash	10.0%	50.0%	20.0%	20.0%	100.0%
Total		Count	32	186	103	40	361
		% within Before Hand Wash	8.9%	51.5%	28.5%	11.1%	100.0%

After Hand Wash * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
After Hand Wash	Yes	Count	32	182	100	35	349
		% within After Hand Wash	9.2%	52.1%	28.7%	10.0%	100.0%
	No	Count	0	4	3	5	12
		% within After Hand Wash	0.0%	33.3%	25.0%	41.7%	100.0%
Total		Count	32	186	103	40	361
		% within After Hand Wash	8.9%	51.5%	28.5%	11.1%	100.0%

Type of Hand Hygiene * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Type of Hand Hygiene	Soap	Count	14	46	32	18	110
		% within Type of Hand Hygiene	12.7%	41.8%	29.1%	16.4%	100.0%
	Alcohol Gel	Count	18	140	71	22	251
		% within Type of Hand Hygiene	7.2%	55.8%	28.3%	8.8%	100.0%
Total		Count	32	186	103	40	361
		% within Type of Hand Hygiene	8.9%	51.5%	28.5%	11.1%	100.0%

Shower * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Shower	Yes	Count	32	167	87	33	319
		% within Shower	10.0%	52.4%	27.3%	10.3%	100.0%
	No	Count	0	19	16	7	42
		% within Shower	0.0%	45.2%	38.1%	16.7%	100.0%
Total		Count	32	186	103	40	361
		% within Shower	8.9%	51.5%	28.5%	11.1%	100.0%

Clean * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Clean	Alcohol Gel	Count	30	159	84	32	305
		% within Clean	9.8%	52.1%	27.5%	10.5%	100.0%
	Soap Water	Count	1	1	3	0	5
		% within Clean	20.0%	20.0%	60.0%	0.0%	100.0%
	No Cleaning	Count	1	26	16	8	51
		% within Clean	2.0%	51.0%	31.4%	15.7%	100.0%
Total		Count	32	186	103	40	361
		% within Clean	8.9%	51.5%	28.5%	11.1%	100.0%

Health * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Health	No Change	Count	28	175	83	26	312
		% within Health	9.0%	56.1%	26.6%	8.3%	100.0%
	Better	Count	2	3	0	2	7
		% within Health	28.6%	42.9%	0.0%	28.6%	100.0%
	Worse	Count	2	8	20	12	42
		% within Health	4.8%	19.0%	47.6%	28.6%	100.0%
Total		Count	32	186	103	40	361
		% within Health	8.9%	51.5%	28.5%	11.1%	100.0%

Infected Passengers * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Infected Passengers	Never	Count	27	115	62	19	223
		% within Infected Passengers	12.1%	51.6%	27.8%	8.5%	100.0%
	Ever	Count	5	71	41	21	138
		% within Infected Passengers	3.6%	51.4%	29.7%	15.2%	100.0%
Total		Count	32	186	103	40	361
		% within Infected Passengers	8.9%	51.5%	28.5%	11.1%	100.0%

Quarantine * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Quarantine	Never	Count	28	153	78	32	291
		% within Quarantine	9.6%	52.6%	26.8%	11.0%	100.0%
	Ever	Count	4	33	25	8	70
		% within Quarantine	5.7%	47.1%	35.7%	11.4%	100.0%
Total		Count	32	186	103	40	361
		% within Quarantine	8.9%	51.5%	28.5%	11.1%	100.0%

Test for COVID-19 * SPST Level**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Test for COVID-19	Never	Count	23	93	60	20	196
		% within Test for COVID-19	11.7%	47.4%	30.6%	10.2%	100.0%
	Ever	Count	9	93	43	20	165
		% within Test for COVID-19	5.5%	56.4%	26.1%	12.1%	100.0%
Total		Count	32	186	103	40	361
		% within Test for COVID-19	8.9%	51.5%	28.5%	11.1%	100.0%



Chi Square Test Results of the association between socio demographic, job characteristics and personal preventive measure factors to the mental health

			GHQ Group		Total
			Normal	Abnormal	
Gender	Male	Count	105	47	152
		% within Gender	69.1%	30.9%	100.0%
	Female	Count	140	69	209
		% within Gender	67.0%	33.0%	100.0%
Total		Count	245	116	361
		% within Gender	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.177 ^a	1	.674	.732	.380	
Continuity Correction ^b	.094	1	.759			
Likelihood Ratio	.177	1	.674	.732	.380	
Fisher's Exact Test				.732	.380	
Linear-by-Linear Association	.176 ^c	1	.675	.732	.380	.083
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 48.84.

b. Computed only for a 2x2 table

c. The standardized statistic is .420.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
agegroup	20-40	Count	202	95	297
		% within agegroup	68.0%	32.0%	100.0%
	41-60	Count	43	21	64
		% within agegroup	67.2%	32.8%	100.0%
Total		Count	245	116	361
		% within agegroup	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.016 ^a	1	.898	1.000	.503	
Continuity Correction ^b	.000	1	1.000			
Likelihood Ratio	.016	1	.898	1.000	.503	
Fisher's Exact Test				.884	.503	
Linear-by-Linear Association	.016 ^c	1	.898	1.000	.503	.116
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.57.

b. Computed only for a 2x2 table

c. The standardized statistic is .128.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Education	Under Bachelor Degree	Count	69	30	99
		% within Education	69.7%	30.3%	100.0%
	Bachelor Degree	Count	163	77	240
		% within Education	67.9%	32.1%	100.0%
	Postgraduate	Count	13	9	22
		% within Education	59.1%	40.9%	100.0%
Total		Count	245	116	361
		% within Education	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.929 ^a	2	.628	.661		
Likelihood Ratio	.900	2	.638	.674		
Fisher's Exact Test	1.001			.612		
Linear-by-Linear Association	.612 ^b	1	.434	.465	.249	.062
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.07.

b. The standardized statistic is .783.

**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Statusgroup	Single	Count	174	94	268
		% within Statusgroup	64.9%	35.1%	100.0%
	Married, Divorced, Separated, Widowed	Count	71	22	93
		% within Statusgroup	76.3%	23.7%	100.0%
Total		Count	245	116	361
		% within Statusgroup	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	4.128 ^a	1	.042	.053	.027	
Continuity Correction ^b	3.621	1	.057			
Likelihood Ratio	4.285	1	.038	.041	.027	
Fisher's Exact Test				.053	.027	
Linear-by-Linear Association	4.117 ^c	1	.042	.053	.027	.013
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 29.88.

b. Computed only for a 2x2 table

			GHQ Group		Total
			Normal	Abnormal	
Incomegroup	Decrease	Count	188	88	276
		% within Incomegroup	68.1%	31.9%	100.0%
	Increase or No change	Count	57	28	85
		% within Incomegroup	67.1%	32.9%	100.0%
Total		Count	245	116	361
		% within Incomegroup	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.033 ^a	1	.855	.895	.477	
Continuity Correction ^b	.002	1	.960			
Likelihood Ratio	.033	1	.855	.895	.477	
Fisher's Exact Test				.895	.477	
Linear-by-Linear Association	.033 ^c	1	.855	.895	.477	.103
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 27.31.

b. Computed only for a 2x2 table

c. The standardized statistic is .182.



			GHQ Group		Total
			Normal	Abnormal	
FamilyGroup	<=2	Count	142	64	206
		% within FamilyGroup	68.9%	31.1%	100.0%
	>2	Count	103	52	155
		% within FamilyGroup	66.5%	33.5%	100.0%
Total		Count	245	116	361
		% within FamilyGroup	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.250 ^a	1	.617	.650	.349	
Continuity Correction ^b	.149	1	.700			
Likelihood Ratio	.249	1	.618	.650	.349	
Fisher's Exact Test				.650	.349	
Linear-by-Linear Association	.249 ^c	1	.618	.650	.349	.080
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 49.81.

b. Computed only for a 2x2 table

c. The standardized statistic is .499.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
smokinggroup	No smoke	Count	178	80	258
		% within smokinggroup	69.0%	31.0%	100.0%
	Ever or Seldom smoked	Count	41	25	66
		% within smokinggroup	62.1%	37.9%	100.0%
	Always smoke	Count	26	11	37
		% within smokinggroup	70.3%	29.7%	100.0%
Total	Count	245	116	361	
	% within smokinggroup	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.247 ^a	2	.536	.555		
Likelihood Ratio	1.222	2	.543	.565		
Fisher's Exact Test	1.261			.545		
Linear-by-Linear Association	.116 ^b	1	.733	.736	.396	.063
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.89.

b. The standardized statistic is .341.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Alcoholgroup	No drinking	Count	89	27	116
		% within Alcoholgroup	76.7%	23.3%	100.0%
	Ever or seldom drinking	Count	126	73	199
		% within Alcoholgroup	63.3%	36.7%	100.0%
	Always drinking	Count	30	16	46
		% within Alcoholgroup	65.2%	34.8%	100.0%
Total	Count	245	116	361	
	% within Alcoholgroup	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	6.210 ^a	2	.045	.045		
Likelihood Ratio	6.414	2	.040	.042		
Fisher's Exact Test	6.337			.042		
Linear-by-Linear Association	4.070 ^b	1	.044	.053	.027	.009
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.78.

b. The standardized statistic is 2.017.

			GHQ Group		Total
			Normal	Abnormal	
regroup organization	AOT and Health	Count	148	62	210
		% within regroup organization	70.5%	29.5%	100.0%
	Customs,Immigration, Other	Count	97	54	151
		% within regroup organization	64.2%	35.8%	100.0%
Total		Count	245	116	361
		% within regroup organization	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.567 ^a	1	.211	.253	.128	
Continuity Correction ^b	1.294	1	.255			
Likelihood Ratio	1.560	1	.212	.253	.128	
Fisher's Exact Test				.253	.128	
Linear-by-Linear Association	1.563 ^c	1	.211	.253	.128	.042
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 48.52.

b. Computed only for a 2x2 table

c. The standardized statistic is 1.250.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
groupof workload	No change or decrease	Count	194	82	276
		% within groupof workload	70.3%	29.7%	100.0%
	Increase	Count	51	34	85
		% within groupof workload	60.0%	40.0%	100.0%
Total		Count	245	116	361
		% within groupof workload	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	3.155 ^a	1	.076	.085	.051	
Continuity Correction ^b	2.701	1	.100			
Likelihood Ratio	3.078	1	.079	.085	.051	
Fisher's Exact Test				.085	.051	
Linear-by-Linear Association	3.146 ^c	1	.076	.085	.051	.022
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 27.31.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Contact Duration	Less than 5 Mins	Count	143	74	217
		% within Contact Duration	65.9%	34.1%	100.0%
	More than 5 Mins	Count	102	42	144
		% within Contact Duration	70.8%	29.2%	100.0%
Total	Count	245	116	361	
	% within Contact Duration	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.967 ^a	1	.326	.358	.193	.057
Continuity Correction ^b	.754	1	.385			
Likelihood Ratio	.973	1	.324	.358	.193	
Fisher's Exact Test				.358	.193	
Linear-by-Linear Association	.964 ^c	1	.326	.358	.193	
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 46.27.

b. Computed only for a 2x2 table

c. The standardized statistic is -.982.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
contactgroup	No contact	Count	76	29	105
		% within contactgroup	72.4%	27.6%	100.0%
	Only document	Count	114	61	175
		% within contactgroup	65.1%	34.9%	100.0%
	Others contact	Count	55	26	81
		% within contactgroup	67.9%	32.1%	100.0%
Total	Count	245	116	361	
	% within contactgroup	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.577 ^a	2	.455	.453		.048
Likelihood Ratio	1.595	2	.450	.453		
Fisher's Exact Test	1.563			.463		
Linear-by-Linear Association	.551 ^b	1	.458	.479	.254	
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 26.03.

b. The standardized statistic is .742.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Work Overtime	No change	Count	104	48	152
		% within Work Overtime	68.4%	31.6%	100.0%
	Decrease	Count	106	48	154
		% within Work Overtime	68.8%	31.2%	100.0%
	Increase	Count	35	20	55
		% within Work Overtime	63.6%	36.4%	100.0%
Total	Count	245	116	361	
	% within Work Overtime	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.538 ^a	2	.764	.775		
Likelihood Ratio	.529	2	.767	.775		
Fisher's Exact Test	.579			.766		
Linear-by-Linear Association	.254 ^b	1	.614	.634	.335	.056
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.67.

b. The standardized statistic is .504.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Overtime Reason	Swap Shift	Count	37	17	54
		% within Overtime Reason	68.5%	31.5%	100.0%
	Lack of Staff	Count	43	25	68
		% within Overtime Reason	63.2%	36.8%	100.0%
	Command of Supervisor	Count	76	46	122
		% within Overtime Reason	62.3%	37.7%	100.0%
	Get Higher Income	Count	69	24	93
		% within Overtime Reason	74.2%	25.8%	100.0%
	Others	Count	20	4	24
		% within Overtime Reason	83.3%	16.7%	100.0%
Total	Count	245	116	361	
	% within Overtime Reason	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	6.756 ^a	4	.149	.150		
Likelihood Ratio	7.089	4	.131	.136		
Fisher's Exact Test	6.708			.150		
Linear-by-Linear Association	2.417 ^b	1	.120	.126	.066	.012
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.71.

b. The standardized statistic is -1.555.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
WorkGroup	1-12	Count	136	47	183
		% within WorkGroup	74.3%	25.7%	100.0%
	>13	Count	109	69	178
		% within WorkGroup	61.2%	38.8%	100.0%
Total		Count	245	116	361
		% within WorkGroup	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.080 ^a	1	.008	.009	.005	
Continuity Correction ^b	6.493	1	.011			
Likelihood Ratio	7.110	1	.008	.009	.005	
Fisher's Exact Test				.009	.005	
Linear-by-Linear Association	7.060 ^c	1	.008	.009	.005	.003
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 57.20.

b. Computed only for a 2x2 table

			GHQ Group		Total
			Normal	Abnormal	
Resting Time	No change	Count	98	47	145
		% within Resting Time	67.6%	32.4%	100.0%
	Increase	Count	73	29	102
		% within Resting Time	71.6%	28.4%	100.0%
	Decrease	Count	74	40	114
		% within Resting Time	64.9%	35.1%	100.0%
Total		Count	245	116	361
		% within Resting Time	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.103 ^a	2	.576	.594		
Likelihood Ratio	1.110	2	.574	.588		
Fisher's Exact Test	1.102			.594		
Linear-by-Linear Association	.156 ^b	1	.692	.739	.371	.049
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 32.78.

b. The standardized statistic is .396.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Sleep	No change	Count	124	51	175
		% within Sleep	70.9%	29.1%	100.0%
	Increase	Count	51	23	74
		% within Sleep	68.9%	31.1%	100.0%
	Decrease	Count	70	42	112
		% within Sleep	62.5%	37.5%	100.0%
Total		Count	245	116	361
		% within Sleep	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.234 ^a	2	.327	.326		
Likelihood Ratio	2.209	2	.331	.326		
Fisher's Exact Test	2.223			.326		
Linear-by-Linear Association	2.095 ^b	1	.148	.157	.084	.018
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 23.78.

b. The standardized statistic is 1.447.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Support	Full Support	Count	101	31	132
		% within Support	76.5%	23.5%	100.0%
	Request for Support	Count	103	58	161
		% within Support	64.0%	36.0%	100.0%
	No Support	Count	41	27	68
		% within Support	60.3%	39.7%	100.0%
Total	Count	245	116	361	
	% within Support	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.433 ^a	2	.024	.023		
Likelihood Ratio	7.611	2	.022	.022		
Fisher's Exact Test	7.581			.022		
Linear-by-Linear Association	6.651 ^b	1	.010	.010	.006	.002
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 21.85.

b. The standardized statistic is 2.579.

**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
equipmentgroup	<=2	Count	127	59	186
		% within equipmentgroup	68.3%	31.7%	100.0%
	>2	Count	118	57	175
		% within equipmentgroup	67.4%	32.6%	100.0%
Total	Count	245	116	361	
	% within equipmentgroup	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.030 ^a	1	.863	.910	.476	
Continuity Correction ^b	.004	1	.952			
Likelihood Ratio	.030	1	.863	.910	.476	
Fisher's Exact Test				.910	.476	
Linear-by-Linear Association	.030 ^c	1	.863	.910	.476	.088
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 56.23.

b. Computed only for a 2x2 table

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
glovechange group	<=8	Count	213	92	305
		% within glovechange group	69.8%	30.2%	100.0%
	>8	Count	32	24	56
		% within glovechange group	57.1%	42.9%	100.0%
Total		Count	245	116	361
		% within glovechange group	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	3.496 ^a	1	.062	.064	.045	
Continuity Correction ^b	2.938	1	.087			
Likelihood Ratio	3.364	1	.067	.086	.045	
Fisher's Exact Test				.086	.045	
Linear-by-Linear Association	3.486 ^c	1	.062	.064	.045	.022
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.99.

b. Computed only for a 2x2 table

c. The standardized statistic is 1.697.

			GHQ Group		Total
			Normal	Abnormal	
Before Hand Wash	Yes	Count	239	112	351
		% within Before Hand Wash	68.1%	31.9%	100.0%
	No	Count	6	4	10
		% within Before Hand Wash	60.0%	40.0%	100.0%
Total		Count	245	116	361
		% within Before Hand Wash	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.292 ^a	1	.589	.732	.408	
Continuity Correction ^b	.039	1	.844			
Likelihood Ratio	.282	1	.596	.732	.408	
Fisher's Exact Test				.732	.408	
Linear-by-Linear Association	.291 ^c	1	.590	.732	.408	.221
N of Valid Cases	361					

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.21.

b. Computed only for a 2x2 table

c. The standardized statistic is .540.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
After Hand Wash	Yes	Count	238	111	349
		% within After Hand Wash	68.2%	31.8%	100.0%
	No	Count	7	5	12
		% within After Hand Wash	58.3%	41.7%	100.0%
Total		Count	245	116	361
		% within After Hand Wash	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.517 ^a	1	.472	.533	.333	
Continuity Correction ^b	.164	1	.686			
Likelihood Ratio	.496	1	.481	.533	.333	
Fisher's Exact Test				.533	.333	
Linear-by-Linear Association	.516 ^c	1	.473	.533	.333	
N of Valid Cases	361					

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.86.

b. Computed only for a 2x2 table

c. The standardized statistic is .718

			GHQ Group		Total
			Normal	Abnormal	
Type of Hand Hygiene	Soap	Count	68	42	110
		% within Type of Hand Hygiene	61.8%	38.2%	100.0%
	Alcohol Gel	Count	177	74	251
		% within Type of Hand Hygiene	70.5%	29.5%	100.0%
Total		Count	245	116	361
		% within Type of Hand Hygiene	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.654 ^a	1	.103	.112	.067	
Continuity Correction ^b	2.270	1	.132			
Likelihood Ratio	2.613	1	.106	.112	.067	
Fisher's Exact Test				.112	.067	
Linear-by-Linear Association	2.647 ^c	1	.104	.112	.067	
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 35.35.

b. Computed only for a 2x2 table

c. The standardized statistic is -1.627.

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Shower	Yes	Count	221	98	319
		% within Shower	69.3%	30.7%	100.0%
	No	Count	24	18	42
		% within Shower	57.1%	42.9%	100.0%
Total		Count	245	116	361
		% within Shower	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.507 ^a	1	.113	.117	.082	
Continuity Correction ^b	1.981	1	.159			
Likelihood Ratio	2.406	1	.121	.159	.082	
Fisher's Exact Test				.117	.082	
Linear-by-Linear Association	2.500 ^c	1	.114	.117	.082	.040
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.50.

b. Computed only for a 2x2 table

c. The standardized statistic is 1.581.

**Crosstab**

			GHQ Group		Total
			Normal	Abnormal	
Clean	Alcohol Gel	Count	207	98	305
		% within Clean	67.9%	32.1%	100.0%
	Soap Water	Count	4	1	5
		% within Clean	80.0%	20.0%	100.0%
	No Cleaning	Count	34	17	51
		% within Clean	66.7%	33.3%	100.0%
Total		Count	245	116	361
		% within Clean	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.371 ^a	2	.831	.835		
Likelihood Ratio	.401	2	.818	.835		
Fisher's Exact Test	.292			.956		
Linear-by-Linear Association	.010 ^b	1	.921	.936	.487	.063
N of Valid Cases	361					

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.61.

			GHQ Group		Total
			Normal	Abnormal	
Health	No Change	Count	235	77	312
		% within Health	75.3%	24.7%	100.0%
	Better	Count	6	1	7
		% within Health	85.7%	14.3%	100.0%
	Worse	Count	4	38	42
		% within Health	9.5%	90.5%	100.0%
Total	Count	245	116	361	
	% within Health	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	74.528 ^a	2	.000	.000		
Likelihood Ratio	72.479	2	.000	.000		
Fisher's Exact Test	71.022			.000		
Linear-by-Linear Association	68.593 ^b	1	.000	.000	.000	.000
N of Valid Cases	361					

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.25.

b. The standardized statistic is 8.282.



			GHQ Group		Total
			Normal	Abnormal	
Infected Passengers	Never	Count	164	59	223
		% within Infected Passengers	73.5%	26.5%	100.0%
	Ever	Count	81	57	138
		% within Infected Passengers	58.7%	41.3%	100.0%
Total	Count	245	116	361	
	% within Infected Passengers	67.9%	32.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	8.617 ^a	1	.003	.004	.003	
Continuity Correction ^b	7.949	1	.005			
Likelihood Ratio	8.514	1	.004	.004	.003	
Fisher's Exact Test				.004	.003	
Linear-by-Linear Association	8.593 ^c	1	.003	.004	.003	.001
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 44.34.

b. Computed only for a 2x2 table

c. The standardized statistic is 2.924

Crosstab

			GHQ Group		Total
			Normal	Abnormal	
Quarantine	Never	Count	207	84	291
		% within Quarantine	71.1%	28.9%	100.0%
	Ever	Count	38	32	70
		% within Quarantine	54.3%	45.7%	100.0%
Total		Count	245	116	361
		% within Quarantine	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.345 ^a	1	.007	.007	.006	
Continuity Correction ^b	6.593	1	.010			
Likelihood Ratio	7.043	1	.008	.010	.006	
Fisher's Exact Test				.010	.006	
Linear-by-Linear Association	7.325 ^c	1	.007	.007	.006	
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 22.49.

b. Computed only for a 2x2 table

			GHQ Group		Total
			Normal	Abnormal	
Test for COVID-19	Never	Count	142	54	196
		% within Test for COVID-19	72.4%	27.6%	100.0%
	Ever	Count	103	62	165
		% within Test for COVID-19	62.4%	37.6%	100.0%
Total		Count	245	116	361
		% within Test for COVID-19	67.9%	32.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	4.128 ^a	1	.042	.054	.028	
Continuity Correction ^b	3.681	1	.055			
Likelihood Ratio	4.121	1	.042	.054	.028	
Fisher's Exact Test				.054	.028	
Linear-by-Linear Association	4.117 ^c	1	.042	.054	.028	
N of Valid Cases	361					

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 53.02.

b. Computed only for a 2x2 table

c. The standardized statistic is 2.029.

Chi Square Test Results of the association between socio demographic, job characteristics and personal preventive measure factors to the Stress

Crosstab							
			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Gender	Male	Count	20	78	39	15	152
		% within Gender	13.2%	51.3%	25.7%	9.9%	100.0%
	Female	Count	12	108	64	25	209
		% within Gender	5.7%	51.7%	30.6%	12.0%	100.0%
Total		Count	32	186	103	40	361
		% within Gender	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests						
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	6.570 ^a	3	.087	.086		
Likelihood Ratio	6.499	3	.090	.092		
Fisher's Exact Test	6.421			.090		
Linear-by-Linear Association	3.750 ^b	1	.053	.054	.030	.008
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.47.

b. The standardized statistic is 1.937.

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.67.

b. The standardized statistic is -2.365.

Crosstab							
			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Education	Under Bachelor Degree	Count	8	45	36	10	99
		% within Education	8.1%	45.5%	36.4%	10.1%	100.0%
	Bachelor Degree	Count	19	130	66	25	240
		% within Education	7.9%	54.2%	27.5%	10.4%	100.0%
	Postgraduate	Count	5	11	1	5	22
		% within Education	22.7%	50.0%	4.5%	22.7%	100.0%
Total		Count	32	186	103	40	361
		% within Education	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests						
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	15.653 ^a	6	.016	.016		
Likelihood Ratio	15.878	6	.014	.018		
Fisher's Exact Test	15.729			.011		
Linear-by-Linear Association	1.424 ^b	1	.233	.247	.129	.024
N of Valid Cases	361					

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 1.95.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Statusgroup	Single	Count	17	140	76	35	268
		% within Statusgroup	6.3%	52.2%	28.4%	13.1%	100.0%
	Married,Divorced, Separated,Widowed	Count	15	46	27	5	93
		% within Statusgroup	16.1%	49.5%	29.0%	5.4%	100.0%
Total		Count	32	186	103	40	361
		% within Statusgroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	11.251 ^a	3	.010	.010		
Likelihood Ratio	10.969	3	.012	.013		
Fisher's Exact Test	10.717			.012		
Linear-by-Linear Association	6.424 ^b	1	.011	.013	.006	.002
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.24.

b. The standardized statistic is -2.535.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Incomegroup	Decrease	Count	27	138	83	28	276
		% within Incomegroup	9.8%	50.0%	30.1%	10.1%	100.0%
	Increase or No change	Count	5	48	20	12	85
		% within Incomegroup	5.9%	56.5%	23.5%	14.1%	100.0%
Total		Count	32	186	103	40	361
		% within Incomegroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	3.544 ^a	3	.315	.320		
Likelihood Ratio	3.633	3	.304	.311		
Fisher's Exact Test	3.458			.322		
Linear-by-Linear Association	.284 ^b	1	.594	.643	.323	.053
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.53.

b. The standardized statistic is .533.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
FamilyGroup	<=2	Count	16	106	61	23	206
		% within FamilyGroup	7.8%	51.5%	29.6%	11.2%	100.0%
	>2	Count	16	80	42	17	155
		% within FamilyGroup	10.3%	51.6%	27.1%	11.0%	100.0%
Total		Count	32	186	103	40	361
		% within FamilyGroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.851 ^a	3	.837	.838		
Likelihood Ratio	.846	3	.839	.839		
Fisher's Exact Test	.884			.833		
Linear-by-Linear Association	.410 ^b	1	.522	.551	.283	.043
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.74.

b. The standardized statistic is -.640.

**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Alcoholgroup	No drinking	Count	9	64	36	7	116
		% within Alcoholgroup	7.8%	55.2%	31.0%	6.0%	100.0%
	Ever or seldom drinking	Count	16	99	56	28	199
		% within Alcoholgroup	8.0%	49.7%	28.1%	14.1%	100.0%
	Always drinking	Count	7	23	11	5	46
		% within Alcoholgroup	15.2%	50.0%	23.9%	10.9%	100.0%
Total		Count	32	186	103	40	361
		% within Alcoholgroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.731 ^a	6	.258	.259		
Likelihood Ratio	7.783	6	.254	.270		
Fisher's Exact Test	7.735			.253		
Linear-by-Linear Association	.054 ^b	1	.816	.838	.428	.040
N of Valid Cases	361					

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.08.

b. The standardized statistic is .233.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
smokinggroup	No smoke	Count	24	128	82	24	258
		% within smokinggroup	9.3%	49.6%	31.8%	9.3%	100.0%
	Ever or Seldom smoked	Count	6	40	10	10	66
		% within smokinggroup	9.1%	60.6%	15.2%	15.2%	100.0%
	Always smoke	Count	2	18	11	6	37
		% within smokinggroup	5.4%	48.6%	29.7%	16.2%	100.0%
Total	Count	32	186	103	40	361	
	% within smokinggroup	8.9%	51.5%	28.5%	11.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	9.578 ^a	6	.144	.142		
Likelihood Ratio	10.262	6	.114	.133		
Fisher's Exact Test	10.141			.110		
Linear-by-Linear Association	.538 ^b	1	.463	.491	.246	.030
N of Valid Cases	361					

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 3.28

			Low Stress	Moderate Stress	High Stress	Severe Stress	Total
regroup organization	AOT and Health	Count	20	109	58	23	210
		% within regroup organization	9.5%	51.9%	27.6%	11.0%	100.0%
	Customs, Immigration, Other	Count	12	77	45	17	151
		% within regroup organization	7.9%	51.0%	29.8%	11.3%	100.0%
Total	Count	32	186	103	40	361	
	% within regroup organization	8.9%	51.5%	28.5%	11.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.415 ^a	3	.937	.933		
Likelihood Ratio	.417	3	.937	.933		
Fisher's Exact Test	.428			.942		
Linear-by-Linear Association	.261 ^b	1	.610	.642	.328	.046
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 13.39.

b. The standardized statistic is .510.

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
groupof workload	No change or decrease	Count	27	141	85	23	276
		% within groupof workload	9.8%	51.1%	30.8%	8.3%	100.0%
	Increase	Count	5	45	18	17	85
		% within groupof workload	5.9%	52.9%	21.2%	20.0%	100.0%
Total	Count	32	186	103	40	361	
	% within groupof workload	8.9%	51.5%	28.5%	11.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	11.250 ^a	3	.010	.010		
Likelihood Ratio	10.494	3	.015	.016		
Fisher's Exact Test	10.344			.015		
Linear-by-Linear Association	3.130 ^b	1	.077	.089	.046	.013
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.53.

b. The standardized statistic is 1.769.

passengergroup * SPST Level Crosstabulation

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
passengergroup	0-99	Count	17	98	42	17	174
		% within passengergroup	9.8%	56.3%	24.1%	9.8%	100.0%
	>100	Count	15	88	61	23	187
		% within passengergroup	8.0%	47.1%	32.6%	12.3%	100.0%
Total		Count	32	186	103	40	361
		% within passengergroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	4.605 ^a	3	.203	.205		
Likelihood Ratio	4.623	3	.202	.209		
Fisher's Exact Test	4.599			.204		
Linear-by-Linear Association	3.272 ^b	1	.070	.076	.040	.010
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 15.42.

b. The standardized statistic is 1.809.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Contact Distance	Less than 1 Meter	Count	19	114	53	32	218
		% within Contact Distance	8.7%	52.3%	24.3%	14.7%	100.0%
	More than 1 Meter	Count	13	72	50	8	143
		% within Contact Distance	9.1%	50.3%	35.0%	5.6%	100.0%
Total		Count	32	186	103	40	361
		% within Contact Distance	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	9.944 ^a	3	.019	.019		
Likelihood Ratio	10.509	3	.015	.016		
Fisher's Exact Test	10.195			.017		
Linear-by-Linear Association	.835 ^b	1	.361	.384	.199	.035
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.68.

b. The standardized statistic is -.914.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Contact Duration	Less than 5 Mins	Count	18	100	72	27	217
		% within Contact Duration	8.3%	46.1%	33.2%	12.4%	100.0%
	More than 5 Mins	Count	14	86	31	13	144
		% within Contact Duration	9.7%	59.7%	21.5%	9.0%	100.0%
Total		Count	32	186	103	40	361
		% within Contact Duration	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	8.354 ^a	3	.039	.039		
Likelihood Ratio	8.479	3	.037	.039		
Fisher's Exact Test	8.359			.038		
Linear-by-Linear Association	5.327 ^b	1	.021	.023	.012	.004
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.76.

b. The standardized statistic is -2.308.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
contactgroup	No contact	Count	9	57	31	8	105
		% within contactgroup	8.6%	54.3%	29.5%	7.6%	100.0%
	Only document	Count	14	92	48	21	175
		% within contactgroup	8.0%	52.6%	27.4%	12.0%	100.0%
	Others contact	Count	9	37	24	11	81
		% within contactgroup	11.1%	45.7%	29.6%	13.6%	100.0%
Total		Count	32	186	103	40	361
		% within contactgroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	3.220 ^a	6	.781	.785		
Likelihood Ratio	3.315	6	.768	.776		
Fisher's Exact Test	3.400			.762		
Linear-by-Linear Association	.688 ^b	1	.407	.410	.217	.026
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.18.

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Work Overtime	No change	Count	11	72	48	21	152
		% within Work Overtime	7.2%	47.4%	31.6%	13.8%	100.0%
	Decrease	Count	16	83	44	11	154
		% within Work Overtime	10.4%	53.9%	28.6%	7.1%	100.0%
	Increase	Count	5	31	11	8	55
		% within Work Overtime	9.1%	56.4%	20.0%	14.5%	100.0%
Total		Count	32	186	103	40	361
		% within Work Overtime	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.464 ^a	6	.280	.281		
Likelihood Ratio	7.811	6	.252	.265		
Fisher's Exact Test	7.762			.252		
Linear-by-Linear Association	2.316 ^b	1	.128	.138	.070	.012
N of Valid Cases	361					

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.88.

b. The standardized statistic is -1.522.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Overtime Reason	Swap Shift	Count	5	26	17	6	54
		% within Overtime Reason	9.3%	48.1%	31.5%	11.1%	100.0%
	Lack of Staff	Count	3	40	18	7	68
		% within Overtime Reason	4.4%	58.8%	26.5%	10.3%	100.0%
	Command of Supervisor	Count	10	53	42	17	122
		% within Overtime Reason	8.2%	43.4%	34.4%	13.9%	100.0%
	Get Higher Income	Count	12	52	20	9	93
		% within Overtime Reason	12.9%	55.9%	21.5%	9.7%	100.0%
	Others	Count	2	15	6	1	24
		% within Overtime Reason	8.3%	62.5%	25.0%	4.2%	100.0%
Total		Count	32	186	103	40	361
		% within Overtime Reason	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	12.190 ^a	12	.431		^b
Likelihood Ratio	12.668	12	.394		^b
Fisher's Exact Test	^b				^b
Linear-by-Linear Association	1.962	1	.161		^b
N of Valid Cases	361				

a. 3 cells (15.0%) have expected count less than 5. The minimum expected count is 2.13.

b. Cannot be computed because there is insufficient memory.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
WorkGroup	1-12	Count	14	108	48	13	183
		% within WorkGroup	7.7%	59.0%	26.2%	7.1%	100.0%
	>13	Count	18	78	55	27	178
		% within WorkGroup	10.1%	43.8%	30.9%	15.2%	100.0%
Total		Count	32	186	103	40	361
		% within WorkGroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	10.647 ^a	3	.014	.013		
Likelihood Ratio	10.773	3	.013	.014		
Fisher's Exact Test	10.634			.014		
Linear-by-Linear Association	4.711 ^b	1	.030	.030	.018	.005
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 15.78.

b. The standardized statistic is 2.171.

**Crosstab**

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Resting Time	No change	Count	11	73	46	15	145
		% within Resting Time	7.6%	50.3%	31.7%	10.3%	100.0%
	Increase	Count	9	55	30	8	102
		% within Resting Time	8.8%	53.9%	29.4%	7.8%	100.0%
	Decrease	Count	12	58	27	17	114
		% within Resting Time	10.5%	50.9%	23.7%	14.9%	100.0%
Total		Count	32	186	103	40	361
		% within Resting Time	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	4.816 ^a	6	.568	.		
Likelihood Ratio	4.810	6	.568	.578		
Fisher's Exact Test	4.762			.577		
Linear-by-Linear Association	.056 ^c	1	.813	.816	.422	.030
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.04.

b. Cannot be computed because there is insufficient memory.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Sleep	No change	Count	15	95	49	16	175
		% within Sleep	8.6%	54.3%	28.0%	9.1%	100.0%
	Increase	Count	6	43	20	5	74
		% within Sleep	8.1%	58.1%	27.0%	6.8%	100.0%
	Decrease	Count	11	48	34	19	112
		% within Sleep	9.8%	42.9%	30.4%	17.0%	100.0%
Total		Count	32	186	103	40	361
		% within Sleep	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	8.243 ^a	6	.221	.222		
Likelihood Ratio	8.058	6	.234	.245		
Fisher's Exact Test	7.870			.244		
Linear-by-Linear Association	2.565 ^b	1	.109	.115	.059	.008
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.56.

b. The standardized statistic is 1.602.



Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Support	Full Support	Count	14	77	30	11	132
		% within Support	10.6%	58.3%	22.7%	8.3%	100.0%
	Request for Support	Count	13	80	49	19	161
		% within Support	8.1%	49.7%	30.4%	11.8%	100.0%
	No Support	Count	5	29	24	10	68
		% within Support	7.4%	42.6%	35.3%	14.7%	100.0%
Total		Count	32	186	103	40	361
		% within Support	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.707 ^a	6	.260	.262		
Likelihood Ratio	7.757	6	.256	.268		
Fisher's Exact Test	7.774			.252		
Linear-by-Linear Association	6.348 ^b	1	.012	.012	.007	.002
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.03.

b. The standardized statistic is 2.519.

Crosstab							
			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
equipmentgroup	<=2	Count	15	95	57	19	186
		% within equipmentgroup	8.1%	51.1%	30.6%	10.2%	100.0%
	>2	Count	17	91	46	21	175
		% within equipmentgroup	9.7%	52.0%	26.3%	12.0%	100.0%
Total		Count	32	186	103	40	361
		% within equipmentgroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.152 ^a	3	.765	.762		
Likelihood Ratio	1.153	3	.764	.762		
Fisher's Exact Test	1.173			.759		
Linear-by-Linear Association	.083 ^b	1	.773	.793	.412	.050
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 15.51.

b. The standardized statistic is -.289.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
MaskChangegroup	<=8	Count	21	120	63	26	230
		% within MaskChangegroup	9.1%	52.2%	27.4%	11.3%	100.0%
	>8	Count	11	66	40	14	131
		% within MaskChangegroup	8.4%	50.4%	30.5%	10.7%	100.0%
Total		Count	32	186	103	40	361
		% within MaskChangegroup	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.420 ^a	3	.936	.936		
Likelihood Ratio	.418	3	.936	.937		
Fisher's Exact Test	.434			.934		
Linear-by-Linear Association	.090 ^b	1	.764	.785	.407	.052
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.61.

b. The standardized statistic is .301.

		Low Stress	Moderate Stress	High Stress	Severe Stress	Total
glovechange group	<=8	Count 28 9.2%	159 52.1%	85 27.9%	33 10.8%	305 100.0%
	>8	Count 4 7.1%	27 48.2%	18 32.1%	7 12.5%	56 100.0%
Total		Count 32 8.9%	186 51.5%	103 28.5%	40 11.1%	361 100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	.786 ^a	3	.853	.860		
Likelihood Ratio	.788	3	.852	.857		
Fisher's Exact Test	.825			.859		
Linear-by-Linear Association	.687 ^b	1	.407	.416	.229	.051
N of Valid Cases	361					

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 4.96.

b. The standardized statistic is .829.

Crosstab

		SPST Level				Total
		Low Stress	Moderate Stress	High Stress	Severe Stress	
Before Hand Wash	Yes	Count 31 8.8%	181 51.6%	101 28.8%	38 10.8%	351 100.0%
	No	Count 1 10.0%	5 50.0%	2 20.0%	2 20.0%	10 100.0%
Total		Count 32 8.9%	186 51.5%	103 28.5%	40 11.1%	361 100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	1.020 ^a	3	.796	.888		
Likelihood Ratio	.910	3	.823	.864		
Fisher's Exact Test	1.563			.642		
Linear-by-Linear Association	.107 ^b	1	.744	.842	.441	.147
N of Valid Cases	361					

a. 3 cells (37.5%) have expected count less than 5. The minimum expected count is .89.

b. The standardized statistic is .327.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
After Hand Wash	Yes	Count	32	182	100	35	349
		% within After Hand Wash	9.2%	52.1%	28.7%	10.0%	100.0%
	No	Count	0	4	3	5	12
		% within After Hand Wash	0.0%	33.3%	25.0%	41.7%	100.0%
Total		Count	32	186	103	40	361
		% within After Hand Wash	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	12.432 ^a	3	.006	.008		
Likelihood Ratio	9.393	3	.024	.025		
Fisher's Exact Test	8.318			.022		
Linear-by-Linear Association	8.525 ^b	1	.004	.005	.004	.003
N of Valid Cases	361					

a. 3 cells (37.5%) have expected count less than 5. The minimum expected count is 1.06.

b. The standardized statistic is 2.920.

			Low Stress	Moderate Stress	High Stress	Severe Stress	Total
Type of Hand Hygiene	Soap	Count	14	46	32	18	110
		% within Type of Hand Hygiene	12.7%	41.8%	29.1%	16.4%	100.0%
	Alcohol Gel	Count	18	140	71	22	251
		% within Type of Hand Hygiene	7.2%	55.8%	28.3%	8.8%	100.0%
Total		Count	32	186	103	40	361
		% within Type of Hand Hygiene	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	9.559 ^a	3	.023	.022		
Likelihood Ratio	9.246	3	.026	.028		
Fisher's Exact Test	9.470			.023		
Linear-by-Linear Association	1.296 ^b	1	.255	.285	.143	.030
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.75.

b. The standardized statistic is -1.138.

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Shower	Yes	Count	32	167	87	33	319
		% within Shower	10.0%	52.4%	27.3%	10.3%	100.0%
	No	Count	0	19	16	7	42
		% within Shower	0.0%	45.2%	38.1%	16.7%	100.0%
Total		Count	32	186	103	40	361
		% within Shower	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	7.440 ^a	3	.059	.056		
Likelihood Ratio	10.873	3	.012	.018		
Fisher's Exact Test	8.354			.034		
Linear-by-Linear Association	6.467 ^b	1	.011	.014	.008	.003
N of Valid Cases	361					

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 3.72.

b. The standardized statistic is 2.543.

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Clean	Alcohol Gel	Count	30	159	84	32	305
		% within Clean	9.8%	52.1%	27.5%	10.5%	100.0%
	Soap Water	Count	1	1	3	0	5
		% within Clean	20.0%	20.0%	60.0%	0.0%	100.0%
	No Cleaning	Count	1	26	16	8	51
		% within Clean	2.0%	51.0%	31.4%	15.7%	100.0%
Total		Count	32	186	103	40	361
		% within Clean	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	8.366 ^a	6	.213	.203		
Likelihood Ratio	9.764	6	.135	.146		
Fisher's Exact Test	8.621			.143		
Linear-by-Linear Association	3.244 ^b	1	.072	.075	.041	.007
N of Valid Cases	361					

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .44.

b. The standardized statistic is 1.801.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Health	No Change	Count	28	175	83	26	312
		% within Health	9.0%	56.1%	26.6%	8.3%	100.0%
	Better	Count	2	3	0	2	7
		% within Health	28.6%	42.9%	0.0%	28.6%	100.0%
	Worse	Count	2	8	20	12	42
		% within Health	4.8%	19.0%	47.6%	28.6%	100.0%
Total		Count	32	186	103	40	361
		% within Health	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	37.252 ^a	6	.000	.000		
Likelihood Ratio	36.154	6	.000	.000		
Fisher's Exact Test	35.465			.000		
Linear-by-Linear Association	23.465 ^b	1	.000	.000	.000	.000
N of Valid Cases	361					

a. 6 cells (50.0%) have expected count less than 5. The minimum expected count is .62.

b. The standardized statistic is 4.844.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Infected Passengers	Never	Count	27	115	62	19	223
		% within Infected Passengers	12.1%	51.6%	27.8%	8.5%	100.0%
	Ever	Count	5	71	41	21	138
		% within Infected Passengers	3.6%	51.4%	29.7%	15.2%	100.0%
Total		Count	32	186	103	40	361
		% within Infected Passengers	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	10.482 ^a	3	.015	.014		
Likelihood Ratio	11.341	3	.010	.011		
Fisher's Exact Test	10.880			.012		
Linear-by-Linear Association	7.489 ^b	1	.006	.007	.004	.001
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.23.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Quarantine	Never	Count	28	153	78	32	291
		% within Quarantine	9.6%	52.6%	26.8%	11.0%	100.0%
	Ever	Count	4	33	25	8	70
		% within Quarantine	5.7%	47.1%	35.7%	11.4%	100.0%
Total		Count	32	186	103	40	361
		% within Quarantine	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	2.875 ^a	3	.411	.416		
Likelihood Ratio	2.903	3	.407	.426		
Fisher's Exact Test	2.737			.434		
Linear-by-Linear Association	1.640 ^b	1	.200	.214	.116	.029
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.20.

b. The standardized statistic is 1.281.

Crosstab

			SPST Level				Total
			Low Stress	Moderate Stress	High Stress	Severe Stress	
Test for COVID-19	Never	Count	23	93	60	20	196
		% within Test for COVID-19	11.7%	47.4%	30.6%	10.2%	100.0%
	Ever	Count	9	93	43	20	165
		% within Test for COVID-19	5.5%	56.4%	26.1%	12.1%	100.0%
Total		Count	32	186	103	40	361
		% within Test for COVID-19	8.9%	51.5%	28.5%	11.1%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	6.315 ^a	3	.097	.098		
Likelihood Ratio	6.490	3	.090	.094		
Fisher's Exact Test	6.319			.097		
Linear-by-Linear Association	.430 ^b	1	.512	.554	.278	.042
N of Valid Cases	361					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.63.

b. The standardized statistic is .656.

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