# Quality of Life, Needs and the Mode of Coping of the Health Personnel at Naradhiwasrajanagarindra Hospital in Terrorism Influence Area in Thailand

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*The present study was to identify the quality of life (QOL), the needs of help and the mode of coping among the health personnel of Naradhiwasrajanagarindra Hospital in a terrorism situation, the first research in Thailand.*

*The chaos of separatist insurgency in the southern part of Thailand has been re-emerged since 2004. The present study was seeking for ways the health personnel coped with the situation while their quality of life and needs that were affected how they had handled the events were explored. General questionnaire, quality of life rand 36 SF-36 questionnaires, help seeking questionnaire and Mode of coping with the terrorism questionnaire were sent to all health personnel in the hospital in November 2007. 392 (65.3%) complete questionnaire were received from 600 distributed papers. They were female 328 (83.7%) and male 64 (16.3%), at the age of 21-59 years old (the mean age of 39.05 SD $\pm$ 9.82), with three different religions, Buddhist 269 (68.6%), Muslim 122 (31.1%) and Christian 1 (0.3%). Thirty nine responses (9.9%) had been directly exposed to a terrorist attack, while 353 responses (90.1%) had a family member or friends who had been exposed.*

*The results revealed that the overall mean scores of QOL were 73.1 $\pm$ SD 15.5. Mean scores of male were significantly lower than female in general health, social functioning and role-emotional subscales. QOL mean scores of those with no terrorism exposure were significantly higher than those with terrorism exposure in role-physical, social functioning and mental health subscales.*

*The most need of help for the personnel was safety of life and belongings (30.6%) followed by the need of money (23.0%). To cope with the terrorist attack, people (81.7%) would always resort to religious beliefs (72.0%) talk it out with co-workers, friends about their feelings, and (68.7%) inquire about the safety of their families and friends after the incident.*

*Certainly, terrorism affected QOL and the most need of people in violent areas was life safety which agrees with Maslow's hierarchy of needs.*

**Keywords:** *Quality of life, Rand 36 SF-36, Needs, Mode of coping, Terrorism*

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2,353 deaths in a period from January 4, 2004 to June 15, 2007. July 2004 to October 2007 there were as many as 4,840 (+287) unrests in Pattanee, Yala, Naradhiwas (Songkha) 1,875 unrests in Naradhiwas alone. After several decades of unrests in the southern parts of Thailand, the situation had markedly gone from bad to worse starting in 2004 especially in the three most southern provinces of Thailand, namely Naradhiwas, Yala and Pattanee provinces. In 2005, there were 584 injured and 228 deaths among health care providers working in Naradhiwasrajanagarindra Hospital. In 2006, the figures dropped a bit to 508 injured and 196 deaths respectively. Naradhiwas-rajanagarindra hospital is one of the hospitals which the casualties and the injured are taken to. And the welfare of 810 health care workers is of course affected to a certain degree. The terrorism situation will affect quality of life of Naradhiwasrajanagarindra hospital employees. Their lives will never be the same ever since. The purpose of The present study was to study the life quality of Naradhiwasrajanagarindra Hospital employees in the terrorism situation and study about

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the reactions in the terrorism situation.

**Material and Method**

The present study was approved by the ethics committee of Rajavithi Hospital. The authors planned study by questionnaires from October 2007 to May 2008. All 810 health care workers.

***Instruments***

General questionnaires. Questionnaires about QOL SF-36 rating scale Thai version[1]. Questionnaires about the reactions in the terrorism situation. Questionnaires and consent forms complying Rajavithi hospital formats.

***Data analysis***

All the data were recorded and analyzed by SPSS version 17.0 Statistics such number and percentage were used for description data. Inferential statistics were used by Mann Whitney test and Kruskal Wallis test.

**Results**

Only 600 questionnaires were distributed. 210 others were engaged in meetings or seminar attendings extramurally. 392 questionnaires were filled up 65.33% of total population of possible samples. 328 (83.7%) were females and the remaining 64 (16.3%) were males. All were 21 to 59 years of age averaging 39.05 $\pm$ SD 9.83. Religious variety includes 269 (68.6%) Buddhists, 122 (31.1%) Islams and 1 (0.3%) Christian.

Education attainments ranging from elementary to post-graduate levels. 202 (51.5%) with post-graduate education, 27 (6.9%) finished elementary schools, 63 (16.1%) with high school certificates and 100 (25.5%) with diplomas. 273 (69.6%) were married, 28 (7.1%) divorcees/widows/widowers and 91 (23.2%) remained singles. Majority or 239 (61%) was regular government employees, 70 (17.9%) workers with regular contracts and 83 (21.1%) workers with temporary working contracts (Table 1). Majority or 335 (85.5%) were healthy while the rest or 57 (14.5%) suffered the long term ailments such as coronary heart diseases, hypertension or diabetes. When it came to level of satisfaction in the government special protection program, half of the respondees or 196 (50.%) were moderately satisfied, 109 (27.8%) with low satisfaction, while 47 (12.2%) others did not receive the government escort services (data not shown). When it came to level of satisfaction in special incentives granted, the majority or 141 (36%) were barely satisfied, 123 (31.4%) were moderately satisfied, 74 (18.9%) were unsatisfied, 19 (8.9%) were highly satisfied, while 35 (8.9%) others did not receive such incentives at all (data not shown). For the moral support, the majority or 181 (46.2%) was moderately satisfied, 143 (36.5%) were barely satisfied, 23 (5.9%) were highly satisfied, 11 (2.8%) were unsatisfied, while 34 (8.7%) others were never morally supported at all. Majority or 353 (90.1%) didn't encounter the terrorism incidents while the remaining 39 (9.9%) were just unfortunate having themselves caught in the incident/s (Table 1).

The badly-needed helps are in descending order; 120 (30.6%) need security in life and belongings. 90 (23%) need more incentives and financial assistance. 62 (15.8%) want to see peace and order restored. 31 (7.9%) need more moral support. 16 (4.1%) need equality in rights and freedom (data not shown).

When being confronted in the terrorism situation, the interviewees chose to do the following: 320 (81.7%) resort to religious beliefs. 282 (72%) talk it out with co-workers, friends about their feelings. 269 (68.7%) inquire about the safety of their families and friends after the incident. 238 (60.7%) merely accept the incident. 178 (45.4%) gather more information about the incident (data not shown).

Table 2 shows that according to SF-36 test the average of life quality of personnel of Naradhiwas-rajanagarindra Hospital in the unrest has scored 73.1 $\pm$ SD15.5. Social Functioning (SF) topped the table with the average of 79.0 $\pm$ SD19.2 while Vitality (VT) was at the bottom with 62.3 $\pm$ SD13.8 Naradhiwas-rajanagarindra Hospital personnel had lower scores in Role-Physical (RP), Bodily Pain (BP), Vitality (VT), Role-Emotional (RE) and Mental Health (MH) and higher score in Physical Functioning (PF), General health (GH), and Social Functioning (SF). Table 3 shows mean $\pm$ SD scores in life quality and relationship among different factors affecting the health care workers' life quality in 8 dimensions. It was found that in males the averaged SF-36 scores in General Health (GH), Social Functioning (SF) and Role-Emotional (RE) were remarkably lower compared to their female counterparts with significance ($p < 0.047$, $p < 0.002$, $p < 0.040$). Those older than 45 years of age remarkably scored lower in Role-Physical (RP) and Mental Health (MH) in comparison with the younger subjects with significance ($p < 0.015$ and $p < 0.032$).

No remarkable differences noted in religion dissimilarity. Widows/widowers/divorcees remarkably had lower Physical Functioning (PF), General Health (GH), Vitality (VT), Role-Emotional (RE) and Mental

**Table 1**. Demographic data of Naradhiwasrajanagarindra hospital's health care worker

| Characteristics | n = 392 |
|---|---|
| Gender | |
| Male | 64 (16.3) |
| Female | 328 (83.7) |
| Age (years) | 39.05 ± 9.83 |
| ≤ 30 y/o | 97 (24.8) |
| 31-45 y/o | 171 (43.6) |
| > 45 y/o | 124 (31.6) |
| Religion | |
| Buddhist | 269 (68.6) |
| Islam | 122 (31.1) |
| Christian | 1 (0.3) |
| Education | |
| Elementary | 27 (6.9) |
| High School | 63 (16.1) |
| Diploma | 100 (25.5) |
| Bachelor's degree or higher | 202 (51.5) |
| Status | |
| Single | 91 (23.2) |
| Married | 273 (69.7) |
| Widow/widower | 28 (7.1) |
| OccupationOccupation | |
| Regular government employee | 239 (60.9) |
| Employee with regular contract | 70 (17.9) |
| Employee with temporary working contract | 83 (21.2) |
| Personal encounter in the terrorism situationencounter in the terrorism situation | |
| Personal did not encounter in the terrorism situation | 39 (9.9) |
| Personal did not encounter in the terrorism situation | 353 (90.1) |

Values are represented as means ± SD and n (%)

**Table 2.** SF-36 score of Naradhiwasrajanagarindra hospital's health care worker

| Factors | Mean ± SD | Min-Max |
|---|---|---|
| Overall SF-36 | 73.10 ± 15.50 | 18-100 |
| Physical Functioning (PF) | 75.60 ± 18.90 | 10-100 |
| Role-Physical (RP) | 76.90 ± 35.10 | 0-100 |
| Bodily Pain (BP) | 76.70 ± 20.00 | 0-100 |
| General health (GH) | 66.00 ± 18.40 | 0-100 |
| Vitality (VT) | 62.30 ± 13.80 | 5-100 |
| Social Functioning (SF) | 79.00 ± 19.20 | 25-100 |
| Role-Emotional (RE) | 78.90 ± 35.10 | 0-100 |
| Mental Health (MH) | 69.30 ± 15.30 | 16-100 |

SF-36 questionnaires resulted in mean of 73.1 ± SD 15.5

Health (MH) scores than those who married or remain singles ($p < 0.002$, $p < 0.001$, $p < 0.004$, $p < 0.026$, $p < 0.037$) with significant. The regular government employees notably scored higher in Physical Functioning (PF) in comparison to both employees with regular working contracts and those with temporary working contracts with significant ($p < 0.001$). Those with no experience in the terrorism incidents significantly scored higher in Role-Physical (RP), Social Functioning (SF), Role-Emotional (RE), and Mental

**Table 3.** The mean of scores in life quality with each dimension and the statistic relationship among different factors affecting the health care workers' life quality in all 8 dimensions

| Factor | N | Overall | PF | RP | BP | GH | VT | SF | RE | MH |
|---|---|---|---|---|---|---|---|---|---|---|
| Gender | | | | | | | | | | |
| Male | 64 | 69.3 ± 16.4 | 75.8 ± 21.0 | 70.3 ± 39.1 | 74.7 ± 21.1 | 62.4 ± 18.8 | 61.4 ± 14.4 | 72.1 ± 20.3 | 70.8 ± 39.2 | 67.8 ± 17.6 |
| Female | 328 | 73.8 ± 15.2 | 75.5 ± 18.5 | 78.2 ± 34.2 | 77.0 ± 19.8 | 66.7 ± 18.2 | 62.4 ± 13.7 | 80.4 ± 18.7 | 80.4 ± 34.1 | 73.2 ± 16.5 |
| p-value | | 0.027* | 0.718 | 0.095 | 0.542 | 0.047* | 0.234 | 0.002* | 0.040* | 0.113 |
| Age (years) | | | | | | | | | | |
| ≤30 years | 97 | 75.2 ± 14.8 | 76.7 ± 20.1 | 81.7 ± 31.6 | 77.6 ± 18.3 | 68.2 ± 17.4 | 63.6 ± 13.6 | 80.0 ± 19.5 | 81.1 ± 35.0 | 72.5 ± 15.0 |
| 31-45 years | 171 | 73.1 ± 15.7 | 76.7 ± 18.6 | 78.9 ± 34.9 | 76.7 ± 21.2 | 66.4 ± 18.8 | 61.9 ± 13.7 | 78.7 ± 19.1 | 77.5 ± 35.8 | 67.6 ± 14.6 |
| >45 years | 124 | 71.4 ± 15.6 | 73.0 ± 18.3 | 70.4 ± 37.4 | 75.9 ± 19.7 | 63.8 ± 18.3 | 61.7 ± 14.1 | 78.7 ± 19.1 | 79.0 ± 34.4 | 68.9 ± 16.1 |
| p-value | | 0.186 | 0.100 | 0.015* | 0.69 | 0.14 | 0.491 | 0.787 | 0.504 | 0.032* |
| Religion | | | | | | | | | | |
| Buddhist | 269 | 72.1 ± 16.0 | 75.7 ± 18.9 | 75.3 ± 36.2 | 74.6 ± 20.8 | 65.3 ± 18.7 | 61.3 ± 13.9 | 78.3 ± 19.3 | 78.1 ± 34.9 | 71.5 ± 17.0 |
| Islam | 122 | 75.2 ± 13.9 | 75.4 ± 18.9 | 80.9 ± 32.2 | 81.4 ± 17.1 | 67.8 ± 17.5 | 64.3 ± 13.4 | 80.5 ± 18.9 | 80.5 ± 35.7 | 74.1 ± 16.4 |
| p-value | | 0.131 | 0.845 | 0.165 | 0.002 | 0.325 | 0.043 | 0.297 | 0.340 | 0.139 |
| Education | | | | | | | | | | |
| Elementary | 27 | 66.7 ± 18.9 | 60.4 ± 16.3 | 55.6 ± 40.6 | 68.0 ± 27.1 | 63.3 ± 23.9 | 63.3 ± 21.6 | 81.0 ± 17.5 | 71.6 ± 35.5 | 70.2 ± 19.7 |
| High School | 63 | 71.4 ± 16.7 | 72.6 ± 20.3 | 75.0 ± 36.8 | 74.8 ± 21.8 | 65.3 ± 18.5 | 61.2 ± 14.6 | 77.2 ± 19.5 | 76.2 ± 38.5 | 69.0 ± 16.3 |
| Diploma | 100 | 72.7 ± 13.3 | 73.0 ± 19.0 | 77.5 ± 33.2 | 78.3 ± 18.4 | 64.6 ± 17.3 | 62.4 ± 11.9 | 78.6 ± 18.0 | 79.0 ± 33.7 | 68.3 ± 14.4 |
| Bachelor's degree or higher | 202 | 74.6 ± 15.4 | 79.8 ± 17.4 | 80.0 ± 34.0 | 77.6 ± 18.9 | 67.4 ± 18.0 | 62.4 ± 13.1 | 79.6 ± 19.9 | 80.6 ± 34.7 | 69.6 ± 14.8 |
| p-value | | 0.047* | 0.001* | 0.004* | 0.406 | 0.407 | 0.985 | 0.695 | 0.406 | 0.859 |
| Status | | | | | | | | | | |
| Single | 91 | 77.6 ± 13.8 | 81.0 ± 18.2 | 83.5 ± 30.3 | 79.4 ± 17.4 | 71.8 ± 16.9 | 65.7 ± 14.1 | 81.3 ± 19.8 | 86.4 ± 30.6 | 71.3 ± 15.2 |
| Married | 273 | 72.0 ± 15.4 | 74.3 ± 18.7 | 74.5 ± 36.4 | 76.2 ± 20.5 | 64.9 ± 18.3 | 61.8 ± 13.3 | 78.4 ± 18.6 | 76.9 ± 36.0 | 69.4 ± 14.8 |
| Widow/widower | 28 | 68.6 ± 17.9 | 70.2 ± 20.1 | 79.5 ± 34.7 | 72.6 ± 22.7 | 58.9 ± 19.6 | 55.4 ± 14.8 | 77.7 ± 22.4 | 73.8 ± 37.8 | 61.1 ± 18.2 |
| p-value | | 0.004* | 0.002* | 0.088 | 0.331 | <0.001* | 0.004* | 0.299 | 0.026* | 0.037* |
| Occupation | | | | | | | | | | |
| Regular government employee | 239 | 74.2 ± 14.9 | 79.3 ± 17.7 | 79.4 ± 33.8 | 77.3 ± 18.9 | 66.5 ± 18.2 | 61.7 ± 12.4 | 78.6 ± 19.7 | 82.6 ± 32.7 | 68.5 ± 14.6 |
| Employee with regular contract | 70 | 70.9 ± 16.6 | 68.4 ± 19.4 | 69.6 ± 37.1 | 75.6 ± 23.0 | 65.6 ± 19.8 | 63.4 ± 16.8 | 81.3 ± 17.3 | 72.9 ± 38.2 | 70.6 ± 17.4 |
| Employee with temporary working contract | 83 | 71.5 ± 15.8 | 70.8 ± 19.2 | 75.9 ± 36.7 | 75.6 ± 20.6 | 65.1 ± 17.9 | 62.9 ± 14.8 | 78.3 ± 19.1 | 73.1 ± 38.1 | 70.2 ± 15.5 |
| p-value | | 0.161 | <0.001* | 0.026 | 0.995 | 0.906 | 0.526 | 0.458 | 0.040 | 0.300 |
| Encounter the terrorism incident | | | | | | | | | | |
| No | 353 | 73.9 ± 15.1 | 75.4 ± 19.0 | 78.7 ± 34.0 | 77.1 ± 20.1 | 66.4 ± 18.3 | 62.6 ± 13.7 | 80.2 ± 18.7 | 80.6 ± 33.5 | 73.3 ± 16.2 |
| Yes | 39 | 65.9 ± 16.9 | 77.1 ± 18.7 | 60.9 ± 40.9 | 72.6 ± 18.9 | 62.8 ± 18.9 | 58.8 ± 14.2 | 68.3 ± 20.2 | 63.2 ± 45.1 | 63.4 ± 19.6 |
| p-value | | 0.004* | 0.645 | 0.004* | 0.11 | 0.227 | 0.148 | <0.001* | 0.022* | 0.023* |

Values are represented as number and means ± SD * $p < 0.05$

Health (MH) in comparison to those with such experience ($p < 0.004$, $p < 0.001$, $p < 0.022$ and $p < 0.023$) with significant.

**Discussion**

It shows that males evaluated their personal health status as poor and believed it was likely to get worse, extreme and frequent interference with normal social activities due to physical and emotional problems, problems with work or other daily activities are the result. The females had the lower incidence. Prasat Neurological Institute found that the males significantly scored higher in Physical Functioning (PF), Role-Physical (RP) and Role-Emotional (RE)[2]. Females survivors from and earthquake in Taiwan had quality of life lower scores in Bodily Pain (BP), General health (GH), Vitality (VT) and Mental Health (MH)[3]. And the predictor for Poor QOL was female. Males Tsunami victims in Thailand notably had higher average SF-36 score in every subset[4]. The women in Israeli were four times more likely than men to meet symptom criteria for PTSD[5]. In Thailand it also showed that males were killed/injured more than females in the terrorism situation. This could be the reason explaining the lower mental status in males who may have performed daily tasks less well than the female counterparts.

The present study found that older people had problems with work or other daily activities as a result of physical health and felt nervous/depressed all of the time. In Taiwan the older had lower averaged scores especially in physical functioning subscales[3]. Tsunami victims in Thailand had the lower average scores in Bodily Pain (BP) and Mental Health (MH) of the aged subjects[4]. It is likely that those older than 45 years of age are at the greater chances having health problems and ailments comparing to the younger. Hence depression, tension and lower daily work performance.

It showed that widows/widowers/divorcees had very limited capacity in performing all physical daily activities, including bathing or dressing. They ranked their health status as poor and made believe it was likely to get worse. They felt tired and worn out all of the time. Problems in work or other daily activities are as the result of emotional problems including feelings of nervousness and depression all of the time[4]. It is possible that in the terrorism situation widows or widowers/divorcees may have their spouses getting caught in those unfortunate terrorism situations. Some incidents might render them spouseless aggravating the feeling of insecurity. It leads to decreased life quality, poor health, emotion instability. Decreased daily work performance, tiredness, boredom including developing a belief that they're having poorer health in time.

The present study showed that the lower educational attainments were very limited in performing all physical activities, including bathing or dressing and problems with work or other daily activities as a result of physical health[2,4]. In contrary to the present study of Tsai K et al[6] they found that those with high educational attainment had lower life quality.

It showed that the regular government employees had better life quality, performs all types of physical activities including the most vigorous without limitations due to health. It could be that the regular government employees have better welfare and job security[2]. Therefore, they tend to have less psychological conditions when compared to those employees with the working contracts.

Those with no experience in the terrorism incidents had no problems with work or other daily activities, Performs normal social activities without interference due to physical or emotional problems. No problems with work or other daily activities and fells peaceful, happy and calm all of the time[4,7]. In Israel, residents of the directly exposed community reported more frequent exposure to terror and deeper disruption of daily living[8].

It has been found that the religious belief is the only thing the Naradhiwasrajanagarindra Hospital personnel could count on in the time full of unrest. In Israel, Faith in God was considered the most helpful modes for exposure those who had ever used it[9]. Talking it out to other people to ease their worry. Several have a concern in the safety of their loved ones after the event of terrorism. This shows the ties in the family and friendship.

**Conclusion**

The following groups are with poor quality of life, namely, those men who are older than 45 years of age, low educational attainment, widows/widowers/ divorcees, employees with working contracts, either permanent or temporary, including those with experience in the terrorism incidents. After all, the most basic need of the mankind is the security in life and his property. Religion delivers the utmost spiritual uplift and moral self-reliance in the event of terrorism.

**Potential conflicts of interest**

None.

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## *การศึกษาคุณภาพชีวิตการต้องการความช่วยเหลือและการปรับตัวของบุคลากร สาธารณสุขโรงพยาบาลนราธิวาสราชนครินทร์ ในสถานการณ์ความไม่สงบในประเทศไทย*

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*การศึกษานี้เป็นการศึกษาคุณภาพชีวิต การต้องการความช่วยเหลือและการปรับตัวของบุคลากรสาธารณสุขโรงพยาบาลนราธิวาสราชนครินทร์ ในสถานการณ์ความไม่สงบ เป็นการศึกษาแรกของประเทศไทย*

*สถานการณ์ความไม่สงบในภาคใต้ของประเทศไทย เริ่มมีมากขึ้นอีกในช่วงปี พ.ศ.2547 การศึกษานี้เพื่อหาว่าบุคลากรสาธารณสุขมีการปรับตัวอย่างไร คุณภาพชีวิตและความต้องการอะไรที่มีผลต่อเหตุการณ์ที่เกิดขึ้น แบบสอบถามทั่วไป แบบสอบถามคุณภาพชีวิต rand 36 SF-36 แบบสอบถามการต้องการความช่วยเหลือ แบบสอบถามการปรับตัวในสถานการณ์ไม่สงบถูกส่งไปให้บุคลากรสาธารณสุขของโรงพยาบาลเมื่อเดือนพฤศจิกายน พ.ศ.2547 392 คน (65.33%) ตอบคำถามครบ จากแบบสอบถามทั้งหมด 600 ชุด ผู้ตอบกลับเป็นผู้หญิง 328 คน (83.7%) และผู้ชาย 64 คน (16.3%) มีอายุระหว่าง 21-59 ปี (ค่าอายุเฉลี่ย 39.05 $\pm$ SD 9.82) นับถือศาสนาต่างๆ 3 ศาสนา ศาสนาพุทธ 269 คน (68.6%) มุสลิม 122 คน (31.1%) และคริสเตียน 1 คน (0.3%) 39 คน (9.9%) เคยประสบเหตุการณ์โดยตรง ขณะที่ 353 คน (90.1%) มีสมาชิกในครอบครัวหรือเพื่อนเคยประสบเหตุ*

*ผลลัพธ์ที่ได้พบว่าค่าเฉลี่ยของคุณภาพชีวิต เท่ากับ 73.1 $\pm$ SD 15.5 ค่าเฉลี่ยคุณภาพชีวิตของผู้ชายต่ำกว่าผู้หญิงในหัวข้อ general health, social functioning และ role emotional อย่างมีนัยสำคัญ ผู้ที่ไม่เคยประสบเหตุการณ์ด้วยตนเอง มีค่าเฉลี่ยคุณภาพชีวิตสูงกว่าผู้ที่เคยประสบเหตุการณ์ด้วยตนเอง ในหัวข้อ role-physical, social functioning และ mental health*

*สิ่งที่ต้องการในด้านความช่วยเหลือของเจ้าหน้าที่สาธารณสุข คือ ความปลอดภัยในชีวิตและทรัพย์สิน (30.6%) ตามด้วยความต้อง การด้านการเงิน (23%) ในด้านการปรับตัวต่อสถานการณ์ความไม่สงบพบว่า (81.7%) ส่วนใหญ่ใช้ความเชื่อทางศาสนามาช่วยในการปรับตัว 72% พูดเรื่องความรู้สึกกับผู้ร่วมงาน เพื่อน และ 68.7% เป็นห่วงความปลอดภัยของสมาชิกในครอบครัว และเพื่อนหลังเกิดเหตุการณ์*

*โดยสรุป ความไม่สงบในพื้นที่มีผลกระทบต่อคุณภาพชีวิตและความต้องการของบุคลากรสาธารณสุข เป็นไปตามทฤษฎีลำดับขั้นความต้องการของ Maslow คือความต้องการความปลอดภัย*