

## ORIGINAL ARTICLE

### **Descriptive Qualitative Study on the Perception of Government Servants towards the COVID-19 Pandemic and SOPs Implemented in Public Places in Malaysia.**

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#### **Abstract**

Coronavirus disease (COVID-19) is a pandemic that has hit the world since 31st December 2019. It caused widespread increase in morbidity and mortality worldwide. Malaysia was one of the countries affected by this disease and the government has had to impose a Movement Control Order for citizens of Malaysia ever since March 2020. Restrictions and Standard Operating Procedures (SOPs) were introduced to curb and control the spread of COVID-19. These rapid lifestyle changes affected the lives of many Malaysians. This is a descriptive qualitative study aimed to study the perception, practices, and financial effects of COVID-19 on Malaysian government servants. The data was collected from 12 participants from the states of Selangor, Melaka, and Pahang. They were government officers in various government departments. The data was collected through in-depth semi-structured questionnaire interviews that was conducted through video calls. The interviews were conducted from October to December 2021. Three general themes emerged from the analysis: the respondents' perception, the respondents' actual practices, and financial implications. There were 13 sub-themes and 51 codes. The result of this study showed, all the respondents had good knowledge about COVID-19 and its SOPs while practising them, believing most of the Malaysian population is compliant with the government's action, with a minority that opposes it, and that the participants were not affected financially by the pandemic.

**Keywords:** *COVID-19, respondents' understanding, respondents' perception, implementation, respondents' actual practices, financial implications.*

## Introduction

COVID-19 is the latest infectious disease to develop rapidly worldwide. It started in Wuhan, China at the end of 2019 to the extent of developing into a severe global pandemic <sup>[1]</sup>. To date, there were more than 513 million positive COVID-19 cases recorded with at least 6.2 million deaths globally <sup>[2]</sup>. The first three cases of COVID-19 in Malaysia were imported cases, confirmed on January 25, 2020. As of April 9, 2022, Malaysia had recorded more than 4.46 million positive cases involving more than 35,000 deaths <sup>[3]</sup>. The virus was largely spread via droplets in the air, expelled when an infected person coughs or sneezes. <sup>[4]</sup> Fever, dry cough, and tiredness were the most reported symptoms, and in mild cases, people might get just a runny nose or a sore throat. In the most severe cases, infected persons experience breathing difficulty, and ultimately organ failure might develop. Some cases were fatal <sup>[5]</sup>.

The Malaysian Prime Minister enforced a Movement Control Order (MCO) on March 18, 2020 as a mitigation effort to reduce community spread and the overburdening of the country's health system. The MCO also restricted Malaysians from leaving the country and all foreigners from entry. Non-essential sectors were ordered to close operations or allow employees to work from home. Lockdown measures were perceived as necessary to curb the spread of the virus as rapid human-to-human transmission occurred and much about the virus remained unknown.

When the initial MCO announcement was made, Malaysians reacted in panic and confusion. Aside from panic buying, people crowded public transportation hubs to travel back to their hometowns, potentially increasing the risk of infection to other parts of the country. While this reaction to the MCO was not unexpected, it raised questions regarding the level of understanding and attitudes toward COVID-19 among Malaysians <sup>[6]</sup>.

Assessing the knowledge, attitudes, and practices (KAP) related to COVID-19 among the general public servants would be helpful to provide better insight to address poor knowledge about the disease and the development of preventive strategies and health promotion programs <sup>[6]</sup>. Thus, our study sought to explore the perception of government servants towards the COVID-19 pandemic and SOPs implemented in public places in Malaysia. By descriptive qualitative analysis of the respondents' experiences, we are seeking to gain a better and deeper understanding of the possible impact of the pandemic on their study process. In particular, the study focused on providing answers to the following questions: <sup>[1]</sup> what the government servants' perception of COVID-19 and its SOPs are; <sup>[2]</sup> How SOPs are implemented in public places vs their actual practices; and <sup>[3]</sup> What are the economic impact of COVID-19 and its SOPs towards the public.

## Materials and methods

### *Study Design and Sampling Method*

The study design of this research was a descriptive qualitative study approach based on Colaizzi's method. The sampling method used was purposive sampling.

### *Sample Size and Site*

A total of 12 participants (four male and eight female) participated in the study from the states of Selangor, Melaka, and Pahang. According to <sup>[7]</sup>, it was recommended that qualitative studies require a minimum sample size of at least 12 to reach data saturation.

### *Study sample*

The participants enrolled in the study fulfilled the inclusion and exclusion criteria. They were between 30 to 60 years old, government servants had the willingness to participate and share

experiences in the study, were able to understand English and/or Malay, and provide written informed consent for the study. They did not contract COVID-19 and show symptoms, were not diagnosed with mental and physical disabilities such as deaf and dumb, were not unemployed/pensioners, and non-Malaysian.

### **Data collection**

Participants were informed about the study's purposes and objectives and were then asked to proceed with signing the consent forms. This study was conducted by using in-depth semi-structured individual interviews via phone calls or video calls to prevent any possible spread of the virus. After obtaining informed consent of the participants to record all the interviews, they were asked the main questions of this study, as follows:

*“Describe your understanding and perception of COVID-19 and its SOPs.”*

*“Do you know what SOPs are implemented in public places? And do you practice them in your daily life?”*

*“Are you affected by the economic impact of COVID-19 and its SOPs?”*

Based on the participants' responses, follow-ups questions toward a more in-depth examination of their experiences on the subject were asked using probing questions such as:

*“What do you mean by that? “, “Do you mind explaining more”, “Can you make your point clearer? “, “Why?”, and “How?”*

Each interview lasted about 30-45 minutes. They were conducted using the English or Malay languages, and some tended to mix Malay and English languages during the interviews. The data were collected for a duration of two months (October - December 2021). After completion of the data collection, the recorded interviews were

transcribed directly into the English language by the researchers.

### **Study instruments**

A pre-test on chosen individuals, who fit our inclusion and exclusion criteria, was conducted in March 2021 to identify any issues in the questions asked during the interview. Next, the applications used as interviewing platforms through calls or video calls, were FaceTime, WhatsApp, and Microsoft Teams. The conversations during the interview were recorded using a recorder or video recorder.

### **Ethics Approval**

The University of Cyberjaya Research Ethics Review Committee (CRERC) has granted ethical approval for this research. CRERC Reference number: UOC/CRERC/ER/327

### **Data analysis**

Data was analysed with Colaizzi's (1978) 7-step method of rigorous analysis with each step staying close to the data. In the first step, at the end of each interview and note-taking, recorded interviews were listened to several times and transcribed verbatim on paper and then typed into MS Word™. The steps were as follows:

1. Familiarisation
2. Identifying significant statements
3. Formulating meanings
4. Clustering themes
5. Developing an exhaustive description
6. Producing the fundamental structure
7. Seeking verification of the fundamental structure

### **Results**

The data showed a collection of 4 main themes with 11 sub-themes and 43 codes as shown in Table 1.

## **The respondent's understanding and perception of COVID-19 and its SOPs**

### **Respondent's perception:**

Respondents were asked on their awareness of the COVID-19 pandemic, the symptoms of COVID-19, government's action and their source of information.

### **Current Pandemic**

All 12 respondents had good awareness and understanding of the current pandemic.

*"COVID-19 is a virus originated from China. Later it spread to the entire world and can lead to death."* (P:09)

### **Symptoms of COVID-19**

All 12 respondents' understanding of the symptoms of COVID-19 were almost similar as they listed out all the relevant symptoms.

*"Based on my knowledge of COVID-19, the symptoms include fever, chill, cough, difficulty breathing, fatigue, muscle ache, dizziness, loss smell sensation, or sore throat, flu, vomit, and diarrhea."* (P:07)

### **Severity of COVID-19**

All 12 respondents had different but almost similar ideas on the severity of COVID-19

Four respondents mentioned asymptomatic symptoms once an individual contracts the disease. Nevertheless, all 12 respondents mentioned that the disease can be severe and can lead to death, especially for those who had comorbidities.

*"Yes, it can be very severe, especially towards individuals who have comorbidities. Such as heart disease, diabetes, and hypertension or*

*asthma, so it is very dangerous and can lead to death."* (P:06)

### **Government's action**

All 12 participants agreed that the government's action is by MOH policy.

*"The MCO run by the government is really good, in the early days they close all borders, so that this covid does not continue to spread."* (P:09)

### **Source of information**

Seven participants mentioned that they got the information from multiple sources (online and offline).

*"For now, most are from social media, for example, Facebook or KKM Telegram."* (P:04)

### **Vaccination program**

All 12 participants complied with the vaccination program where they had completed their doses and gave positive feedback.

*"The vaccination program was very well organized. Higher risk patients such as the elderly and immunocompromised were prioritized."* (P:10)

### **Family members with COVID-19**

Two participants mentioned that there were deaths of family members due to COVID-19.

*"My father-in-law just passed away because of COVID-19. We were saddened by the news. We were not allowed to see him for the last time because of the virus."* (P:06)

Ten participants said that there were no deaths of family members. Six participants had non-infected family members and another six

mentioned that the family members were infected by COVID-19.

### **The SOPs implemented in public places vs their actual practices**

All the participants were asked about their perception regarding COVID-19 with further questions as sub-themes which were their perception of SOPs implemented in public places for individuals and surrounding people.

#### **SOPs implemented in public for individual**

All 12 participants had good knowledge of SOPs in public where they were able to follow SOPs in public. One participant stated that it was difficult to follow SOPs implemented in public whereas all participants stated that public places followed the SOPs implemented in their point of view.

*“But there are several SOPs implemented in such public places like no children were allowed, social distancing and many more.” (P:09)*

#### **SOPs implemented in public for surrounding people**

All 12 participants stated that the people surrounding were compliant with SOPs implemented in public places.

*“I often go to the government offices and all of them working there follow the SOPs implemented”. (P:05)*

Four participants mentioned that people surrounding didn't follow the SOPs implemented in public because they were stubborn. Three participants stated that old people didn't follow SOPs implemented in public because they didn't know how to. Four participants mentioned that people surrounding didn't understand the reason behind it. Five participants stated that people surrounding were lack of awareness.

### **The economic impact of COVID-19 and its SOPs on the public**

The participants were asked about the impact of COVID-19 on the theme of their economic status based on whether all of them were impacted by COVID-19.

#### **Individual Impact**

All participants agreed that there was minimal to no economic impact individually.

*“For me, there is no negative economic impact for me in regard to COVID-19 because I am a government officer.” (P:9)*

Two participants stated that there was an effect on the relationship between their families and them. The other two participants stated that there was an increase in their in-house expenditure because of COVID-19.

#### **People known to be impacted by COVID-19**

As many as eight participants stated that they knew family members who were affected financially because of COVID-19.

*“My husband has an online business, so his business was affected. His work depends on people promoting his business, so as usual everyone would be affected.” (P:4)*

Seven participants stated that they had friends who were struggling financially because of COVID-19.

#### **Impacts of COVID-19 on the people**

As many as 10 participants knew people that lost their jobs due to COVID-19's impact. Six people observed that people around them had to resort to searching for extra income

*I saw my eleven-year-old pupil selling petai on the sidewalks. If his family was not affected by COVID, surely, he would not resort to doing this” (P:04)*

Moreover, four participants stated that there were people who they knew that lost their incomes. Two participants agreed that there was the closure of serviced-based services and two participants agreed that there was the closure of product-based services near their areas.

## **Discussion**

### **The participant's understanding and perception of COVID-19 and its SOPs**

Reviewing all respondents' understanding of the current pandemic, shows varied yet similar opinions. The multiple opinions included participants mentioning the origin of the virus, comparing COVID-19 to any URTI disease, and also that the disease is unprecedented. The similarity mentioned by all 12 participants is that COVID-19 is a virus that easily spread across the countries in the world. These results mirrored a study <sup>[8]</sup>, where most study participants were knowledgeable about COVID-19 (81.64%), 98% were aware of the clinical symptoms, and 96% knew that there is no clinically approved treatment for COVID-19.

All 12 respondents of this study mentioned all the relevant symptoms and tallied to World Health Organization (WHO) list of COVID-19 symptoms <sup>[9]</sup>. Some mentioned that the disease has a higher risk for someone who has comorbidities relating to chronic diseases. Accordingly, Sanyaolu, et al, 2020 stated that COVID-19 patients with a history of hypertension, obesity, chronic lung disease, diabetes, and cardiovascular disease have the worst prognosis and most often end up with deteriorating outcomes such as ARDS and pneumonia, which is parallel to our results <sup>[10]</sup>.

The participants had a positive outlook on the government's initiatives against the pandemic. The participants relied on information and updates about COVID-19 from sources such as MOH, the news on television, newspapers, and social media. This was in line with another study conducted in Malaysia, <sup>[11]</sup> which indicated that those who obtained information from the local authorities, such as the MOH, would have higher confidence and a more positive perception of the public health intervention strategies. <sup>[12]</sup>

All participants complied with the vaccination programs and had given positive feedback. Our participants' intention and decision to get a COVID-19 vaccine were influenced by their risk-benefit assessment which is a dynamic factor. This is consistent with a qualitative study on evaluating COVID-19 vaccine hesitancy from Vietnam where people's willingness to accept a vaccine relies on the epidemic phase and perceived risk of acquiring infection. <sup>[13]</sup> According to one study, the reasons behind anti-vaccination views include religious and political beliefs, as well as concerns about vaccine safety and effectiveness. <sup>[14]</sup>

### **The SOPs implemented in public places vs their actual practices**

Based on our study conducted on the public's actual practices regarding SOPs implemented in public places for individuals shows that all 12 participants had good knowledge of SOPs in public where they were able to follow the SOPs in public. The findings of a focus group in the UK performed as part of a qualitative study on public perceptions and experiences of social distancing and social isolation during the COVID-19 pandemic revealed that every member followed the government's guidelines for doing both. <sup>[15]</sup> However, one of the participants of our study stated that it is difficult to follow the SOPs in public.

However, four participants mentioned surrounding people didn't follow SOPs implemented in public because they were stubborn. A study done on human factors that lead to non-compliance with standard operating procedures stated that personality facets such as not being conscientious, impatience, complacency, unwillingness to comply, and generally poor 'common sense' were said to make it more difficult to follow SOPs, should they feature heavily in an individuals' nature <sup>[16]</sup>. Moreover, one of the participants mentioned that SOPs were burdening them and consumed a lot of time while five participants stated people surrounding have no awareness regarding the SOPs implemented in public places. This is consistent with a qualitative study done where other individual factors that make it more difficult to follow SOPs include a lack of experience, a lack of competency in terms of time management and planning, and English not being the first language of the individual <sup>[16]</sup>

### **The economic impact of COVID-19 and its SOPs towards the public**

According to Lim et.al, 2020<sup>[17]</sup>, people who worked with the Government- Linked Company (GLC) has an unemployment rate of 0.4 % whereas people who were working in the private sector had a rate of unemployment of 1.8%. Self-employed people had the highest unemployment rate at 46.6%. According to the data of 12 of the participants, those working for the government were not personally impacted by COVID-19 in terms of finances, but they observed and knew that those employed in the private sector were having financial difficulties. According to SOCSO 2021, <sup>[18]</sup>, job losses in Sabah were mainly caused by business closure (17.9%), financial problems of companies (17.4%), downsizing (15.2%), other issues (10.2%), partial closure (6.4%), and several other categories that were below 4%. This confirms the participants' observations concerning the epidemic as being true.

In terms of the impact of employment of COVID-19 on different sectors in Malaysia, also based on Lim et.al, 2020<sup>[17]</sup>, it can be said that the most affected sector is the agricultural sector with 21.9% of the employees losing their jobs, followed by the service sector (15.0%) and industrial sector (6.7%). Surprisingly in terms of the drop in income based on sector, the highest drop in income is in the agricultural sector (70.0%), followed by the services sector (54.2%) and industrial sector (46.7%).

There were some limitations in understanding the current economic impact of people surrounding the participants in this study. This is because it was based on the respondents' own opinions and perceptions of their environment and surroundings, which were either implied by the people surrounding the participants or that were observed by the participants themselves.

### **Conclusion**

The results showed that different individual have different ideas and understanding of COVID-19 but were all on the right track. All 12 respondents have a similar level of awareness and understanding of the symptoms and severity of the disease. All the respondents agreed on the government's actions which included the information being delivered and the vaccination program. All respondents practised all the SOPs implemented in public places. This showed that they understood the reason and the consequences of not following it.

During the current pandemic, all respondents denied being impacted economically as all of them were government servants. However, some did share that they knew someone who was badly affected by the pandemic. Hence there is a limitation in this study where the results on economic impact taken here were only among government servants, which was a stable salaried position. The study can be improved by including individuals who work in the private sector or are self-employed.

Table 1. Themes, subthemes and codes from data collected

Respondent's perception	Awareness on COVID-19	<ul style="list-style-type: none"> <li>• The probability of mortality brought by COVID-19</li> <li>• Caused by a virus from China</li> <li>• Easily spread globally</li> <li>• Symptoms of COVID-19 <sup>[12]</sup></li> <li>• Severity of COVID-19 <sup>[12]</sup></li> </ul>
	Government's action	<ul style="list-style-type: none"> <li>RTK Ag*/ RT-PCR testing</li> <li>Home surveillance order (HSO)</li> <li>Management guidelines by MOH <sup>[12]</sup></li> </ul>
	Source of information	<ul style="list-style-type: none"> <li>Internet <sup>[7]</sup></li> <li>Social media <sup>[10]</sup></li> <li>Newspaper <sup>[3]</sup></li> <li>Television <sup>[6]</sup></li> </ul>
	Vaccination program	<ul style="list-style-type: none"> <li>Compliance to vaccination program <sup>[12]</sup></li> <li>Positive feedback <sup>[12]</sup></li> <li>Anti-vaxxers with less knowledge about vaccine <sup>[5]</sup></li> <li>Lack of awareness <sup>[6]</sup></li> <li>Due to religious belief <sup>[11]</sup></li> <li>Other causes <sup>[2]</sup></li> </ul>
	Family members with COVID-19	<ul style="list-style-type: none"> <li>Death of family members <sup>[2]</sup></li> <li>No death of family members <sup>[10]</sup></li> <li>Infected family members <sup>[6]</sup></li> <li>Non-infected family members <sup>[6]</sup></li> </ul>
	Has good knowledge of SOPs in public <sup>[12]</sup>	
Respondent's actual practices	Regarding SOPs implemented in public for individual	<ul style="list-style-type: none"> <li>Able to follow SOPs in public <sup>[12]</sup></li> <li>Has difficulty following SOPs in public <sup>[1]</sup></li> <li>Public places follow the SOPs in their point of view <sup>[12]</sup></li> </ul>
	Regarding SOPs implemented in public for surrounding people	<ul style="list-style-type: none"> <li>Compliance of public to SOPs <sup>[12]</sup></li> <li>Don't follow SOPs because they are stubborn <sup>[4]</sup></li> <li>Old people don't follow because they don't know <sup>[3]</sup></li> <li>Burdened by SOPs, it is time consuming <sup>[1]</sup></li> <li>Don't follow the SOPs because they don't understand the reason behind it <sup>[4]</sup></li> <li>No awareness <sup>[5]</sup></li> </ul>
Economic impact	Individual impact	<ul style="list-style-type: none"> <li>Minimal to no financial strain <sup>[12]</sup></li> <li>Social relationships <sup>[2]</sup></li> <li>House expenditure <sup>[2]</sup></li> </ul>
	People are known to be impacted by COVID-19	<ul style="list-style-type: none"> <li>Family <sup>[8]</sup></li> <li>Friends <sup>[7]</sup></li> <li>Others <sup>[5]</sup></li> </ul>
	Impacts of COVID-19 towards people	<ul style="list-style-type: none"> <li>Loss of job <sup>[10]</sup></li> <li>Famish <sup>[2]</sup></li> </ul>
	Supply and demand	<ul style="list-style-type: none"> <li>Decreased income level <sup>[4]</sup></li> <li>Closure of service-based shops <sup>[2]</sup></li> <li>Closure of product-based shops <sup>[2]</sup></li> </ul>



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