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Quarantine Experiences of People at Risk of COVID-19: A Qualitative Study

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Abstract

Background: COVID-19 is an emerging infectious disease that has affected people's daily lives. Self-quarantine is an important public health measure for preventing the transmission of COVID-19 among individuals at risk of infection. Understanding individuals' experiences during quarantine may help inform effective support strategies and improve adherence to public health measures.

Objective: To explore the self-quarantine experiences of COVID-19 high-risk individuals and their views on Thailand's pandemic situation.

Methods: A descriptive qualitative design was employed. Fifteen participants who underwent self-quarantine were purposively recruited from outpatients at acute respiratory infection clinics. Data were collected through in-depth interviews conducted from May 2020 to June 2020 and analyzed using content analysis. Trustworthiness was established through triangulation.

Results: Four main themes emerged from the self-quarantine experiences: 1) positive definition of quarantine, 2) adapting to a new way of life, 3) impact of quarantine, and 4) support system during quarantine. Multisectoral collaboration, family support, and community support were identified as important for promoting adherence to public health measure during self-quarantine. Participants also emphasized the need for timely, clear, and adequate communication regarding COVID-19 outbreaks, disease severity, prevention and control measures, and the status of the pandemic.

Conclusions: These findings highlight the importance of comprehensive support and effective risk communication during self-quarantine. Providing timely and accurate information and strengthening support from family, community and relevant sectors may help shape community attitudes and reduce stigma and discrimination toward individuals undergoing quarantine.

Keywords: COVID-19, Self-quarantine, Qualitative research, Pandemics, Thailand

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Introduction

The COVID-19 epidemic was first detected in Wuhan, People's Republic of China in December 2019. The disease then spread to countries around the world.[1]

As of 13 April 2020, the numbers of confirmed COVID-19 cases and deaths worldwide had reached 1.77 million and 0.11 million, respectively. The first case of COVID-19 in Thailand, a Chinese traveler who had entered the country, was detected on 13 January 2020. Subsequently, the first Thai positive case emerged on 31 January 2020. The disease spread to many provinces because people traveled to different parts of Thailand. As of 13 April 2020, the numbers of confirmed cases and deaths reached

2579 and 40, respectively.[2] Thai government agencies collaborated with the Ministry of Public Health through the Department of Disease Control to implement various measures, such as declaring the Emergency Decree on Public Administration in Emergency Situations, which restricted interprovincial travel, imposed requirements for international travelers entering Thailand,[3] and organized a system of public health volunteers and the public to implement local and home quarantine measures[4] to monitor and follow up on patients and immediately and effectively control the spread of COVID-19.

Quarantine is a standard management measure that restricts movement and separates people who may have been potentially exposed to a contagious disease to prevent its spread. This measure was implemented during the Ebola outbreak in 2014.[5,6] Thailand implements 2 types of quarantine, namely, state/local quarantine and home quarantine. State/local quarantine refers to state-provided quarantine facilities to observe the symptoms of travelers returning from abroad for 14 days (after arriving in Thailand) to prevent the spread of COVID-19 to their families and communities. State-provided quarantine facilities are divided into 2 parts. The first is the Bangkok and central region (state quarantine), which is managed by the Ministry of Defense in collaboration with the Ministry of Public Health. The second is provincial areas (local quarantine), which are managed by the Ministry of Interior in collaboration with the Ministry of Public Health under the provincial infectious disease committee, which is chaired by the provincial governor. Currently, Thailand has 23 state and local quarantine facilities in 12 health regions.[3] Home quarantine refers to isolation in one's residence. Individuals at risk of infection are provided with accommodation in their familiar living environment, such that they feel sufficiently free. However, individuals who self-quarantine must remain isolated and separated from familiar individuals and family members. They are prohibited from meeting people and are allowed a restricted amount of time for outdoor activities.[7] This scenario can lead to sedentary behavior and negatively impact physical and mental health.[5,8] Individuals who self-quarantine must monitor their body temperature and blood oxygen levels (oxygen saturation) daily and sleep in a separate room, wear a mask, use personal items separately, and eat alone.[9] Because COVID-19 is a new disease, individuals who self-quarantine due to COVID-19 face fear, anxiety, and stress related to uncertainty, constantly changing news and information[10,11] and the stigma associated with society's perception of quarantined individuals as potential carriers of the infection, including people's fear that these individuals will spread the virus. Therefore, self-quarantine can lead to changes in daily routine and occupation and may impact future life.

A review of the literature reveals the empirical evidence provided by studies on the experiences of individuals who self-quarantine. The authors reported that the individuals experienced a state of stress, confusion, anger, fear of themselves and family members being infected, boredom, loss of income, reliance on family, and social stigma.[10] Prolonged self-quarantine is associated with worsened mental health conditions. Thus, individuals who self-quarantine for more than 10 days are more likely to develop posttraumatic stress disorder compared with those who self-quarantine for less than 10 days.[12] Self-quarantined individuals face fear, anxiety, stress, depression and uncertainty due to constantly changing news and information.[13,14] However, studies on the impact on those who are quarantined due to COVID-19 remain scarce.[5] To address this research gap, the current study aimed to explore quarantine-related experiences and their effects from the perspective of those at risk of infection during the COVID-19 pandemic in Thailand. The information obtained will be used as a guideline

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for providing physical health care and reducing confusion and panic among those who are quarantined.

Methods

Study Design and Sampling

This study employed a descriptive qualitative research approach. The participants were individuals aged 18 years or older who could comprehend the research questions (proficient in reading, writing, and speaking Thai). Participants were purposively recruited from individuals receiving COVID-19 testing services at the Acute Respiratory Infection (ARI) clinic of a university hospital. The inclusion criteria required participants to meet self-quarantine guidelines due to high-risk area exposure or contact with a COVID-19 patient. Data collection took place between May 2020 and June 2020, concluding with a total of 15 participants once data saturation was achieved.[7-9]

Data Collection and Analysis

Data were collected through semistructured, in-depth interviews conducted by a research team with expertise in qualitative research. To minimize researcher bias, the interview guide was strictly followed, and investigator triangulation was employed during data analysis. There was no prior relationship between the researchers and the participants before the study commenced. The researchers initially contacted participants via phone to schedule the sessions. With the participants' formal consent to record the conversations, the actual interviews were then conducted over the phone, each lasting approximately 45-60 minutes.

The researchers transcribed the interview data verbatim and analyzed them using content analysis.[7,9,15] To enhance the trustworthiness and credibility of the qualitative analysis, the study utilized investigator triangulation. This involved 3 researchers independently analyzing the data and cross-validating the findings through consensus-seeking discussions, followed by an additional triangulation layer through a data review by an external expert.

In addition, rigor was established according to the criteria proposed by Lincoln et al[16] (credibility, transferability, dependability, and confirmability). The researchers explained the research objectives and procedures to the participants and answered any of their questions. Upon obtaining voluntary consent from the participants, the researchers then sent a consent form to the participants via mail. Each participant was assigned a code and all identifying information was removed from transcripts. Audio files and transcripts were stored in encrypted, password-protected folders accessible only to the research team, and audio recordings will be destroyed 10 years after study completion, in accordance with institutional policy.

Results

The 15 demographics participants comprised 4 women and 11 men aged 20 to 58 years. Levels of education ranged from lower secondary school to postgraduate degrees. Six participants reported preexisting medical conditions, including cancer, allergies, asthma, high levels of cholesterol, and hypertension. All participants had prior experience with self-quarantine at home for 5-14 days.

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The informants needed to be quarantined due to a history of contact with a patient with COVID-19 or exposure to an area at risk of infection. They defined quarantine as the separation of a person who has not been sick yet and has exhibited no symptoms but has been in contact with a person who tested positive for COVID-19. This screening is conducted to decrease close contact or travel to meet anyone and prevent the spread of the disease. Data analysis reflects the experiences of the participants in 4 main themes, as follows: 1) positive definition of quarantine, 2) adapting to a new way of life, 3) impact of quarantine, and 4) support system for people during quarantine (Figure 1).

Theme 1: Positive Definition of Quarantine

The study found that the participants defined quarantine as a positive life experience, which can be categorized under 5 subthemes as follows.

Subtheme 1.1: Self-Quarantine for Disease Prevention

The participants emphasized the importance of self-quarantine and recognized its benefits in preventing the spread of the disease to others and reducing one's risk of contracting it.

A participant said that *"Self-quarantine in this context doesn't mean that we have the disease. It's to prevent the disease."*

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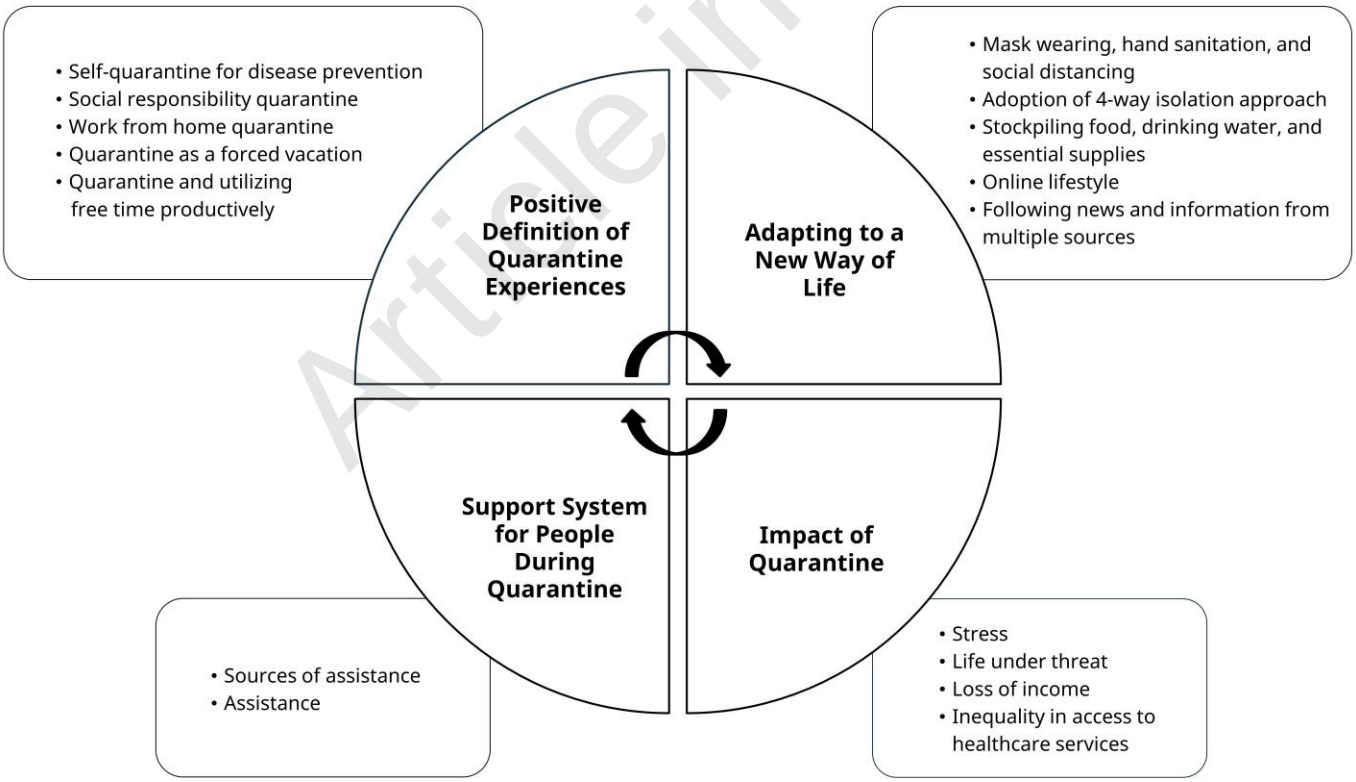
Figure 1. Four Main Themes of the Quarantine Experiences of People at Risk of COVID-19



Subtheme 1.2: Social Responsibility Quarantine

The participants emphasized that social responsibility quarantine was an act of adhering to government policy to fulfill one's duty and exercise self-discipline for the sake of oneself and society. It was a crucial step in curbing the spread of the disease to others.

A participant said that *"...While we were in quarantine, we didn't go anywhere. When I was about to go out, my brother told me not to go, and that we had to be responsible to society. He also didn't let me go to see my mother. I was in quarantine for the whole time. The district health office contacted me on the day my mother tested positive, and I had to quarantine for more than 20 days..."*

Subtheme 1.3: Work from Home Quarantine

The ongoing COVID-19 pandemic prompted public and private sector organizations to adapt their working practices to enable employees to work from home. From the perspective of the individuals, those undergoing quarantine can work or study from home.

A participant said that *"The quarantine period was quite comfortable because I didn't have to commute to work. My workplace allowed us to work from home and have meetings via video conference."*

Subtheme 1.4: Quarantine as a Forced Vacation

A number of individuals perceived quarantine as an enforced break from hectic work schedules. For those who had been working nonstop without breaks, government-mandated quarantine served as an opportunity to rest and recharge.

A participant said that *"I've been working all week, including Saturdays and Sundays. I barely have any free time. So, being quarantined is like getting a chance to relax at home."*

Subtheme 1.5: Quarantine and Utilizing Free Time Productively

Individuals undergoing quarantine experience restricted movement, are prohibited from close contact, and are confined to a limited space, which can lead to boredom and restlessness. To combat these feelings, others turn to productive activities to maximize their time.

A participant said that *"...The quarantine period was very boring, so I did almost everything. I took down the curtains and sofa to wash them, washed the bedsheets, and did the laundry. I did it one thing at a time, slowly but surely..."*

Theme 2: Adapting to a New Way of Life

The informants adapted and adjusted their self-care routines to the unexpected scenario of quarantine. These routines can be classified into 5 subthemes as follows.

Subtheme 2.1: Mask Wearing, Hand Sanitation, and Social Distancing

The participants made changes to their daily routines, such as sanitizing their hands with alcohol gel and wearing masks. Taxi drivers additionally wore masks when picking up passengers who are foreigners, opened their car windows to allow air circulation, and wiped down the car seats with alcohol gel after passengers disembarked.

A participant said that *"...I always wear a mask. After the news started to spread, I started keeping hand sanitizer in my car and washing my hands frequently. Most of my passengers are Chinese. Most of them call me to book a ride. Once they get in, I keep my mask on and drive them to their destination. Some foreigners wear masks, but others don't. I can't tell them*

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what to do. Before I start driving again, I rub hand sanitizer on my hands. After a while, I opened the windows to let the air circulate. When I park the car, I wipe down the seats with a cloth and hand sanitizer. (After dropping off passengers) I do this about twice per ride. I picked up 2 customers, parked at the hotel, and then cleaned the car..."

Subtheme 2.2: Adoption of a 4-Way Isolation Approach (Specific Aspects of Separation; ie, Eating, Personal Belongings, Sleeping Arrangements, and Designated Living Areas)

During quarantine periods, individuals needed to live alone in their rooms, eat separately, sleep separately, and maintain a safe distance from other family members. If multiple individuals were quarantined in a shared condominium or apartment, use of a shared bathroom was unavoidable. In addition to wearing a mask indoors at all times, self-care measures included sleeping in separate rooms, eating meals separately, using separate utensils and crockery, sitting at opposite corners of the dining table, cleaning shared areas regularly, and selecting single-serving meals for COVID-19 positive individuals and self-care practices after completing a 14-day period. Individuals who returned home to live with their families may experience changes in their habits, including using a serving spoon, separating utensils, avoiding sharing drinking glasses, isolating patients in a separate room, frequently washing bedding, mixing bleach with water for cleaning, and spraying bleach on objects and surfaces touched by patients with COVID-19.

A participant said that *"It's a rental room. There's only one room. When you open the door, you enter a large open space. Then you open another door at the back and that leads to the bathroom and balcony. We normally sleep with 3three people together, but when my older sister found out, she started sleeping separately against the wall. Me and my mom still sleep together. We started wearing masks recently because we're not sure anymore..."*

Subtheme 2.3: Stockpiling Food, Drinking Water, and Essential Supplies

During the quarantine period, individuals were restricted from leaving their homes. Therefore, having a supply of milled rice, dried food, fresh food, drinking water, alcohol gel and masks for approximately one week was essential because a number of individuals may not have anticipated the need for quarantine. Others may choose to cook their own meals during this period. In certain cases, individuals may receive assistance from colleagues, neighbors, or relatives such as fresh food items left at their doorsteps. These food items typically required cooking before consumption.

A participant said that *"...When there was news about the curfew, we became alert and went to stock up on food and supplies. Yes, we stocked up on rice, instant noodles, eggs, dried food, and dried fish, because we saw news about a Thai person in China who came out to warn people that while the situation in China was severe, convenience stores and shops were not closed. So, we became complacent and only stocked up enough for about 2 weeks. We bought 5-6 packs of instant noodles and about 40 eggs... When my sister got infected and I had to quarantine for 14 days, we realized that we didn't have enough supplies, especially water. We only had about 4 packs of water, which would only last for a week. We had to quarantine for 14 days, which is 2 weeks, so we had to ask someone we know in the area to buy us water and leave it outside our door..."*

Subtheme 2.4: Online Lifestyle

During quarantine, individuals also adjusted their lifestyles to use online communication and online shopping more frequently.

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A participant said that *"During quarantine, I've been shopping online so much that I've spent thousands of baht just sitting at home. I've ordered masks, snacks that are going to make me fat, and groceries that get delivered right to my door."*

Subtheme 2.5: Following News and Information From Multiple Sources

During quarantine period, following news from television, the internet, and mobile phones enabled people to quickly receive information, knowledge, and news, which enabled them to properly adapt and self-care during quarantine. However, receiving information from various media has led some quarantined individuals to fear that they may contract COVID-19.

A participant said that *"At first, I didn't understand. But later, the news got louder and louder. I started to get scared, scared of getting infected."*

Theme 3: Impact of Quarantine

The participants reflected on the impacts of quarantine on physical, mental, emotional, social, and economic aspects. The study summarizes these impacts into 4 subthemes as follows.

Subtheme 3.1: Stress

The quarantine led to stress, which forced the participants to adapt and adjust their daily routines in various ways. Others became extremely stressed, such that they were unable to engage in usual activities, leave their homes, or go to work as usual. They also reported ostracization despite a negative diagnosis of COVID-19, and others were severely stressed, such that they wished to be admitted to the hospital. A number of individuals compared the experience of being quarantined due to COVID-19 "a catastrophe in life". While waiting for the test results, many individuals were stressed due to anxiety. Their concerns included uncertainty about health, the transmission of the virus to family members, or being a cause of hardship to those around them as well as the living conditions of their family.

A participant said that *"I almost cried. I felt sorry for my child. We had never been apart for 14 days. It was a very long time."*

The participants described living during quarantine as being in "the room syndrome", that is, a state of being confined to a room and unable to go outside. Quarantined individuals consumed news about COVID-19 and became trapped in repetitive thoughts, which led to severe stress. The participants suggested the implementation of a relaxation measure that enabled quarantined individuals to wear masks and go for a walk in open spaces near their quarantine locations to improve their posture and relieve stress.

Subtheme 3.2: Life Under Threat

From the perception of ostracization and restricted freedom, high-risk groups who came into contact with patients with COVID-19 experienced social stigma for the first time. The informants compared the resulting emotional distress to experiencing natural disasters such as floods, due to the profound impact on physical, mental, social, and economic well-being, which fundamentally altered their lives.

A participant said that *"It was a shock to be quarantined for the first time. Feeling isolated, like being shut out by society, was a new experience for me. Unlike floods, which affect*

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everyone, quarantine felt very lonely. It wasn't a life-or-death situation like COVID, but a natural disaster, nonetheless. It completely disrupted my life, hurting my income and mental well-being. All I could do was stay glued to the TV, eat, and sleep. My stress level was off the charts—a solid 9 out of 10."

A few participants decided to self-quarantine without wanting anyone to know that they or their family members were infected with COVID-19. Fearing being seen by neighbors or community members and being the topic of gossip or ostracization, they avoided notifying hospitals.

Subtheme 3.3: Loss of Income

People needed to stop working, be laid off, or be fired due to the quarantine, which led to loss of income. In addition to job loss, others needed to deplete their savings or struggled to cover essential monthly expenses such as food, rent, transportation, utilities, and mobile phone and internet bills. The quarantine period introduced additional expenses, such as COVID-19 testing, masks, hand sanitizers, and travel to quarantine in provincial homes.

A participant said that *"...It's about money. We couldn't work for several days, so we had no income. I couldn't run taxis either, so we were stressed about how we would pay our rent, buy food, and cover other expenses. I had to use my wife's savings because she had some money put aside..."*

Subtheme 3.4: Inequality in Access to Healthcare Services

Other quarantined individuals did not own smartphones, had no experience using online media and smartphones or lacked internet access in their homes or communities. These situations made it difficult for vulnerable groups, such as bedridden elderly people, people with visual impairments, or those living in poverty, to access registration for various treatment benefits, such as COVID-19 testing (which could be expensive), face masks (which were in short supply), and financial aid.

A participant said that *"...Some people who don't have internet, smartphones, or mobile phones to fill out the necessary information will not be able to access services or receive financial aid..."*

Theme 4: Support System for People during Quarantine

The study found that the participants needed support while in isolation or quarantine during the COVID-19 pandemic as follows.

Sources of Assistance

The participants received assistance from various sources according to their quarantine experiences. These sources included the following.

Government Agencies: Area offices provided essential supplies, such as hand sanitizers, masks, and garbage bags, to those under quarantine. The quarantined individuals received a letter specifying the date and duration of their quarantine. Upon completion of the 14-day quarantine period, they received a letter stating that they were released from quarantine. Family and Community Food, assistance, and encouragement were shared among family members, neighbors, colleagues, and people in the community. For example, sharing cabinets occurred based on the idea that

A participant said that *"if we give to others first, they will give back to us."*

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Assistance

Based on the experiences of quarantined individuals, the COVID-19 pandemic impacted daily life, livelihoods, and income. The sample group required support in the form of food and essential items, as in the following text.

Meals: The participants under quarantine required 3 meals per day (fresh and dry food). Such meals could be in the form of a mobile kitchen, boxed meals, or drinking water. For households with children, a need emerged to distribute milk, diapers, or money to purchase food and other necessities. The need to promote vocational training and provide affordable rental spaces for people to sell goods also emerged due to the sudden layoff of some employees, which reduced costs and enabled them to become self-sufficient in the long run.

A participant said that *"The key to surviving quarantine is having access to food. Nonessential items are not as important. If people can make it through this period with 3 meals a day, they will be able to get by."*

Essential Items: Digital thermometers, hand sanitizers, and masks are considered essential items. During quarantine, finding these items can be difficult; moreover, they can be expensive. Others may lack the financial means to buy them. Providing blood pressure monitors was also necessary for quarantined individuals with hypertension as a preexisting condition.

Provision of Essential Information Through Public Address Systems to Reduce Stress: Educating the public about the proper prevention measures for COVID-19 and the rationale underlying quarantine is crucial for eliminating social stigma and discrimination against those under quarantine. Implementing regular symptom monitoring and stress relief measures through telephone or voice calls can be highly beneficial.

A participant said that *"We need to actively campaign and educate people about this issue. If we can do that, the stigma and discrimination might decrease because people will understand, right? Because if they still misunderstand, they will develop various forms of stigma and discrimination, becoming overly anxious."*

Healing and Recovery (A Silver Lining in Every Cloud): The government was providing cost-of-living assistance through measures such as reducing electricity bills, implementing loan programs, and providing financial aid.

A participant said that *"The expenses, the car installments, those are 2 or 3 things. Rent, car installments, utilities, and food expenses. It would be great if they could reduce the electricity bills."*

Screening and Referral for Treatment: The participants wanted comprehensive proactive screening available, because testing was relatively expensive. If individuals underwent testing and tested negative for the virus, then they needed to pay for the test. For this reason, people would choose to avoid testing. Even if they exhibited symptoms, they hesitated to get tested, as expressed by one participant:

A participant said that *" I want to get tested, but I'm hesitant because if I get tested and I'm negative, I'll have to pay ฿3000-฿5000. That is why most people don't want to get tested, they don't have the money."*

Support for the Establishment of Quarantine Centers: The informants suggested that people living in crowded houses who are at risk of contracting the disease and if a close contact is found to be infected with COVID-19, then the people living inside one house should be placed in a state-provided quarantine system. The reason is that these people may be undergoing financial difficulty and need to work for a living. As a result, undergoing quarantine within the residence in accordance with public health policies became impossible.

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Discussion

Self-quarantine is a standard public health measure that helps prevent the spread of infectious diseases. The Ministry of Public Health recommends that people with a history of contact with patients with COVID-19 or who have been to areas at risk of contracting the infection isolate themselves for 10-14 days from the date that the patient they contacted tested positive for COVID-19.[17] The reason is that the incubation period of the virus ranges from 0 to 14 days.[2,18] The participants' awareness of the COVID-19 outbreak, preparation for self-quarantine, and experiences of self-quarantine varied. A few cases of self-quarantine were sudden and unexpected.

The participants reported feeling stressed, threatened, and worried about social stigma. They also expressed concern for the feelings of their family members. Others who self-quarantine experienced symptoms consistent with COVID-19, which led to feelings of doubt, worry, and stress, as well as fear of contracting the virus. They also experienced the room syndrome for extended periods, being unable to see familiar faces, and being separated from family and friends. Their activities were also restricted. These results align with those of previous studies that reported a correlation between the number of days in isolation and elevated stress levels.[19] In particular, individuals who were isolated for more than 10 days are at risk of increased stress.[13] The causes of stress included the lack of independence, confusion, boredom, loneliness, fear of contracting and transmitting the virus, loss of income, and stigmatization and ostracization from neighbors and colleagues.[10,20] The participants also pointed to discomfort due to unfamiliar surroundings and a lack of experience with being restricted. As a result, self-quarantine was perceived as a form of confinement, punishment, judgment, and social rejection.[21]

According to Chen et al,[20] the responses of individuals in isolation to the situation they are facing can be grouped into 3 phases. In the initial phase, isolated individuals feel anxious about being diagnosed with COVID-19 due to the potential onset of physical symptoms such as coughing, fever, headache, and sore throat. During the middle phase, the majority of individuals experience stress and do not want to be reminded of their status as high-risk contacts, because it is an unpleasant experience. In the final phase, the fear and stress of those in isolation diminish, and they become calmer. Their mental state improves when their COVID-19 test results are negative and the high-risk contacts they interacted with display signs of improvement, which reassures them that they are safe from COVID-19.[20] An online survey in Italy found that 70.4% of persons who self-quarantine felt anxiety.[22] Healthcare workers should provide care for those in isolation from the initial phase by monitoring their symptoms, and by providing information. In this manner, isolated individuals understand the objective of isolation, effective isolation methods, and adequate instructions on observing COVID-19 symptoms such that they can feel confident in managing their own health. In addition, healthcare workers should provide counseling on the management of physical symptoms. During this phase, some individuals in isolation may require extensive mental health care to ensure appropriate support.[23,24] At the university hospital, patients with unclear symptoms are monitored. Patients experienced anxiety, fear, and uncertainty about whether or not they belong to the high-risk group and therefore desire confirmation. However, when they do not meet the screening criteria for COVID-19, they experience discomfort, anxiety, and stress due to the lack of understanding of self-care practices, which can lead to inappropriate coping and expression. Additionally, those who do not meet the screening criteria for COVID-19 testing lack understanding of the criteria and how to conduct themselves during the first 7 days and the 14th day after isolation.

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Providing instructions on the management of various symptoms can help patients relax and conduct self-care appropriately.[25]

Despite the negative emotions toward quarantine experienced by the participants during the quarantine period, they attempted to adapt by adopting an optimistic mindset. They viewed quarantine as an opportunity to work from home, utilize their time productively, and take a break. Positive thinking strengthens physical and mental well-being. Communication with family and friends, who served as sources of emotional support, provided encouragement and enabled them to adapt to stress. This process helped the quarantined individuals develop resilience to face societal stigmatization and pressure, which prompted them to adopt new perspectives for problem solving.[26] In this context, the quarantined individuals reflected on the benefits of quarantine as a form of social responsibility to prevent the spread of the disease. They recognized quarantine as a corporate social responsibility by immediately isolating themselves upon contact with patients confirmed for COVID-19. This aspect involved halting business operations, reducing travel, and separating from close contacts to monitor symptoms and prevent the spread. Government-provided (state/local) quarantine is insufficient. In addition, social responsibility is a crucial element in driving the public health model.[27]

Co-quarantining confirmed patients with COVID-19 and individuals under observation due to exposure risks in confined spaces in cases due to the unavailability of state or local quarantine facilities increases the risk of further transmission and infection. In addition to providing protective equipment, such as masks, alcohol gel, and thermometers, instructions should be given on how to live with patients with COVID-19, clean the surroundings, and disinfect items touched by patients. The quarantine period should be as short as possible while covering the period of infection.[12]

This current study found that the most effective method for assisting quarantined individuals to adhere to public health measures is to provide essential supplies such as food, drinking water, adequate face masks, and thermometers. In addition, income compensation is crucial for quarantined individuals during and after the quarantine period. As such, employers should facilitate work from home arrangements. The government should assist in providing alternative employment opportunities for those who have lost their jobs. Measures to reduce living costs should be implemented as well. Financial institutions should offer flexible loan and debt repayment options. These measures align with the approaches taken during the Ebola outbreak.[11] Prompt, clear, sufficient, and easy-to-understand communication of COVID-19 characteristics, outbreak severity, disease control and prevention measures, and the current situation, from government agencies and the Ministry of Public Health through various media, is essential to inform the public about the purpose of quarantine, that is, as a means of preventing and controlling the spread of the disease and monitoring symptoms to ensure the safety of the community. This aspect can help change the perceptions and attitudes of people in the community toward quarantined individuals, which prevents stigmatization or discrimination against them.[10,28,29] Lastly, the government and private sector should provide financial support and necessary equipment for frontline workers.[30]

After quarantine, the participants changed their lifestyle, which led to behaviors that must be upheld, such as using shared utensils and alcohol spray, wearing masks in public places, using technology on various platforms for communication, searching for knowledge/online learning, working from home, and increasing online shopping. This finding is consistent with data collected from theories of marketing, technology,

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problem analysis, and integration of information from the media as well as interpretations based on social realities about moving toward the new era of the COVID-19 pandemic. The study also found that this scenario has led to new changes in lifestyle, which are new behaviors or the so-called new normal, which has led to adaptations worldwide.[31]

This study collected data during the first wave of the COVID-19 outbreak and has the following limitations. The sample group entirely consisted of individuals residing in Bangkok who sought risk assessment services at the ARI clinic. The high heterogeneity of the participant characteristics, despite a substantial male majority, closely influenced the documented experiences and provided a broad spectrum of insights into Thailand's pandemic measures. For instance, while male participants and varying occupational backgrounds highlighted distinct socioeconomic and economic anxieties, differences in age groups primarily contributed to varying levels of concern regarding COVID-19 health risks. A potential limitation of this study involves the highly diverse backgrounds of the participants. While this heterogeneity provides a rich and broad spectrum of perspectives, it may limit the transferability of the findings to more homogeneous or specific demographic groups within the Thai populace. Additionally, telephone interviews may have led to the lack of certain details that could have been obtained through face-to-face interviews.

Recommendations for Future Research

Conduct a study on the impact of quarantine on high-risk groups for COVID-19 in urban, rural, and ethnic communities. The findings of this study can be used to inform the development of home quarantine care plans and reduce the spread of new or reemerging diseases. Develop programs to increase public awareness about the management of new or reemerging diseases. Evaluate the effectiveness of the new normal in preventing new or reemerging diseases. Relevance for clinical practice, based on the findings of this study, community nurses can collaborate with the local community to implement a health-promotion approach in the community, and use this approach to enhance personal, family, and the community environment. Aligned with the study's context, support and evaluation programs must be tailored to Thailand’s public health infrastructure and the diverse demographics of the at-risk population. Specifically, ARI clinic practices should utilize screening tools that capture age-specific anxiety levels. Furthermore, given the substantial socioeconomic concerns among the male majority, interventions should integrate targeted financial or occupational support rather than relying solely on generic psychological counseling.

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Conclusions

Based on the findings of this study, the quarantine experiences of people at risk of COVID-19 composed 4 main themes: positive definition of quarantine, adapting to a new way of life, impact of quarantine, and support system for people during quarantine. The findings were beneficial for effectively confronting the COVID-19 pandemic and caring the quarantined persons.

Additional Information

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