

# The Study of 'Preparation Guidelines' Towards Phetchabun Government Officers and Health Massage Establishments

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**How to cite this article:** Boadsaporn Anusornpanichakul, Kiattisak Saeio. The Study of 'Preparation Guidelines' Towards Phetchabun Government Officers and Health Massage Establishments, *Medico Legal Update* 2023;23(2).

## Abstract

The purpose of research was to study practices, barriers, and solutions of Phetchabun health massage establishments under COVID-19 situation. Non-participant observation, informal interview, in-depth interview, and participation observation were carried out respectively. Purposive sampling was used with 15 health consumer protection officers in charge; 11 district level, 2 provincial level, 2 regional level as well as each representative of 11 districts. Results after implementation of "Preparation Guidelines for Health Spa, Health Massage, and Beauty Massage to Promote Health Tourism During COVID-19 Pandemic" were categorized into two sections. Firstly, the practices, barriers, and solutions of government officer performances included preparation for reopening, monitoring of the provider practices, and performance report. Secondly, the provider operations consisted of doing "Self-Assessment of Health Establishment", logging-in webpage before reopening, and practices for clients included screening and report of patients under investigation, establishment monitor, service, and establishment cleaning. In summary, the preparation guidelines were purposed to reopen their business with numerous contents and messages written by official language, it caused establishment providers and practitioners difficultly understood when applying. LINE Application and making calls were easy and accessible methods for their communication to reach current data and to ensure exact information. Various encouragements and having compliments were also considerable to form trust and confidence among them, they also raised their proud.

**Keywords:** Health massage establishments, Government Officers, COVID-19

## Introduction

When Coronavirus Disease 2019 (COVID-19) was widely spread, outside China, Thailand was the first country to report a symptomatic case in January 2020<sup>1</sup>. By late March 2020, number of reported cases was soared up, epidemic was also widespread throughout Thailand<sup>2</sup>. Afterwards, Centre for the Administration of the Situation due to the Outbreak

the Communicable Disease Coronavirus was created, and it announced multiple public health and social regulations seriously implemented in order to take the outbreak under control. Consequently, various social and economic activities were restricted; for example, people were advised not to gather in public areas and travel across provinces<sup>2</sup>. Moreover, non-essential business such as bars, gyms, and barbershops were

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closed. Health establishments were considered risk areas for contracting refer to Regulations; therefore, they were forced to shut down during the pandemic<sup>3</sup>.

Department of Health Service Support (DHSS), Ministry of Public Health, as a public central organization, was authorized to regulate health establishments, and it provided authorities to provincial and district agencies to control them which were classified into 3 types including health spa, health massage and beauty massage under Health Establishment Act B.E. 2559<sup>5</sup>. The DHSS realized impacts on the crisis towards practitioners and service providers; as a result, a series of measures and regulations for the establishments to loosen restrictions was provided. Later, "Preparation Guidelines for Health Spa, Health Massage, and Beauty Massage to Promote Health Tourism During COVID-19 Pandemic" was issued and granted which they were required to strictly accomplish before reopen business<sup>3</sup>. The Preparation Guidelines were implemented throughout the country that Phetchabun, a province in north-central region, was included. Division of Consumer Protection and Pharmaceutical, is a major agency to promote, enhance and regulate the health establishments in Phetchabun throughout 11 districts divided into three zones. The Division authorized district and provincial officers to provide knowledge, to improve service provider potential, to develop connection and participation, and to receive and deal with complaints. However, it was assumed a type of the establishments in the region which was health massage establishments.

However, after the Preparation Guidelines for Health Spa, Health Massage, and Beauty Massage to Promote Health Tourism During COVID-19 Pandemic was implemented, researcher purposed to study practices, barriers, and solutions of Phetchabun health massage establishments under COVID-19 situation.

## Methods

This research adopted non-participant observation, informal interview, in-depth interview, and participant observation, respectively. Purposive sampling was used and data collection was carried out with 15 health consumer protection officers in charge; 11 district level, 2 provincial level, 2 regional

level as well as each representative of 11 districts. Validity and reliability of instruments were also assessed. Later, content analysis was conducted and triangulation method was used for data validation.

## Results

Along with the Preparation Guidelines, officials of Consumer Protection and Pharmaceutical performed based on Provincial Orders and Notifications of the Communicable Disease Committee so that it was suitable in their circumstances. Results were categorized into officials and establishment providers sections. To begin with, the official practices were divided into 3 steps. Firstly, preparation for reopening: official information forwarded to involved officials was from DSHH webpage and Provincial Centre for COVID-19 Situation Administration webpage. Afterwards, the provincial officers (POs) summarized present data and practical guidelines, then they introduced concerned and useful information to district officers (DOs) and establishment providers (EPs) by both official letters mailing and chatting via LINE Application (LA). Secondly, monitoring of EPs practices: the EPs were required to send their site preparation photos via LA to the POs for examination, both also had discussions by calling. Next, the POs, Dos, and involved officers from local organizations had a fieldwork to randomly inspect the sites. Thirdly, performance report: the EPs holding licenses who purposed to reopen their establishments were asked to access <http://spa.hss.moph.go.th/Self/> of DHSS. The webpage was classified into 2 phases: pre-reopening, they were required to register and do "Self-Assessment of Health Establishments in order to Protect and Control the COVID-19 Outbreak", the POs examined later. Additionally, during reopening: they were required to input data of customer screening before service and screening register once a week at least, the POs investigated then.

Nevertheless, the officers found some barriers and solutions when implemented as follows:

Step 1 preparation for reopening: first of all, numerous data was not input instantly resulted in information was late forwarded to involved people, so the POs informally inquired officers of legal affairs division to get exact answers. Moreover, writing official letters with complicated procedures took

much time and were sent later caused members in the community were unable to up to date existing situation. Therefore, essential information was announced via LA before official letters mailing. In addition, the EPs were unable to directly access ongoing information with their smartphones caused they had to wait for the mailing which were certainly delayed. Thus, after receiving the mails, they were required to unseal the latest one to acquire recent messages. Besides, the EPs difficultly understood main points of the self-assessment because of formal language. As a result, the POs informed the EPs with informal language by LA then they were provided to have discussions by calling to ensure after reading. Furthermore, the POs were confused because of different closure measures in different areas. Hence, they investigated exact regulations and measures by calling the DOs, and they were required to focus the latest news in their region.

Step 2 monitoring of EPs practices: Firstly, site photos could not really show authentic activities and practices whereas any instruments in the sites might be setup. Likewise, phone conversation without face-to-face interaction was assumed mistakes since they were unable to feel their exact feelings and emotions. Consequently, informal communication with positive encouragement was provided, the POs were also able to hear their opinions and expressions. Similarly, surveillance fieldwork during the outbreak was regarded a contracting risk. The fieldwork plan then was designed under Provincial Orders while the POs strictly followed guidelines of the Communicable Disease Committee.

Step 3 performance report: the EPs were unable to access the webpage on their smartphones; in the meantime, they did not clearly understand explanation by calling. So, the POs summarized the main points then logging-in steps were post through LA with obvious photos. Their relatives also became their assistants when assessing the webpage.

Nevertheless, the providers of health massage establishment who required to reopen were asked to seriously follow the Preparation Guidelines. The establishment providers (EPs) practices were classified 3 steps. Firstly, doing the Self-Assessment of Health Establishments: the EPs studied throughout the Guidelines themselves, site preparation was then

conducted. Secondly, logging-in webpage before reopening: the EPs were required to register and were provided usernames and passwords, they did the self-assessment as well. While reopening, screening data and number of clients were input. Thirdly, practices for clients: this step was divided into 4 parts. Part 1 screening and report of patients under investigation: the clients were screened using the assessment before service. They were advised to put on their masks while service, 1-meter distancing at least was managed as well. Part 2 establishment monitoring, client register was done by writing down their notebooks before input to the webpage. Site, instrument, and disinfectant preparation was also hygienically and safely arranged. Part 3 service: the EPs strictly cleaned their hands before and after service and put on both masks and face shields while service. The clients were asked to clean their hands before entering and to inform exactly health information. Part 4 establishment cleaning: bed sheets, pillow cases, and towels were changed after service a client. Bathroom and washbasin were washed, garbage bags were also completely sealed.

However, the establishment providers discovered some obstacles and solutions when implemented as follows:

Step 1 Doing the Self-Assessment: The Preparation Guidelines were hard to understand with plenty of contents, so the EPs inquired provincial officials through LA or making a call.

Step 2 logging-in webpage before reopening: The EPs were unable to login and register themselves; therefore, their friends and relatives became assistants. In addition, DHSS system was failed sometimes, they then examined the POs via LA or calling.

Step 3 practices for clients: First of all, while doing the assessment, some clients did not pay attention and felt wasting their time. Some were also inadequate reading and writing competency. So, they were investigated rather than reading. Besides, there were a lot of walk-in clients resulted in it was crowded; as a result, they were required to make an appointment in advance. Additionally, limited areas in the establishment were insufficient to provide 1.5-meter distancing; therefore, "Not Available" and "Red Cross" signs were obviously managed for

notification. Correspondingly, the EPs were difficultly breathe whereas they put on both masks and face shields when service. Consequently, windows and doors were opened to ventilate. Likewise, the clients improperly placed their belongings; as a result, "For Your Belongings" sign was done to exactly show position. In addition, after service the EPs removed pillowcases and bed sheets with improper methods caused disease spread, so they were asked to frequently practice how to remove them correctly. Lastly, the EPs were not sure and confused when mixing sterilizing solutions; therefore, they studied carefully how to mix them and wrote down their notebook to remind.

Besides, positive reinforcement which was a certificate was also underlined when the EPs followed the Preparation Guideline and achieved. They were self-confident receiving the certificate and were proud of it so that they were able to safely service. Being certified and being complimented were also stimulations for development. Nevertheless, the EPs proposed that public organizations were required to provide and advertise knowledge about standards of health establishment so that clients could be assured of standardized service.

## Discussion

The Preparation Guidelines was issued by Health Establishment Division, Department of Health Service Support, so that the health establishments were able to reopen which included numerous inexplicit statements with formal language; as a result, the officers difficultly understood especially the establishment providers and practitioners. Also, the Guidelines were inappropriate and impractical practices for all environments. When implementation, the officers were required to particularly adapt for different context which was consistent with Phuwanai Phetprai's (2022) proposed the preventative resolution with government measures were extensively issued with inoperative practices that both officers and providers were required to apply for their circumstance<sup>7</sup>.

When government officers both provincial and district level performed, they were required to seriously follow a series of law, rules and measures with a plenty of complex procedures such as order

issuing and official letter writing that affected their operations. Similarly, any approvals were taken much time and their performance efficiency and operation agility were declined that Chatsuda Chaichom et al. (2021) stated that bureaucracy included various and complicated processes with a lot of regulations and in order to regulate their operations<sup>8</sup>. Also, it was mentioned that red tape on public employees was risen because of chain of commands in government organizations with over regulation<sup>9</sup>.

After the establishments were reopened, it was found that additional cost especially cleaning was obviously increased such as establishment disinfections, strict tools and cleaning instruments. It was supposed the providers were provided supporting budget from government organization so that they were able to maintain standards as well as safety service which was consistent with Kornkanok Jirasathitpornpong's study (2021) proposed that the government specified relievable measures by providing support budget and enhancing health measures<sup>10</sup>. Although webpage and application were channels to directly communicate between the officials and the providers, some providers were unable to access electronic devices or Internet, and some were inadequate technology skill. It was assumed that training with simple, practical, and useful knowledge or skills was continually arranged which was consistent with Somchai Punyajaroen (2020) mentioned that it was needed to promote skill and knowledge of public and private members to resolve problems in collaborative governance between public and private sectors<sup>11</sup>.

Both district and provincial officers had their fieldworks with involved organizations for surveillance under the regulations. It was found that the district officers were welcomed, but establishment providers disbelieved any advices or suggestions because their visit aimed to expressly complete the fieldwork plans. Furthermore, they spent less time with the providers while visit in that case friendliness between them was not risen. Consequently, the providers were not open-minded to express their opinions, nor were their problems solved in the environment. After the district officers left, the providers chatted to the provincial officers via LINE Application or calling for consult. Siriluk

Khumphiranont and Anchana NaRanong (2020) proposed that untrustworthiness of inter-sector is an obstacle towards successful collaboration<sup>12</sup>. They did not understand each other and felt distrustful to work together. Sirinthip Srisawangwong and Piyanus Ngernklay (2021) suggested that government officer inspection was required to be friendly visit with creative practices whereas meeting for exchange was continuously and formally managed with informal conversation which both officers and providers received mutual benefits<sup>13</sup>.

### Recommendations

Policy recommendations: any authorities and participants for legislation and guidelines for disease control and prevention were advised to especially emphasize on people capability of perception of news.

Recommendations for further studies: first of all, action researches should be conducted to collect quantitative and quality data towards development factors for health establishment. Secondly, evaluation researches should be managed for implementation of government policy contributes health providers. Finally, information system development for health should be particularly studied so that people were able to easily access during the crisis.

### Conclusion

Health massage establishments, as a type of health establishments, were a risk business for disease spread during COVID-19 situation then they were considered to temporarily shut down based on the Regulations. After health establishment division under Department of Health Service Support was aware of service providers and employees, the Preparation Guidelines were enforced so that they could reopen their business. While implementation, performances of government officers were divided into preparation for reopening, monitoring of establishment provider practices, and performance report. In addition, doing the Self-Assessment, logging-in webpage before reopening, and practices for clients were practices of the providers.

The Preparation Guidelines included various contents and messages written with formal language. People in communities were unable to understand;

as a result, the government officers had to summarize into informal or local language. Moreover, LINE Application was considered as an easy channel to communicate among them for providing useful advices and suggestions. Besides, phoning was a convenient way when having discussion or problem solving. In addition, encouragement significantly influenced towards trust and confidence.

### Ethic

The study was approved by the Ethics Committee for Human Research, Phetchabun Provincial Public Health Office 2/2564 Project number: Sor Sor CHor.2/64-14-25/06/64. All participants gave written informed consent.

**Source of Funding:** None

**Conflict of Interest:** None

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