การวิเคราะห์นโยบายเชิงวิพากษ์ของปฏิบัติการสังคมสงเคราะห์สุขภาพ: บทเรียนจากสถานการณ์โควิด-19 ในประเทศไทย

Critical Policy Analysis of Health Social Work Practices: Lessons Learned from the COVID-19, Thailand

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บทคัดย่อ

การแพร่ระบาดของโควิด 19 ส่งผลกระทบหลายประการต่อนักสังคมสงเคราะห์ ครอบครัว ผู้มาใช้บริการและองค์กรต่างๆ การวิจัยนี้มีวัตถุประสงค์เพื่อวิเคราะห์เชิงวิพากษ์มาตรการป้องกันโรคโควิด 19 ในประเทศไทย ได้แก่ การประกาศสถานการณ์ฉุกเฉิน ระยะห่างทางสังคมและการปิดโรงเรียน ที่มีต่อปฏิบัติการสังคมสงเคราะห์สุขภาพ ใช้การเก็บข้อมูลปฐมภูมิจากนักสังคมสงเคราะห์ในโรงพยาบาลสิบราย โดยการสัมภาษณ์เชิงลึก และใช้วิธีการชาติพันธุ์วรรณาดิจิตัล เพื่อรวบรวมข้อมูลทุติยภูมิจากแหล่งข้อมูลวิชาการที่มีความน่าเชื่อถือในช่วงปี พ.ศ. 2562-2567 ใช้การสุ่มตัวอย่างแบบง่ายเพื่อเลือกกรณีศึกษาดิจิตัลยี่สิบกรณี ใช้การวิเคราะห์นโยบายเชิงวิพากษ์ร่วมกับการวิเคราะห์สภาพแวดล้อมและศักยภาพเพื่อระบุผลลัพธ์ที่สำคัญสามประการ ได้แก่ 1) นักสังคมสงเคราะห์ในโรงพยาบาลมีบทบาทสำคัญใน

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ปฏิบัติการสังคมสงเคราะห์เชิงวิพากษ์ ทั้งการดูแลสุขภาพทางสังคมกระแสหลักและแบบทางเลือก 2) นโยบายสุขภาพที่ละเลยด้านจิตใจ ด้านสังคม และด้านอารมณ์ความรู้สึกส่งผลกระทบต่อปฏิบัติการสังคมสงเคราะห์ด้านการดูแลรักษาแบบประคับประคอง และ 3) ความเข้าใจในความสัมพันธ์เชิงอำนาจ อุดมการณ์และพลังที่ผลิตความยุติธรรมที่ไม่เท่าเทียมกัน ผ่านระบบการโค้ชทางสุขภาพ การตั้งคำถามกับความไม่เท่าเทียมและการกดขี่ที่เกิดจากนโยบายสุขภาพแบบรวมศูนย์ ทั้งด้านการเคลื่อนย้ายและการส่งมอบทรัพยากร มีส่วนในการประกอบสร้างความพัวพัน การสะท้อนกลับอย่างมีวิจารณญาณ และปรับปรุงระบบการประเมินผลปฏิบัติการสังคมสงเคราะห์ด้านสุขภาพ

คำสำคัญ: การวิเคราะห์นโยบายเชิงวิพากษ์, การปฏิบัติงานสังคมสงเคราะห์ด้านสุขภาพ, โควิด-19

Abstract

The pandemic of COVID-19 has affected social workers, their family, clients, and organizations in multiple ways. This research aimed to provide critical policy analysis and to identify lessons learned from the impacts of the Healthcare Preventive Policy (HPP) on health social work practices during the pandemic of COVID-19 in Thailand. Primary data was applied to collect information from ten hospital social workers through in-depth interviews. Digital ethnographical research methods were applied to collect secondary data from reliable digital academic sources during 2019-2024. Simple random sampling was adopted to select digital cases. Twenty articles were adopted for thick descriptive analysis. The use of critical policy analysis and SWOT identified three crucial results. These included 1) hospital social workers played crucial roles in critical social work practices both in mainstream and alternative health care; 2) the HPP's negligence of mental, social, and spiritual welling aspects impacted palliative care social work practices; and

3) understanding of the power relation, ideology, and the forces that produce inequality justice creates a constructive engagement through the health coaching system by raising questions of inequality and oppression based on centralization policy as regards resources mobility and delivery. The use of creative critical reflection improved evaluative system of health social work practices. It was found that the use of creative critical reflection improved the evaluation system of health social work practices.
Keywords: Critical policy analysis, Health social work practices, COVID-19

Introduction

The social problems of vulnerable groups are associated with a gap in social policy in terms of the negligence of budget, less consideration of the needs of target groups, poor management, and no effective risk management plan during the emerging crisis. The poor and vulnerable groups are at the frontline of this social insecurity and often confront high-risk situations alone and face the worst-case scenarios during the crisis and post-crisis. The situation is worse when it happens in less developed countries (World Health Organization, 2020). Evidence was found in the global crisis such as SARSCoV2 morbidity in the elderly poor, and the increase of neurosensory disorders (Kozma et al., 2016; Satre et al., 2020). The latest situation of COVID-19 was another example of how poor policy and planning had the worst impacts on the lives of vulnerable poor and at-risk communities in less-developed countries (World Health Organization, 2020).

Thailand gained global recognition for the quality of its healthcare service ranking sixth in the World Healthcare among 83 countries in 2019 (University of Melbourne, 2021). Thailand's Medical schemes like Universal Health Coverage (UHC) were voted as the

best by the World Health Organization (BOI, 2021). According to the Global Health Security Index (2019), the country was ranked first among upper-income countries. Although Thailand earned such an international reputation, several social policy gaps need to be examined (The United Nations Thailand, 2020).

Internationally, hospital social workers (HSWs) were the key healthcare practitioners who worked in socio-medical prevention at the frontline of the phenomena. They played crucial roles in delivering healthcare services to vulnerable groups during the COVID-19 pandemic. They created an important link between vulnerable groups, at-risk families, communities, and healthcare institutions (UNICEF, 2021). Although HSWs faced difficulties like worrying about their becoming infected, the safety of their families, and their beneficiaries, they exercised their multiple skills and professional competence for the world to observe. Studies found that HSWs in many countries experienced difficult situations during the pandemic both in their professional careers and personal lives (Midgley, Conley, 2010). Their roles and responsibilities during the COVID-19 pandemic included informing vulnerable groups and at-risk families facilitating the problems associated with social distancing, consulting about socio-psychological problems, providing social support, and delivering material support for bedridden elderly, home visits, planning, and organizing target communities to ensure that the basic needs supplies were sufficient. The HSWs also provided proactive practices in strategic planning and decision-making for other vulnerable categories emerging during the state alerts and the state of emergency.

According to UNICEF (2021), HSWs in Thailand confronted economic stress, social isolation, negligence, and lacked protective

support services which were important for them to carry out their professional duties during the pandemic. Several HSWs were reportedly quarantined after home visits to families at risk of COVID-19 infection resulting in ineffective case management and the delay of referral services or inability to complete the services as planned. Several routine practices were added to their workload when government-run child welfare institutions and temporary shelters prohibited visits from relatives. These difficulties led to an increased requirement for accepting new cases and a tighter schedule of health social workers. Gavrilă-Ardelean and Runcan (2022) suggested that lessons learned from the pandemic provided advantages for the future improvement of social work administration. These included the establishment of an effective remote work policy, a more effective digitization system management, teleworking awareness, a community-supportive network, the reformation of legislation relating to the professional role of social workers, and the improvement of better communication between institutions and beneficiaries. Golightley and Holloway (2020) suggested that increased budget, and medical efforts, as well as a better pandemic control strategy, must be rethought in social work administration.

Related Concepts

Critical Policy Analysis

The literature on the critical policy analysis of social work administration during a crisis was not thorough (Amadasun, 2020; National Association of Social Workers, 2020). The major theoretical limitation of traditional social policy analysis was its lack of a grounded understanding of the power relation, ideology, and the forces that produce justice in the policy process (Ball, 1994;

Diem et al., 2014). This article identified the foundation of related concepts. First, critical social work analysis which is based on a mix of theoretical frameworks between a critical policy analysis and social work approaches was presented. Then, the concept of palliative social work was reviewed. Although several studies articulated distinctions between various schools of thought, it is beyond the scope of this research article.

Initially, critical social work focuses on identifying concrete realities of human centrism. The lack of concern in policy analysis, and socio-cultural and spiritual issues obstruct the emergence of new questions such as diversity and multiple ways of meaning-making, social position, social identities, and the alleged superiority of policy formation (Mary, 2008; Zapf, 2009). Campbell and Baikie (2012) suggested that understanding the relationships and interconnections between the nature of systems, institutions, and practice helps identify the possibility of social workers in promoting changes. Diem and amp; Young (2015, p. 841) stated that highlighting the epistemological roots of the roles of HSWs who are playing a significant role in the crisis is important and provides the missing link between social work theory and practice. Lugg and Murphy (2014) supported this idea by suggesting that to minimize confusion about the status and roles of HSWs, clear definitions of social work administration need to be outlined. The differentiation and dynamics of sociocultural contexts, characteristics of clients, at-risk families, and target communities during a particular socio-economic context need to be clarified. Schein (2003) suggested that one way to understand and interpret social work perspectives is through an outlook or narrative map that emerges from the phenomena of clients' everyday lives. In summary, critical social work comprises the

identification of an emerging epistemology including assumptions, concepts, principles, values, and practices (Clark, 1995). Critical policy analysis identifies social phenomenon through the root of power relations, concrete realities of life, and socio-spiritual concerns. Ontologically, the truth of practices, problematic situations, and changes was investigated. Understanding diversity and multiple ways of meaning-making helps in bridging the social work theoretical gap (Mary, 2008; Zapf, 2009).

Palliative Care Social Work

Palliative care is a team approach that aims to improve the quality of life of individuals and their families who are facing physical, psychological, and social spiritual life-threatening illnesses. It is required for a wide range of diseases, people with chronic illnesses, patients with serious illnesses, or those who are confronting life-threatening conditions (WHO, 2020a). Palliative care comprises several healthcare professionals including physicians, nurses, psychotherapists, social workers, paramedics, pharmacists, physiotherapists, and volunteer health workers. Practices of palliative care include preventive strategies and relieving human suffering through the early identification, correct assessment, and holistic treatment of physical, psychosocial, social, and spiritual problems. WHO, (2020a) recommended that palliative care should be a key global mandate and strategy for universal health coverage. Moreover, it should be considered an ethical task to involve health professionals worldwide.

Globally, HSWs have been involved in palliative care since their development in the 20th century. They have been generally employed within at-risk communities, home-based care agencies, government institutions, private hospitals, and public hospitals.

Since then, palliative care social workers (PCSWs) have played crucial roles in the team delivering special palliative care services to people who are living with difficulties. They offer bereavement support services, develop guidelines for professional practices with target groups and at-risk families, identify people with prolonged grief disorder, offer family virtual visits, promote digital literacy within healthcare multi-disciplinary teams, and promote social justice (Roulston et al., 2023). During the COVID-19 pandemic, studies around the globe revealed the professional challenges and difficulties of PCSWs in several ways. These included moral distress (Chan et al., 2022; Rattner, 2021), rapid changes in working conditions or instances of occupational transitions (Carver, 2021; Crawford, 2021), and inequalities in delivering palliative care (Mathe, 2022; Suntai, 2021).

Instruments and Methods

This research aimed to provide critical policy analysis and to identify lessons learned from the impacts of the Healthcare Preventive Policy (HPP), including the State of Emergency, Social Distance, and School Closure on health social work practices during the pandemic of COVID-19 in Thailand. It applied a critical social work approach to identify crucial codes related to power relations, inequality, and inaccessibility of HSWs to basic resources for resilience and recovery from the impacts of COVID-19. First, qualitative methods were adopted to collect primary data from ten HSWs who had experienced working in palliative care in provincial hospitals during the time of COVID-19 in Thailand. These HSWs presented all gender preferences and participated voluntarily. Ethnographic techniques included engagement observation and in-

depth interviews. Second, digital ethnographical methods were adopted. Arksey and Malley's guideline was applied as a research framework to investigate digital information globally. The seven-step systematic scoping of reviews was aimed at 1) identifying a research question, 2) developing a search strategy, 3) selecting studies for inclusion, 4) charting the data, 5) collating the information, 6) summarizing the findings, and 7) reporting the results (Arksey & Malley, 2005).Third, a netnographic approach was applied to gather secondary data from reliable digital academic sources during 2019-2024. Electronic online databases included the Web of Science, PubMed, CINAHL, PsycINFO, Anthro Source, ASSIA, Sociological Abstracts, and Google Scholar. Supplemental materials from online journals such as the British Journal of Social Work, Journal of Social Work in end-of-life, Palliative Care, Journal of Critical Social Work, and the American Journal of Hospice, Palliative Care were reviewed.

Inclusion criteria were limited only to articles in the English language from peer-reviewed journals. The use of Google Scholar helped gather citations from the list of final included articles. Six reflection articles and fourteen empirical articles were investigated. This research integrated a netnographic approach with qualitative studies to enlarge opportunities to investigate the depth and breadth of information globally and personal reflections of PSWs. Twenty articles were adopted for thick descriptive analysis. Kozinets (2015) suggested that Netnography is an innovative qualitative research method that involves the systematic investigation, analysis, and interpretation of online data providing insights into the practices of individuals and institutions that appear in online communities. The research adhered to ethical guidelines, protecting participants'

rights, privacy, and confidentiality. All participants received informed consent, and data will be anonymized and securely stored.

Charmaz's grounded theoretical analysis (2017) was adopted to open coding, interpret, examine the data content, identify themes, patterns, and meanings. The relevant codes were palliative care, HSWs, critical social work practices, and COVID-19. The Baconian method of inductive inference helped identify impacts of HPPs, roles, and risks of HSWs. The data collection came from two data sources, qualitative fieldwork, and digital searches. The digital data collection method was web scraping using the software. Data mining comprised analyzing big datasets and identifying patterns of relationship between social work practices and the dominant policies related to COVID-19. Manual observations included recording and observing activities and conversations related to research objectives. Interpretation of results involved the examination of the data content, and identifying themes, patterns, and meanings (Escobar, 1994). A SWOT analysis was applied to identify key themes, concepts, and relationships between the dominant policies and impacts. Coding and categorizing the data was done by using the Baconian method of inductive inference including the method of agreement, method of difference, method of agreement and difference, method of concomitant variation, and method of residues (Mulaik, 1985).

Results

This research found that hospital social workers (HSWs) played crucial roles in critical social work practices both in mainstream and alternative health care. The dominant state preventive healthcare policies (HPPs) and the three major strategies impacted health social work practices in both direct and indirect

forms. Each sector was dynamic and, in some cases, overlapped when the stage of infection was progressing. HSWs as crucial actors of the provincial healthcare team played multiple roles in delivering health social services and socio-spiritual support as follows.

Mainstream Healthcare Sectors

The mainstream healthcare sectors here refer to a system where healthcare providers treat symptoms and diseases using radiation, pharmaceutical medications, surgery, and other traditional therapies to identify and cure medical problems based on a Western oriented treatment. They were public and private sectors where HSWs operated social services during the pandemic of the COVID 19. Thailand's Public health facilities have been rapidly developed since the country launched the first five-year National Economic and Social Development Plans (1961-1966). The country has long been recognized as one of the world's best healthcare systems. All Thai citizens received health coverage through the Universal Health Coverage (UHC) scheme simply called the "30-baht scheme". On January 7, 2024, the Public Health Ministry launched the "30-bath Treatment Anywhere" to make the original "30-baht universal healthcare scheme" more accessible and faster for clients. Under this new scheme, beneficiaries were covered for key medical problems at the participant hospitals by using merely one ID card and paying just 30 baht (National Health Security Office, 2024).

Studies recommended that problems of the "30-baht scheme" could be solved by equally improving quality health care for all, especially for the poor. Other problems included the faulty distribution of healthcare providers, insufficient budgets of public health facilities, financial burdens, and inability to fulfill expectations of the users and the poor. To reduce impacts from the last scheme,

the problematic healthcare management needed to be highlighted (Viroj Naranong and Anchana NaRanong, 2006; Anchana NaRanong, 2005).

The Ministry of Public Health (MoPH) operates two-thirds of all hospitals and beds across the country. Other public health services are delivered by medical school hospitals under the Ministry of Higher Education, Science Research, and Innovation and general hospitals under other ministries such as the Ministry of Defense and the Ministry of Interior. Primary health care units or community medical units (CMUs) are established in various locations throughout Thailand to serve all populations. Health centers or Community Medical Units (CMUs) are the closest public health sector that provides primary care services to rural residents. The lowest level of public health care services is operated by the Community Health Volunteers (CHVs) who played a crucial role at the community level during COVID-19 (Pannathat Chanpanit et al., 2023).

During COVID-19 pandemic, CHVs contributed to the success of disease prevention and control under the primary healthcare concept as described in the Declaration of Astana 2018. The performance of CHVs in primary healthcare prevention was based on trust-based value. They helped individuals living in remote areas reach essential services during the pandemic. However, CHVs capacity in using advanced technology for communication was varied. The CHVs' duties included creating connections between vulnerable villagers and health institutions, empowering people, and community by promoting self-care, supporting local surveillance systems by assisting field epidemiological processes, reducing burdens associated in hospitalization for COVID and non-COVID

patients, and helping the local community in managing Sub-district Health Fund to mobilize resources for COVID-19 prevention and control (Phudit Tejativaddhana et al., 2020).

In 2019, the Thai government announced the Healthcare Preventive Policy (HPP) in response to COVID-19 accompanied by three strategies, the State of Emergency, Social Distancing, and School Closure. This research found an interconnection between the HPP and the quality of work and personal lives of HSWs. First, the announcement of a state emergency not only stopped the spread of COVID-19, but also stopped HSWs from moving between provinces, restricted mass gatherings, and half of HSWs were requested to work from home. This strategy resulted in the changing of routine work schedules of HSWs. The delivery of social services to clients, especially the most vulnerable groups such as children, at-risk families, and elderly people, was delayed. The chaotic situations at the provincial level included the HSWs' inability to reach their clients. The inability to move between provinces resulted in insufficient services of social welfare, lack of palliative care, and little social protection to poor families with bedridden, older adults, and disabled members. Although some hospitals developed remote treatment policies, not all vulnerable persons had access to technologies or mobile phones. With the lack of supportive resources, HSWs were unable to reach their clients, especially those elderly living alone in remote communities.

This situation resulted in the frustration and anxiety of HSWs. These findings were supported by the study of the United Nations Thailand (2020). Second, Social Distancing established a New normal lifestyle of wearing face masks, using hand hygiene treatments, and keeping physical distance. However, there were

difficulties in accessing infection prevention supplies due to a shortage of masks, an increase in the price of alcohol-based hand sanitizers, a lack of medical supplies at the primary care units, and a scarcity of COVID-19 testing. To solve these problems several HSWs cooperated with other social networks such as community housewife groups, elderly associations, local government organizations, and the Social Development Department. One result was colorful handmade face masks from old clothes were delivered to the risk-families for free based on individuals' connections. Last, the introduction of School Closure to all public schools led to poor preparation for remote teaching from unskilled teachers and families. Without a proper preparation strategy, the increasing number of domestic violence, teenage pregnancies, and exploitation of women and children at home was reported. As regards personal aspects, several HSWs mentioned their lack of socio-cultural support, food supplies, and inability to perform religious practices. HSWs with young children had to leave their children to attend online classes at home without proper supervision. These findings were supported by Nongyao Kasatpibal et al. (2023) and the United Nations Thailand (2020).

The third wave of the COVID-19 pandemic badly hit Thailand and pushed the public healthcare system to its limit. At the provincial level, they abruptly added the HPP to the provincial healthcare preventive plan during the midyear plan which obstructed several routine health social work practices for patients with non-communicable diseases. Incorporating virtual work and electronic media into routine implementations without concerning insufficient human resources, the HPP unintentionally interfered with the action plan managerial system as well as the routine

practices of the healthcare teams. Consequently, HSWs confronted too heavy workloads, or lack of budget, equipment, and quality of technology for virtual work. As one provincial HSWs mentioned:

> … It's too difficult to carry on professional social work practices under these circumstances, too many complex caseloads, little technological supports, limited health social work coaching and unskilled virtual therapy … it's truly frustrated and disappointing …

Although Thailand's early lockdown strategy slowed down the spread of the COVID-19 pandemic in 2020, it resulted in numerous socio-economic impacts. These included the loss of jobs, food insecurity, a decrease in small farming and non-farming businesses, and anxiety for individuals and families who lost their loved ones. The most vulnerable groups were low-income families. Sociocultural impacts that emerged from the COVID-19 pandemic were in the forms of psychological problems leading to stress, anxiety, depression from sociocultural isolation, and inability to practice religious beliefs. The telehealth implications led to increasing numbers of complicated socio-mental health cases, providing therapy and rehabilitation on the internet, and ethical and legal questions about the transmission of patient records across national boundaries. The disruptions in child welfare because of infectious parents pushed young children to live in government-run child welfare institutions and temporary shelters without a proper supportive guidance system. The prohibition of visits from relatives and family members increased the stress and workload of HSWs. The implications for individual social workers included slow overtime payments, the inability to perform personal and domestic tasks, the decline of household income, depression, and changes in

religious daily activities. Several studies supported these findings (Kasatpibal, 2020; The World Bank, 2021; Nongyao Kasatpibal et al., 2023).

Although only a few psychiatric social workers played an integral role in the treatment of psychiatric patients in private institutions, their duties were enormous. These included human resource development for supportive staff, initial screening and evaluating patients and families, social welfare services, educating patients and families about COVID-19, patient discharge planning, and necessary social services under the Social Security scheme. In some cases, private HSWs carried on research and reported on the trend analysis about the severity of client problems, the root cause of caseload size, paperwork related to services under the social security system, and managing effective waiting lists for services. Recently, the number of private HSWs declined due to being reassigned to other departments, eliminating their positions, and re-assigning social work tasks to other professions. This finding was supported by several studies from countries worldwide (Gibelman, 2005; Weismiller et al., 2006). As one HSWs working in a private hospital mentioned:

"...Occupational transformations are common here when your job doesn't provide benefits. I have learned new jobs because some colleagues were reassigned, and this caused much anxiety and insecurity...."

Alternative Healthcare Sector

The alternative healthcare sector here in Thailand comprises two aspects: traditional Thai medicine and spiritual healing. During COVID-19, common health social work practices were promoting the use of herbal medicine, herbal therapy, food therapy, yoga,

massage, and bodywork. The increase in infectious cases and deaths from COVID-19 in Thailand accompanied by a virus mutation led to a new wave of COVID-19 spread which overwhelmed the mainstream healthcare sectors. Although the use of favipiravir was a therapy option, several adverse effects were reported. To overcome this problem, HSWs educated their clients with asymptomatic or mild symptoms about medical herbs as an alternative treatment option. Among all alternative healthcare practices, the use of Andrographis or "Kariyat" was the most popular. Although the biggest plantation of "Kariyat" was in Nakhon Pathom province, the effectiveness and popularity of "Kariyat" was from Chaophraya Abhaibhubejhr Hospital in Prachin Buri province. According to the MoPH alternative scheme, the common uses of "Kariyat" were for relieving stuffy or runny nose, sore throat, cough, and bronchitis symptoms. Other roles of HSWs were decreasing anxiety of clients and their families who self-quarantined. This finding was supported by Shang et al. (2022), the Status Report of COVID-19 (2019), and the Department of Thai Traditional and Alternative Medicine, Ministry of Health (2021).

The increasing number of infections and deaths from COVID-19 resulted in a chaotic situation rooted in distrust in the government and rumors about the quality of the vaccines led to public panic and hoarding behaviors, problems of short supply, high prices, and widespread fake "Kariyat" products from black market vendors nationwide. During this time, several HSWs were reported to be self-quarantined after home visits to families at risk of COVID-19. Being infected after a home visit prevented the HSWs from participating fully in their professional practices or domestic responsibilities which lead to depression and frustration. Several

HSWs were involved in the spiritual healing sector in terms of bereavement support for grieving family members. However, the trauma of families of those dying without the possibility of properly saying goodbye or organizing grief rituals impacted their wellbeing in life. Without a better designed healthcare strategy, providing spiritual assessment and bereavement therapy meant more complex caseloads. This finding was supported by Nelson-Becker et al. (2006), Canda (2005) and Kramer (1998). Although spiritual healing was considered a crucial alternative healthcare practice for self-therapy during the pandemic, it was commonly organized at home during home isolation. Most HSWs had witnessed the worsening COVID symptoms of their patients. This included inability to eat, trouble with breathing, unconsciousness, severe headache and dehydration, high fever, body trembling, and death. Being unable to perform a proper funeral for the family members who passed away because of COVID-19 was the greatest sadness for those who were left behind. Several HSWs became funeral hosts, bearers of bad news, and donors. The psychological impacts of COVID-19 on the HSWs included increasing cases of a high risk of depression, feeling guilty, and suicidal thoughts. This finding was supported by studies worldwide (The United Nations, 2020; The World Bank, 2021; Fox et al., 2021).

Critical Policy Discussion

The complex structures of power relations in healthcare in Thailand are rooted in various factors. However, the very slow progress of the Decentralization Policy was one of the most crucial factors. Although the promulgation of the Decentralization Act 1999 was targeted for more than two decades, the transferring of authority,

responsibilities, a network of provincial health facilities, human resources, and budget from the Central Government to the local government organizations has not been smooth. Conflicts of interest and power relations between the national politicians to hold power and resources at the central government and its delegations instead of a decentralizing of power to the local politicians were reported. Although the new alternative decentralization model outlined more engagement between civil society and local people, Thailand's political instabilities obstructed its achievement. Since 2001, the country has had fifteen governments and two coup d'etats (The Secretariat of the Cabinet, 2024). Despite impressive successes in the Universal Health Coverage (UHC) scheme, inequalities in the Thai healthcare system were persistent and complex based on centralization, market mechanisms, and government interventions (Jongudomsuk & amp; Srisaralux, 2012; Evans et al., 2012;).

Uneven distributions by province in medical personnel including physicians, nurses, and patient beds were found. Without decentralization and a strategic solution, problems of inequalities at the provincial level continued. Nishiura et al. (2004) forecasted that the UHC might not function if the uneven distribution of resources persists. The problems could become a healthcare crisis by the year 2025. A recent study found that the UHC provided older persons better health services and health inequalities between the rich and the poor have substantially decreased. However, inequalities in health outcomes within the major national health security schemes, Universal Coverage Scheme (UCS), Social Security Scheme, and Civil Servant Medical Benefits Scheme, continued to persist (Kaikeaw et al., 2023).

Conclusion

Globally, HSWs actively worked with healthcare multidisciplinary teams during the COVID-19 pandemic. In Thailand, they also participated in various social service activities in both mainstream and alternative healthcare sectors. Although the Thai HPP stopped the wide spread of the virus, the three strategies of the State of Emergency, Social Distancing, and School Closure impacted the quality of work and personal lives of HSWs. These included the changing of routine work schedules and resulted in frustration from an inability to properly deliver social services to victims of COVID-19 and at-risk families. These resulted in the lack of supportive resources, tighter schedules, unclear bereavement care planning, and unskilled remote therapy often resulting in anxiety, depression, and long-term socio-psychological trauma among HSWs. However, the COVID-19 pandemic offered a significant turning point in health social work practices. First, it provided changes in epistemology including flexible innovative assumptions and knowledge, especially new concepts of tele-social services and virtual therapy. Ontological changes came from the recognition of diversity of realities and meanings in lives, and social relationships. To achieve a paradigm shift, some HSWs applied a critical social work approach to developing new assumptions, concepts, and principles.

In summary, critical social work provides a better understanding of the relationships and interconnections between the policy and structures of power. Lugg and Murphy (2014) suggested that identifying the nature of systems, institutions, and practices provides knowledge and the possibility for promoting positive changes for future crises. Concrete realities of the working environment based

on the involving institutions' lack of sociocultural considerations obstruct some HSWs from the emergence of new tools and innovative practices. Mary (2008) and Zapf (2009) supported diversity and multiple ways of thinking, planning, and acting. Campbell and Baikie (2012) supported the understanding of the relationships and interconnections between the nature of systems, institutions, and practice. Lessons learned from HSWs include the application of healthcare coaching to establish co-learning, systematic inquiry, and the development of critical awareness. To establish friendly learning environments, challenging oppression in the working climate is necessary. It creates joyful socio-cultural contexts of supporting systems. Critical reflection based on engaging assessment and appreciating contributions develops a playful working environment for social workers. This finding is supported by Finn and Jacobson (2008).

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